



COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE NINTH MEETING

Palais des Nations, Geneva
Monday, 26 May 1975, at 9.45 a.m.

CHAIRMAN: Dr J. S. CAYLA (France)



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1. DRAFT FOURTH REPORT OF COMMITTEE B (Document A28/B/5)

At the request of the CHAIRMAN, Dr VALLADARES (Venezuela) (Rapporteur) read out the draft fourth report of Committee B (document A28/B/5).

Decision: The report was adopted.

2. COORDINATION WITHIN THE UNITED NATIONS SYSTEM: Item 3.16 of the Agenda (continued)

WHO activities related to disasters and natural catastrophes: Item 3.16.4 of the Agenda (Resolutions WHA27.48, paragraph 4 (4) and EB55.R62; Document A28/26) (continued)

The CHAIRMAN recalled that the Committee had before it four draft resolutions submitted at the previous meeting. One, of a general nature, had been introduced by the Rapporteur; the second, introduced by the Italian delegate, related to urgent health problems resulting from the drought in Somalia; the third, introduced by the Nigerian delegate, dealt with health assistance to refugees and displaced persons in Cyprus; and the fourth, introduced by the Gambian delegate, was concerned with drought in the Sahelian zone.

Dr OULD BA (Mauritania) expressed his support for the draft resolutions before the Committee. As one who had been personally responsible for directing the action to combat the effects of the drought in his country, he expressed his gratitude to all the countries and United Nations bodies whose generous aid had made it possible to prevent that situation from becoming unprecedentedly catastrophic. He drew attention to the fact that unless aid from abroad met with effective supporting action in the recipient country, there was always a risk that it would be ineffectual; it was, indeed, the support of the national authorities in Mauritania that had enabled his country to obtain the maximum benefit from the aid given to it.

With the permission of the delegation of Gambia, he associated as co-sponsors of the draft resolution on drought in the Sahelian zone the five Member countries of the Permanent Inter-State Committee for Drought Control in the Sahel present at the Health Assembly - namely, Mali, Mauritania, Niger, Senegal, and Upper Volta.

Mr WICKLAND (Office of the United Nations Disaster Relief Coordinator) expressed appreciation of the mutually beneficial collaboration between WHO and his Office (UNDRO); that collaboration had greatly increased the capacity of the United Nations system to provide immediate relief in natural disasters and other emergency situations.

Since May 1974, WHO and UNDRO had jointly provided emergency assistance in at least 12 natural disasters. During the same period, UNDRO had made available an additional US\$ 204 000 from its United Nations Regular Budget and Voluntary Funds resources for WHO procurement of highest priority emergency medical supplies. Furthermore, by obtaining free air-freight for over 7300 kg of WHO emergency supplies, UNDRO had saved WHO more than US\$ 24 000. Since its creation, barely three years ago, UNDRO had made available to WHO cash and services in a total value of nearly US\$ 1 250 000.

Those figures, however, reflected only part of the collaboration between WHO and UNDRO, which could be illustrated in more meaningful ways. For example, WHO's technical expertise led UNDRO to look first to WHO in the assessment of priority health requirements in emergencies. Similarly, when the necessary financial resources were available, UNDRO relied on WHO's Supply Services in coordination with UNICEF for the speedy procurement of appropriate medicaments at the most economic prices. That close and coordinated collaboration in the emergency health sector was to the advantage of both the afflicted and the donor countries, ensuring the most economic utilization of every dollar contributed.

The efficacy of the operating procedures established by WHO and UNDRO could best be shown by specific recent cases. In the light of a warning issued by a WHO Representative against sending combined antityphoid/anticholera (TABC) vaccine to a flood-afflicted country whose people were chronically undernourished and who were consequently likely to suffer more harm than good from injections of those vaccines in combined form, within a matter of days prompt action was taken by UNDRO to avert a proposed shipment of TABC vaccine by a well-intentioned donor. On another occasion, a WHO official advised UNDRO on the desirability of ensuring that all non-fat milk-powder shipments to a drought-afflicted country should be fortified with a vitamin A supplement, since owing to the scarcity of vitamin A in other forms in that country, the distribution of non-fortified, non-fat milk-powder might do more harm than good. Major food donors were immediately alerted by UNDRO so that supplies of vitamin A could be added to their proposed shipments; vitamin A

