



COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE TENTH MEETING

Palais des Nations, Geneva
Monday, 26 May 1975, at 3.30 p.m.

CHAIRMAN: Dr J. S. CAYLA (France)



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Note: Corrections to this provisional summary record should reach the Chief, Editorial Services, World Health Organization, 1211 Geneva 27, Switzerland, before 9 July 1975.

1. COORDINATION WITH THE UNITED NATIONS SYSTEM: Item 3.16 of the Agenda (continued)

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) (continued)

Dr SACKS, Secretary, said that agreement had been reached by the delegates of Belgium, the Netherlands, the Union of Soviet Socialist Republics, the German Democratic Republic, and Venezuela on a revised version of the draft resolution introduced at the previous meeting by the Belgian delegate. The amendments affected the preambular paragraphs and operative paragraph 3(a). The revised draft resolution, sponsored by the five delegations concerned, read as follows:

- The Twenty-eighth World Health Assembly,
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 Well-being and Health, and United Nations General Assembly resolution 3326 (XXIX) on the Report of the Governing Council of the United Nations Environment Programme,
1. NOTES the report;
 2. RECOMMENDS to Member States
 - (a) that adequate coordination be established at the national level so that the improvement and protection of human health becomes an important objective in the planning and implementation of environmental programmes, and
 - (b) that the capacity of the World Health Organization be utilized towards attaining that objective;
 3. REQUESTS the Director-General:
 - (a) to continue his collaboration with both national and international agencies and programmes in this field, with special emphasis on coordination within the United Nations system;
 - (b) to provide continuing leadership in making health concerns a major objective of environmental programmes and action, at both the national and the international level;
 - (c) to invite intergovernmental and nongovernmental, as well as national agencies, to contribute fully to the Organization's Human Health and Environment Programme, and
 - (d) 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.

Dr VALLADARES (Venezuela), Rapporteur, speaking as his country's delegate, said that the aim of the amendment he had proposed in operative paragraph 3(a), which was now included in the revised version of the draft resolution, was to encourage coordination within the United Nations system so as to avoid duplicating activities that fell within the field of competence of WHO, the agency responsible for coordination on health matters.

Professor SULIANTI SAROSO (Indonesia) recalled that Shattuck in the United States and Chadwick in the United Kingdom had been the first to urge improvements in environmental health as the best approach to disease prevention and health promotion. Environmental health was important for both developed and developing countries. In Indonesia, a developing country, communicable diseases such as gastrointestinal and vectorborne diseases could be controlled by improving the environment. But within developing countries there were also pockets of pollution, caused by industries and traffic, comparable to that seen in developed countries; Jakarta, where permissible atmospheric levels of carbon monoxide were exceeded, was an example.

Her delegation strongly supported coordination, as described in the Director-General's report (document A28/27), between organizations of the United Nations system on environmental matters. Such coordination was also welcome because it would be emulated at the country level by Member States. In Indonesia, for example, the Ministry of Health had participated actively in preparing the country's report for the United Nations Conference-Exposition on Human Settlements (Habitat) to be held in 1976 in Vancouver, Canada and the health aspects had also been taken into account in the programme on development of resettlement areas assisted by the World Bank. As a result of such coordination, other agencies understood more about health and would take it into consideration when conducting their own development programmes.

Dr TOURE (Senegal) said that his country was fully aware of the interaction between health and the environment, as shown by its creation of a Ministry of the Environment and by the attention given to water supply in agricultural areas by the Ministry of Rural Development. He thus endorsed wholeheartedly the draft resolution before the Committee. However, environment programmes were equally necessary at the national level; man would surely despoil the whole environment if there were no laws to the contrary. Measures had to be taken to prevent forests from being destroyed by fire and animal species from disappearing, in the interest of man himself.

Dr MIHAILESCU (Romania) said that environmental protection and promotion was an integral part of his country's socioeconomic development policy; the Ministry of Health conducted surveillance, studied the effects on health of environmental change, and dealt with the application of conservation measures.