capsules were also quickly dispatched to relief centres in the country to supplement the milk-powder already being distributed there. Another case illustrated tripartite cooperation in meeting emergency health needs. At 5 p.m. on a Friday afternoon, UNDR0 was informed by a telex message from a UNDP Resident Representative of an urgent need for vaccines to combat outbreaks of poliomyelitis and bubonic plague. Within minutes, the WHO officer responsible for emergency relief operations was contacted and was able to indicate the best types of vaccines and the names and addresses of likely suppliers, since WHO did not have them in stock. That information was passed on to the permanent mission in Geneva of a potential donor country and, thanks to the unceasing efforts of the government agency concerned, by the following Monday morning, the first consignment of drugs had been loaded on to a national airline flight for delivery to the afflicted country.

Those examples were typical of the working relations between the two organizations, which they sought to encourage with other agencies having a common interest in responding as quickly and efficiently as possible to the needs of afflicted populations.

There was no doubt that more could be done to promote such cooperation, and in that connexion he was pleased to note from document A28/26 that the Director-General welcomed Economic and Social Council resolution 1891 (LVII) which called for a more systematic approach to, and a strengthening of, the operations of the United Nations system in anticipation of, during and immediately after natural and other disasters, and that WHO would strive to enhance its own effectiveness and collaboration in relation to UNDR0, UNICEF, and other specialized agencies and programmes of the United Nations system concerned, particularly in assisting countries in disaster-prone areas to be better prepared for meeting and minimizing the adverse effects of disasters. Since General Assembly resolution 2816 (XXVI), which had established the Office of the United Nations Disaster Relief Coordinator, and Economic and Social Council resolution 1891 (LVII) both recognized the central role of UNDR0 in promoting predisaster planning, prevention and preparedness, his Office would follow with particular interest WHO's activities in that connexion.

His Office also warmly welcomed the Director-General's intention to strengthen WHO's machinery for meeting disasters, particularly the appointment of an office for emergency relief operations. Resolutions EB55.R62 and EB55.R63, envisaging the establishment of a special fund for disasters and national catastrophes, with funding initially provided by the gift of a property in Italy, were especially welcome as UNDR0's capacity to respond financially at the outset of a disaster was very modest. Ideally, UNDR0 allocations from the United Nations Regular Budget should supplement rather than take the place of WHO funding in the joint response of the two organizations to emergency health needs.

The United Nations General Assembly in its resolution 3243 (XXIX) endorsed both the Economic and Social Council resolution he had quoted and proposals made by several Member States for a substantial strengthening of UNDR0, and reiterated its conviction that UNDR0 was in a unique position, given adequate staff and facilities, to provide a worldwide system of mobilizing and coordinating disaster relief, including the collection and dissemination of information on disaster assessment, priority needs, and donor assistance.

Plans were already under way for enlarging the staff and increasing the material resources of the Office so as to increase its capacity to serve the international community as the focal point for disaster relief and predisaster planning. He looked forward to the same close and effective collaboration with all members of the international community concerned with disaster relief that UNDR0 had enjoyed with WHO during the previous three years.

Dr TOURE (Senegal) said that as a result of the seven years of drought suffered by his country, food production has been seriously reduced, with the inevitable consequences of malnutrition and lowered resistance to infectious diseases. Although rainfall had been satisfactory in 1974, the consequences of the previous drought persisted, and aid was still needed. His delegation, as the Minister of Health of Senegal had said in a plenary meeting of the Health Assembly, greatly appreciated the international solidarity shown by the countries and agencies that had come to the aid of the Sahel countries. At the same time he wished to stress the need for discrimination in the type of material aid provided; warm overcoats, for example, were not required in hot climates, and food should also be suited to the dietary habits of the people. The most important need of the Sahel countries was the prevention of a recurrence of such a disaster, and that could only be achieved by supporting the development projects of those countries for their agriculture, irrigation and sanitation. His delegation supported the draft resolution on drought in the Sahelian zone.

Professor EBEN-MOUSSI (United Republic of Cameroon) said that he shared the views expressed by the delegate of Senegal. The problem before the Committee was essentially one of appreciation of humanitarian needs. His delegation fully supported the draft resolution introduced by the Rapporteur and those concerning the drought in Somalia and in the Sahelian zone. In view of the dramatic nature of the drought, particularly in its effect in Ethiopia and Somalia, he was sure that those draft resolutions would have the unanimous support of the Committee.

Dr O. A. HASSAN (Somalia) said that his Government had distributed documents indicating the needs of his country to government representatives in Mogadishu, and to United Nations bodies through the intermediary of UNDP. All assistance to his country was coordinated by the Somalia Relief Committee, which worked in cooperation with UNDP and representatives of donor governments and United Nations agencies.

One-third of the country's population was affected by the disaster and 1 250 000 persons were being cared for. As a result of the advice given by WHO and the advance consignments of vaccines supplied by UNICEF large-scale epidemics of communicable diseases had been averted. The country now faced the task of resettling the victims of the catastrophe; it was planned to establish 90 000 people in agricultural areas and 70 000 in fishing areas. Needless to say, that task placed a heavy burden on the economic and health resources of the Government. The remainder of the population affected by the drought would continue to live a nomadic life until plans for their settlement could be prepared.

He expressed the thanks of his delegation for the assistance received from governments and organizations. He agreed with the representative of UNDR0 regarding the importance of the Director-General having funds available so as to enable WHO, in such emergencies, to meet the health as well as the food requirements of the disaster-stricken people.

Dr WRIGHT (Niger) said that his delegation wished to thank WHO, the other organizations and bodies in the United Nations system, the League of Red Cross Societies and all nations that had assisted his country to combat the immediate effects of the disastrous drought. He supported the draft resolutions before the Committee. At the same time, he thought that a number of points should be stressed. Firstly, speed was essential in bringing aid to countries afflicted by disaster. Certain requests made by Niger 18 months or two years before, when the drought was at its height, were still unanswered. Secondly, coordination was also most important; aid should be coordinated by the administration of the receiving country in accordance with its needs and under its direction. Thirdly, prudence and flexibility were called for in adapting aid to the country and its needs; food of a kind previously unknown to the population might create a demand that would be difficult to satisfy. Fourthly, domestic facilities and potential should be made use of; aid in emergencies being by definition temporary, everything possible should be done to integrate it in the short- or long-term plans of the receiving country, and its effectiveness should afterwards be evaluated. Finally, more funds should be sought in order to increase the means available to use in the reconstruction of the potential resources that had been destroyed, to combat qualitative deficiencies revealed by the catastrophe, such as malnutrition and epidemics of certain diseases, and to initiate preventive action to avoid the recurrence of similar disasters, in particular by the implementation of new economic and social development projects such as the regulation of the water supply.

Dr UHRICH (United States of America) said that there was a need for a more systematic approach to the operations of the United Nations system in anticipation of, during, and after catastrophes. He applauded the Director-General's plans to expand WHO's capacity to meet short- and long-term needs created by natural disasters and to provide overall coordination of health and medical assistance. WHO's task had to be carefully considered and the results continuously evaluated for effectiveness. The Organization's efforts to assist in building health infrastructures as preparedness measures were particularly commendable. Duplication of effort by different agencies could be minimized by appropriate assistance from WHO. His delegation supported the important responsibilities of WHO in the matter of disasters and natural catastrophes and the intent of all the draft resolutions under consideration. He suggested that the four resolutions might to advantage be combined into a single draft resolution, providing adequate guidance to the Director-General while leaving the mobilization of WHO resources to his professional and administrative judgement. However, after an exchange of views with the CHAIRMAN, he said that he would not press the point, in order not to delay the Committee's proceedings.

Dr GEORGIEVSKI (Yugoslavia) welcomed the new internal organizational arrangements in the Secretariat that the Director-General had made and asked the Committee to give the Director-General the powers to go further in that area. His delegation supported all the draft resolutions before the Committee, particularly those concerning the droughts in Somalia and the Sahelian zone. He drew attention to the fact that in the French text of the latter resolution the Voluntary Fund for Health Promotion had been wrongly translated and that the title of the Coordinator of United Nations Humanitarian Assistance in Cyprus was incorrectly given in the draft resolution on health assistance to refugees and displaced persons in Cyprus.

Professor LISICYN (Union of Soviet Socialist Republics) commended WHO's activities in favour of countries afflicted by natural catastrophes. His Government felt deep sympathy for the populations of the affected areas and was taking measures to give them emergency and long-term aid, mostly through the Red Cross and Red Crescent societies. Such assistance had increased enormously since 1971 and the amount involved had reached some US\$ 6 million.