He acknowledged the valuable assistance of WHO and UNDP to Romania's programme to combat air and water pollution, which had included studies of pollution of the Danube and the Arges. He also thanked the Regional Office for Europe for its careful selection of experts and consultants for the programme and of institutions abroad where Romanian fellows had pursued specialized studies.

Together with other European countries, and with the technical assistance of the European Regional Office, his country had also participated in a long-term programme comparing child health in the Jiu valley with that in unpolluted control areas.

Professor GERIĆ (Yugoslavia) welcomed the report of the Director-General, who was well placed to contribute to coordination at the higher levels of the United Nations system. As the report implied, however, coordination was essential especially at the national level, since environmental efforts cut across many disciplines, sectors, and governmental units. In Yugoslavia, such coordination was the responsibility of a coordinating committee at the federal level as well as in the Federal Republics. He fully supported the draft resolution with the amendment proposed by the delegate of the Soviet Union.

Mr SCHUMANN (German Democratic Republic) pointed out that the United Nations family as a whole suffered from one deficiency in the field of the environment: while there were many interesting and useful projects in the field, including those of WHO, they were not sufficiently well known to other national and international organizations and institutions. That was apparently one of the main reasons for the current lack of coordination referred to in the report; section 2.2.1.2 stated, for example, that even constitutional mandates overlapped in so far as relationships of health in environment were concerned. WHO should do its utmost to avoid duplication and overlapping among environmental health activities in organizations in the United Nations system. Through the appropriate channels, perhaps the Environment Coordination Board, the Organization should participate in the review of institutional arrangements for international environmental cooperation in pursuance of General Assembly resolution 2997 (XXVII) and decision No. 9 of the third session of the UNEP Governing Council. The value of that approach would, he hoped, be made clear in the report to be submitted to the next World Health Assembly in accordance with resolution WHA27.49.

He was happy to be a co-sponsor of the revised draft resolution, which was based on the experience that coordination at the national level was important for international coordination; to quote the slogan of a past World Health Day, "Health begins at home". He referred with satisfaction to General Assembly resolution 3264 (XXIX) adopted in December 1974 by an overwhelming majority of Member States and mentioned in the third preambular paragraph of the draft resolution. Implementation of that resolution by the appropriate organs and the adoption of a corresponding binding international convention opened up new vistas not only in the field of disarmament but also in environment activities, including aspects relating to environmental health and human wellbeing.

Professor TATON (Poland) welcomed the increasing attention given by WHO to environmental health. He supported the amended draft resolution. As shown by its adherence to the 1973 agreement among the Baltic Sea countries on protection of the sea, his country believed that coordination on the environment and environmental health should embrace the whole spectrum of problems involved as an integrated ecological whole. That was why he supported the addition of the third preambular paragraph as proposed by the delegate of the Soviet Union.

Professor PACCAGNELLA (Italy) expressed appreciation for the efforts being made by WHO to maintain collaboration with so many international organizations in the field of environmental health, despite the difficulties caused by the socioeconomic and political implications of that field. Because health as well as the quality and duration of human life were affected by environmental factors, WHO should pursue the environmental health programme already discussed by Committee A, emphasizing its epidemiological aspects, in which the Organization had to play the leading role. He urged that the projects within the environmental health programme be integrated to maintain the programme's overall unity and hence avoid the multiplication and proliferation of initiatives and institutions seen at both the international and national levels, which were resulting in overlapping and inefficiency. He agreed with the provisions of the draft resolution, which he was prepared to support in its revised form.

Dr SOBOTKOVÁ (Czechoslovakia) said that her delegation had already spoken on the environmental health programme in Committee A, where it had mentioned the importance of coordination within the United Nations system and the use of the recommendations of international medical associations nongovernmental organizations. She fully supported the revised draft resolution.

Dr WRIGHT (Niger) said that the importance of the draft resolution was obvious in view of man's aggression against the environment, from which he suffered in return. He was concerned to read, in the last sentence of section 3 of the Director-General's report, that provisions in the WHO budget were not adequate to absorb overhead costs fully without prejudice to the Organization's regular budget activities. Could the Director-General indicate how he was planning to find the necessary funds and implement the draft resolution that was apparently about to be approved by the Committee?