The work undertaken by WHO with UNDRO should be intensified, although naturally that would place increased responsibilities upon the Organization. He hoped that the United Nations, the agencies of the United Nations system concerned, and WHO would find methods of providing even more effective emergency, medium-term and long-term assistance.

Mr MAVROMMATIS (Cyprus) said that the general problem of refugees and displaced persons in his country was well known to all delegates. In his address to a plenary meeting, the Minister of Health of Cyprus had emphasized that the problem continued and had appealed for more WHO assistance. It had been gratifying to observe the immediate response of many delegations, a response that had resulted in the draft resolution on health assistance to refugees and displaced persons in Cyprus that was before the Committee and the adoption of which would augment the effectiveness of the United Nations system. He thanked the six sponsoring delegations and the many others which had expressed to the delegation of Cyprus their anxiety over the continuation of the problem and their sympathy for the plight of the Cypriot people. The Government of Cyprus was not in a position to cope with the problem alone, not only because of its magnitude but also because Cyprus was a developing country and was now denied access to 70% of its resources. Although the draft resolution could be expanded and improved, it was a useful first step and had been drawn up so as to ensure a consensus. The implementation of United Nations General Assembly resolution 3212 (XXIX) and of Security Council resolutions 365 and 367 could mean the end of the problem of the refugees and displaced persons in Cyprus and of the risk to their health. The delegation of Cyprus also supported the other draft resolutions under discussion.

Sir Harold WALTER (Mauritius) emphasized the need for preparedness in dealing with natural disasters, among which were cyclones. Although these were among the most violent of natural phenomena, no mention had yet been made of them. One had struck his country a few months ago, destroying 14 000 houses, killing 21 people, injuring more than 80; causing serious damage and disruption; and creating the threat of an outbreak of typhoid fever. Help had been given spontaneously by many countries and there had been a slackening of the controls over people entering Mauritius; it was owing to the fact that a rescue worker from abroad harboured malaria that that disease had been reintroduced into the country. He thought there was a need for WHO to carry out a survey of the requirements of countries that were subject to catastrophes. That would help to avoid delays in the execution of relief health programmes. He suggested that the Director-General should increase WHO's preparedness by appointing one officer in each Region to form a coordinating committee, which would find out from the local people what happened when disasters struck.

Mr IBRAHIM (Indonesia) pointed out that the problems of natural disasters could not be divorced from economic considerations, particularly in developing countries, since such disasters caused grave setbacks to programmes for socioeconomic development. His delegation therefore supported all the draft resolutions under consideration.

Dr LARI (Peru) said that his country suffered from frequent earthquakes and floods. During the first days after a disaster, the Ministry of Health was responsible for attending to the needs of the affected people, but a more complex organization was required

to provide medical help during the first 24-48 hours and to carry out the important work needed on subsequent days. The responsible government departments in countries prone to disasters should be prepared and organized to deal with them. In Peru a permanent Civil Defence Committee was maintained, comprising representatives from the various ministries. Its task was to render direct assistance to afflicted communities and to ensure the maximum coordination between those working in the different aid sectors. He suggested that WHO should make a thorough study of the mechanisms existing in Member States to cope with the problem of emergencies.

Mr ARIM (Turkey) expressed his sympathy with all the draft resolutions before the Committee. With regard to Cyprus, the Secretary-General of the United Nations had appointed the High Commissioner for Refugees as Coordinator of United Nations Humanitarian Assistance in Cyprus. His Government was grateful for the assistance extended to both Turkish and Greek Cypriots within that framework, especially the health assistance provided by WHO. The draft resolution would encourage WHO in its efforts to direct health care to displaced persons in the whole island. The health problems of Turkish Cypriots had been the concern of the international community for the past 12 years. His understanding of the draft resolution was that all health assistance provided by the Director-General would necessarily fall within the framework of the United Nations Humanitarian Assistance to Cyprus and that it would continue to be extended to both Turkish and Greek Cypriots on an equal basis. He wished also to reiterate the positions taken and the reservations made by the delegation of Turkey on the resolutions of the General Assembly and Security Council mentioned in the second preambular paragraph of the draft resolution.