Dr LARI (Peru) supported the draft resolution. Peru, with its serious river and air pollution problems, had long been interested in improving the environment. The newly constructed PAHO Centre of Sanitary Engineering and Environmental Sciences, built with the help of his Government, was located in Lima. In collaboration with 6 countries of the Andean region, Peru had also conducted a study of air, water, and soil pollution which had provided a general view of the situation.

Dr O. A. HASSAN (Somalia) suggested that the Health Assembly should indicate, either in the draft resolution or by some other means, that before undertaking environmental programmes at the country level, international organizations, especially of the United Nations family, should ensure that the health component was accorded greater importance than at present.

Dr PAVLOV (Assistant Director-General) thanked the delegates for their constructive comments and suggestions. He agreed with the delegate of the Soviet Union on the need to analyse more closely the coordination of WHO's activities in the field of the environment with other organizations. He also agreed that the biomedical aspects of the programme should be emphasized. The Director-General's report was, however, devoted to the subject of coordination in particular, and it had not been possible to cover all aspects of the programme in that document. Its biomedical aspects would be included in the report to be submitted to the next Health Assembly.

Dr DIETRICH (Director, Division of Environmental Health) said that several delegates had stressed the need to strengthen the health component of environmental programmes. That was, of course, WHO's objective in its efforts to coordinate with other agencies, and the specific suggestions made by the delegates of Senegal, Somalia, and the German Democratic Republic would guide the Secretariat. The aim of the Secretariat was to bring health elements into environmental programmes and to bring the environmental programmes of other agencies closer to WHO's health objectives.

The contribution that WHO could make in that coordination would vary because the objectives of the different agencies with which it collaborated were very different. For example, when the Organization collaborated with IAEA, ILO, or UNIDO it aimed at establishing the criteria or standards that were needed in connexion with development projects. When it collaborated with the World Bank it attempted to direct investment towards priority health concerns such as rural water supplies and sanitation.

Several delegates had pointed out the necessity for coordination at the national level; he noted that the Director-General's report to the Twenty-seventh World Health Assembly (document A27/14) had indicated that need. The Secretariat was anxious to collaborate with any agency at the national level that might be able to contribute to national health objectives.

Water supply and sanitation in rural areas were being treated as a priority matter in coordination with the World Bank, FAO, and UNICEF. The Director-General had referred in his report (document A28/27) to a new effort being made in cooperation with the World Bank, UNDP, UNEP, UNICEF, OECD, and the International Development Research Centre to establish a network of institutions that could help to provide information to local administrations responsible for the development of rural water supplies and sanitation.

The UNEP international register of potentially toxic chemicals had been referred to by the delegate of the Netherlands; he informed the Committee that WHO was negotiating an arrangement with UNEP in that regard.

The delegate of Indonesia had referred to the way in which national preparations for the forthcoming United Nations Conference on Human Settlements had stimulated coordination in her country. He recalled that the Technical Discussions at the Twenty-ninth Health Assembly would be concerned with the health aspects of human settlements; the documents to be used to prepare for the Technical Discussions would be distributed to Member States the following month. It was hoped that the processes involved in the preparations for the Technical Discussions would help at the national level towards coordination between the health and other responsible agencies.

Several delegates had referred to pollution control projects, such as those for the Danube and the Baltic Sea. There were several similar programmes in Latin America that were in themselves a challenge as regards coordination, as they involved several national and international organizations. It was vital that all such activities should include some consideration of the health aspects.

He assured delegates that determined efforts were being made to avoid overlap with the programmes of UNEP. The report before the Committee indicated the efforts already being made in that field. At the third session of the UNEP Governing Council it had been decided that WHO and UNEP should arrange for discussions aimed at developing programmes for the next 2-3 years together. In that way it was hoped to encourage UNEP to give high priority to health as part of the environmental programme of the United Nations system.