Mr AFENDULI (Greece) expressed his support for all the draft resolutions, especially the one concerned with health assistance to refugees and displaced persons in Cyprus. The population of Cyprus had been plunged into indescribable havoc and disaster in the summer of 1974, and the continuation of the situation rendered even greater the need for aid and relief. The help provided by WHO had been most welcome, and he hoped that it would be increased still more in the future. He wished to stress the formula that had been used in the operative paragraph of the resolution, namely, that the Director-General would continue and intensify health assistance in addition to any assistance made available by the United Nations Coordinator.

Dr BADDOO (Ghana) said that disasters caused nutritional problems, the spread of communicable diseases, and the disruption of the environmental health services. Where there was no infrastructure to deal with disasters, the suffering and loss of life were increased. His delegation therefore supported those speakers who had requested the Director-General to intensify his efforts to assist Member States stricken by disasters and, in addition, he asked the Director-General to give assistance in establishing infrastructures that would increase the state of preparedness of Member States to meet disasters.

Dr SACKS (Secretary) said that in view of the remark made by the delegate of Yugoslavia, the sponsors of the draft resolution on health assistance to refugees and displaced persons in Cyprus had agreed to amend the operative paragraph to read:

REQUESTS the Director-General to continue and intensify health assistance to refugees and displaced persons in Cyprus in addition to any assistance made available within the framework of the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus and report to the Twenty-ninth World Health Assembly.

Similarly, the French version of the draft resolution on drought in the Sahelian zone should be corrected as indicated by the Yugoslav delegate. He recalled that the delegations cosponsoring that draft resolution were now those of the Gambia, Mali, Mauritania, Niger, Senegal and Upper Volta.

Decision: the four draft resolutions, amended as indicated, were approved.

Technical Assistance to Portugal: Item 3.16.5 of the Agenda (Resolutions WHA19.31, WHA20.38, WHA21.34 and EB55.R57)

Dr TAYLOR (representative of the Executive Board) said that in the light of developments in the Portuguese territories, the Regional Committee for Europe at its twenty-fourth session had recommended that the Health Assembly should restore to Portugal the right to receive technical assistance, which right had been suspended by

the provisions of resolutions WHA19.31 and WHA21.34. The Regional Committee had also requested the Director-General to bring its views and recommendations to the attention of the fifty-fifth session of the Executive Board.

Meanwhile, the General Assembly of the United Nations had adopted resolution 3300 (XXIX) drawing the attention of the specialized agencies to the new situation, enabling them to resume their cooperation with the present Government of Portugal. The Executive Board therefore recommended to the Health Assembly the restoration to Portugal of its right to receive assistance, and had included a draft resolution to that effect in resolution EB55.R57.

Professor DE CARVALHO SAMPAIO (Portugal) stated that the reasons motivating resolutions WHA19.31 and WHA21.34 had ceased to obtain. The peoples of the former Portuguese colonies and the majority of the people of Portugal itself were suffering greatly from the earlier unenlightened policies. Those policies, however, had changed radically and the Portuguese people sought friendship and cooperation with WHO and all the countries and peoples of the world. His delegation hoped that the draft resolution would be unanimously approved.

Professor AUJALEU (France) agreed that Portugal had abandoned the policies that had motivated the earlier decision of the Health Assembly. His delegation therefore supported the draft resolution restoring full rights to Portugal.

Professor LISICYN (Union of Soviet Socialist Republics) said that, in view of the changes in the policies of the Government of Portugal, particularly as they affected medical and health care, his delegation wholeheartedly supported the draft resolution proposed by the Executive Board.

Mr PARROTT (United Kingdom of Great Britain and Northern Ireland) also expressed wholehearted support for the draft resolution. Not only would WHO wish to play its proper role in the coordination of the assistance recently restored to Portugal, but all friendly States would wish to play their part by rendering whatever assistance they were able, sometimes by direct bilateral contacts. He was happy to inform the Committee that the United Kingdom Government had already been in touch with the Portuguese Government with that objective in mind. He understood that the priority need at the moment was in the public health field where the main difficulties arose, not so much from lack of equipment, as from its underutilization. Particularly in the larger cities, there were areas where facilities were duplicated, while in other more remote areas they were totally lacking. The urgent needs related to such basic requirements as the establishment of proper drainage systems and the provision of supplies of pure drinking water. It should be possible to make the necessary expertise available and his Government would be prepared to cooperate in any way with WHO in making the most effective contribution possible.

Professor GERIC (Yugoslavia) also expressed his Government's pleasure in supporting the draft resolution.