Dr SACKS (Chief, Coordination with Other Organizations), answering the delegate of Niger's question regarding the last sentence of section 3 of the Director-General's report, said that at present the Director-General was trying to absorb the general overhead costs associated with UNEP projects as best he could, but he was in contact with UNEP on ways of financing activities that resulted from WHO's cooperation with the Programme.

With regard to the need to avoid overlapping of programmes with those of other organizations, WHO was being consulted at every stage by UNEP and particular staff members in both organizations had been designated to deal with coordination matters. As to the proliferation of initiatives, WHO was in constant consultation with other agencies and tried to ensure that the money available was spent to the best advantage.

In connexion with the revised draft resolution, he explained that United Nations General Assembly resolution 3326 (XXIX), which was mentioned in the third preambular paragraph, was a long resolution that dealt with the overall approach to the programme of UNEP and referred to the importance of coordination with and cooperation between UNEP and the specialized agencies to ensure effective implementation of that programme.

Dr UHRICH (United States of America) said that the delegate of Belgium had, in introducing the draft resolution at the previous meeting, spoken of the importance of WHO's human health and environment programme. His remarks and those of the co-sponsors of the resolution had clearly outlined the priorities of work for WHO. The United States delegation had supported the original draft resolution and also supported the operative paragraphs of the revised text. However, it had some reservations concerning the relationship between the new preambular paragraph recalling the United Nations General Assembly resolution 3264 (XXIX) and the work that the Organization was being requested to undertake.

Mr CHU Hsing-kuo (China) drew attention to the third preambular paragraph of the revised draft resolution, which referred to 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. That resolution had been introduced by the delegate of the Soviet Union at the twenty-ninth session of the General Assembly as a propaganda move with an ulterior motive. The USSR delegate at the present Health Assembly had said that he wished to mention the General Assembly resolution in the draft resolution before the Committee because of his concern for international security and world peace. However, which States had a large supply of nuclear weapons and were threatening world peace? Surely it was the two superpowers. If the USSR was really concerned for the security of humanity, its Government should take concrete action in that direction, for example, in relation to its military presence in the Indian Ocean. The Chinese delegation could not agree to the amendment introduced by the delegate of the USSR.

Professor LISICYN (Union of Soviet Socialist Republics), replying to the delegate of China, said that his delegation was concerned with the need for the Health Assembly to take into account the all-important decisions of the United Nations General Assembly on the protection of the environment. The General Assembly resolution under discussion, which had been adopted by an overwhelming majority, reflected a unanimous desire that more effective measures to that end should be taken.

Mr CHU Hsing-kuo (China) said that the Chinese representative at the twenty-ninth session of the United Nations General Assembly had stated the position of the Chinese Government on General Assembly resolution 3264 (XXIX). He reaffirmed that position; his delegation was opposed to the amendment introduced by the USSR delegate, and would not take part in the vote on the draft resolution.

Professor SULIANTI SAROSO (Indonesia) said that she would like further information on the United Nations General Assembly resolutions mentioned in the revised draft resolution before the Committee before a vote was taken.

The CHAIRMAN suggested that the Committee defer a decision on the draft resolution until the Secretariat had provided that information.

It was so agreed.

Dr KUPFERSCHMIDT (German Democratic Republic) wondered whether the information to be provided to the Committee would indicate the result of the voting on General Assembly resolution 3264 (XXIX). In fact, the voting had been 126 in favour and none against, with 5 abstentions.

2. PSYCHOSOCIAL FACTORS AND HEALTH: Item 2.4 of the Agenda (Resolutions WHA27.53 and EB55.R20)

Dr TAYLOR, representative of the Executive Board, introducing the item, said that in accordance with the Health Assembly's request in resolution WHA27.53 the Executive Board at its fifty-fifth session had considered a report prepared by the Director-General on psychosocial factors and health. After consideration of that report the Executive Board had decided to request the Director-General to submit a further report at its fifty-seventh session, and to request the Twenty-eighth Health Assembly to agree that the Director-General should make a full report on the subject to the Twenty-ninth Health Assembly.