Decision: The draft resolution proposed by the Executive Board in resolution EB55.R57 was approved.

Professor DE CARVALHO SAMPAIO (Portugal) thanked the Committee for approving the draft resolution and assured the Committee that the Government and people of his country were ready to cooperate fully with the Organization and all its Member States in the promotion of the health of all mankind.

WHO's human health and environment programme: coordination on programmes and action in the field of the environment: Item 3.16.6 of the Agenda (Resolution WHA27.50, paragraph 2(3); Document A28/27)

Dr PAVLOV (Assistant Director-General), recalling the special attention paid by the previous Health Assembly to coordination in programmes and action concerning the environment, introduced the Director-General's report, which reviewed progress and described the implications for WHO of coordination in the environmental field.

It was essential that the special administrations or coordinating mechanisms being established in many Member States to deal with environmental questions should work together with a full understanding of the need to protect and promote human health and of how that could be achieved within national environment programmes. Health agencies had

great responsibility and should participate in the work of such bodies at all stages of programming, planning and implementation. Unfortunately in many countries, effective methods of coordination had not yet been worked out.

As requested in resolution WHA27.50, the Director-General had strengthened collaboration with UNEP through the Environment Coordination Board, which provided the mechanism for interagency cooperation and which had recognized the need for consultations between agencies during the actual programming process and for active exchanges of information about their respective programmes. WHO and UNEP had also held intersecretariat meetings at the policy-making level.

The Governing Council of UNEP, at its third session held in Nairobi in April-May 1975, had called for concentration of activities on a few priority areas and increased emphasis on the promotion of human health through the improvement of environmental quality - whether by the decrease of pollution, control of endemic diseases or prevention and control of other forms of environmental degradation - for the benefit of all peoples.

In the report before the Committee, the Director-General reviewed some of the programme areas of major interest to both WHO and UNEP (subsection 2.2.1.3(a)) and updated the information provided at the previous Health Assembly on specific projects carried out by WHO as participating agency and receiving support from the Environment Fund (subsection 2.2.1.3(b)). In that connexion, the Committee would note that the conference to be held in Cairo in October 1975 on schistosomiasis, mentioned in the report under "Endemic diseases", was being sponsored by the Government of Egypt and cosponsored by WHO, UNEP and the United States Government.

Much of the coordination involved in WHO's human health and environment programme concerned the United Nations and its subsidiary bodies (subsection 2.2.2 of the report). The Committee might be particularly interested, for instance, in the information given in the fifth and sixth paragraphs concerning preparations for the United Nations Conference - Exposition on Human Settlements (Habitat) to be held in Vancouver, Canada, in May-June 1976, and in the first paragraph concerning the United Nations Water Conference planned for 1977 in Buenos Aires. The Committee would note that the Technical Discussions at the next World Health Assembly on the "Health Aspects of Human Settlements" would form part of WHO's contribution to Habitat.

In reviewing coordination and collaboration with UNDP (subsection 2.2.3), the Committee might wish to note that a very considerable portion of the Organization's environment programme was funded from sources other than the regular budget, mainly UNDP, and that in 1976 more than US\$ 7 million would be available for projects for the improvement of basic sanitary services in the developing countries. Projects concerning rural water supply and sanitation called for special efforts of coordination with the World Bank, UNICEF and FAO. They involved not only the planning of rural water supplies and sanitation as part of overall development, but also the provision of a proper institutional basis, education and training of personnel at all levels and the exchange of information; all these subjects were being given priority in the work of the ad hoc working group on potable water supply and sanitation (subsection 2.2.16 of the report).

Coordination between WHO and other agencies involved not only headquarters but also the regional offices and the country level, where the Organization worked with the many national administrations that were in a position to promote health through their work on the environment. Only through intensified efforts would it be possible to ensure that health concerns were adequately reflected in that work.

Concluding, he informed the Committee that the report on WHO's human health and environment programme requested by resolution WHA27.49 for submission to the fifty-seventh session of the Executive Board and the Twenty-ninth World Health Assembly was in course of preparation.

Dr De WEVER (Belgium) said that it was obviously from the report that much was being done within the United Nations system to protect human health through improvement of the environment but there might be, it seemed, some lack of coordination. In that connexion he called attention to the fact that the multiplicity of ministries and government and other bodies, within Member States, concerned with the environment could considerably retard the putting into effect of the necessary legal and administrative texts at the national level, and so the Organization should stress the importance of coordination at that level.

The Committee would also be aware that the situation in one country could affect conditions, not only in neighbouring countries, but also, through geographical and meteorological phenomena, in countries thousands of miles away; he had in mind air and water

pollution. The Organization should therefore also call for international coordination in health matters.

Finally, as the Assistant Director-General had suggested, it was necessary to place the protection of human health at the centre of environmental action which, at present, was often approached from the point of view of animal or plant protection, or even land-use planning, and the Director-General should take the lead in seeing that human health was the major objective in the improvement of the environment.

For those reasons, his delegation and those of the Netherlands and the Union of Soviet Socialist Republics were submitting the following draft resolution:

The Twenty-eighth World Health Assembly,
Reaffirming resolution WHA27.50; and
Having considered the report of the Director-General,

1. NOTES the report;
2. RECOMMENDS to Member States
 - (1) that adequate coordination be established at the national level so that the improvement and protection of human health become an important objective in the planning and implementation of environmental programmes, and
 - (2) that the capacity of the World Health Organization be utilized towards attaining that objective;
3. REQUESTS the Director-General:
 - (1) to continue his collaboration with both national and international agencies and programmes in this field;
 - (2) to provide continuing leadership in making health concerns a major objective of environmental programmes and action, both at the national and the international level;
 - (3) to invite intergovernmental and nongovernmental, as well as national agencies, to contribute fully to the Organization's Human Health and Environment Programme, and
 - (4) to report on coordinating developments and their implications when reporting to the fifty-seventh session of the Executive Board and the Twenty-ninth World Health Assembly in accordance with resolution WHA27.49.

Mr DE GEER (Netherlands) recalled that his delegation had fully supported WHO's human health and environment programme from the start, and would continue to do so in view of the more and more important results being achieved.

The improved coordination within the UNEP system was reflected in the Director-General's report and had showed very clearly at the third session of the Governing Council of UNEP in Nairobi in April 1975. He felt that it had been one of the main reasons for the strong support shown there for human health and the environment as a priority subject area, which had a special bearing on WHO's work on environmental health criteria and standards and on the establishment of the international registry of potentially toxic chemicals. He hoped that the coordination described in subsection 2.2.1.3(a) 4 of the Director-General's report would continue and develop.

He also expressed interest in the expanded programme in rural potable water supply and sanitation, in which his Government hoped to cooperate.

Professor LISICYN (Union of Soviet Socialist Republics), thanked the Director-General for his report and said that the large number of organizations involved in environmental matters increased the need for coordination to ensure the most effective use of WHO's resources in planning and implementing the biomedical elements of the programme.

There should be more rigorous selection of projects in WHO's health and environment programme in order to exclude those that fell more properly within the province of other agencies, particularly UNDP and UNEP. WHO's activities should be limited to control of harmful factors in the environment. For instance, international cooperation in the establishment of methods of evaluating the biological effects of harmful environmental factors should be extended, since such methods were essential for the development of criteria and standards; WHO should coordinate and stimulate the necessary research in national scientific institutes and take steps to increase in due course the number of factors studied. Other problems should be tackled by the relevant organizations - ILO, FAO, IAEA, etc. - which would not preclude WHO from taking part in them in an advisory capacity.

He requested the Director-General to provide in future reports on the subject to the Health Assembly more analytical information on cooperation with other organizations and on the prospects of extending it.

His delegation proposed an addition to the preamble of the draft resolution it had presented together with the delegations of Belgium and the Netherlands. With that addition, which he understood was acceptable to the other sponsoring delegations, the preamble would read:

Having considered the report of the Director-General on the activities of WHO in human environmental health;

Reaffirming resolution WHA27.50 and resolutions of previous World Health Assemblies on this matter; and

Recalling United Nations General Assembly resolution 3264 (XXIX) on Prohibition of Action to Influence the Environment and Climate for Military and Other Purposes Incompatible with the Maintenance of International Security, Human Wellbeing and Health,

His delegation also wished to add, at the end of subparagraph (a) of paragraph 3, a phrase along the following lines: "especially with the United Nations and its specialized agencies".

At the request of the cosponsors, it was agreed the proposed amendments be submitted in writing.

The meeting rose at 11.50 a.m.

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