Dr ETER (Federal Republic of Germany) said that the discussions during the previous week had shown that there had been a change in priorities in regard to the different aspects of health. The industrialized and technically advanced countries were paying more attention to the influence of environmental factors on health. The examination of psychosocial factors was also important. An epidemiological analysis of psychosocial factors and of psychiatric care should be carried out, for which it was necessary further to develop the international standardization of diagnosis and terminology. Such an epidemiological investigation should aim at studying the efficacy of different methods of psychiatric care.

In relation to marginal social groups, a study should be made of the relationships between environmental factors such as habitat and conditions such as criminality, suicidal tendencies, alcoholism, and drug dependence. Thus, for example, it would be necessary to study housing problems in towns in relation to those psychological disorders. Those relationships would vary with the population studied and were very complex. Different approaches might be necessary and culture-specific studies should be carried out. For example, persons living alone comprised a high proportion of psychiatric patients.

WHO had a coordinating role to play in that field and the criteria elaborated by the Organization would be of value to all countries. Multidisciplinary efforts would be required but the final responsibility must rest with the physician.

Dr KUPFERSCHMIDT (German Democratic Republic) said that the activities of WHO to investigate the influence of psychosocial factors on health reflected the endeavour to understand the factors conditioning health and disease and to develop preventive measures. Before the Director-General's report was compiled, the term "psychosocial factors" required better definition. It should not be used in such a wide sense that it became identical with sociology or psychology. In the field of psychosocial factors, public health activities should be dedicated to particularly important health problems, such as neurotic disorders, alcoholism, drug dependence, social deviations, and developmental behavioural disorders in children. The investigation of psychosocial factors as causes of such diseases required complex analysis. Considerable resources might be necessary for such studies, which should also explore interesting correlations such as that between the incidence of psychosocial disorders and the degree of urbanization.

It was also necessary to study the influence of psychosocial factors on mental disease. In that field there had already been an increase in international activity. It was thus most important for WHO to coordinate international activities in that field with the corresponding nongovernmental organizations.

Dr TOURE (Senegal) recalled the reference made in plenary session by his country's Minister of Public Health and Social Affairs to the way in which mental health problems had been tackled in Senegal by the creation of regional psychiatric centres. It had been felt that the mental health patient must be treated in his own environment. The Government was also carrying out an administrative reform aiming at the creation of more active rural communities with greater responsibility for their own administration, which would also contribute to the prevention of mental ill-health. Recalling the WHO definition of health as a state of complete physical, mental and social well-being, he said that in the modern world with its threats of impersonality and insecurity man lived in fear and his health was often precarious; education, health care and an environmental policy would not suffice to give him a sense of security unless the whole social system was reformed to provide a healthier environment, greater justice and brotherhood, and more liberty and equality in society.

Professor SULLIANTI SAROSO (Indonesia) considered that the item should not be discussed until the fuller report was before the Twenty-ninth Health Assembly, as recommended by the Executive Board at its fifty-fifth session. The present Health Assembly only had to adopt a resolution to that effect.

Dr SARTORIUS (Office of Mental Health) thanked delegates for their comments and said that some progress had already been made in preparation of the fuller report. He looked forward to reporting in greater detail to the Executive Board and the Health Assembly at the later sessions.

Professor PACCAGNELLA (Italy) stressed that the relationship between environment and health was not only that between the physical environment and somatic health, but also involved the social environment and health in its wider meaning, which included somatic, mental and social aspects. It was therefore important that the study should concentrate on aspects of the subject broader than the purely psychiatric. It was also important that the competence of public health services in the matter should be stressed in view of the local interdependence of health and social services.

Dr SARTORIUS (Office of Mental Health) replied that no very clear definitions had been established in the past, and one of the aims of the new programme would be to clarify such questions and develop definitions. Certainly the approach would be wider than that of clinical psychiatry, and would include social aspects.

At the Chairman's request, Dr VALLADARES (Venezuela), Rapporteur, read out the following draft resolution:

The Twenty-eighth World Health Assembly,
Recalling resolution WHA27.53 on psychosocial factors and health,
Considering the recommendations of the Executive Board in its resolution EB55.R20 that, in view of the importance and complexity of the subject, further study is required to develop a detailed programme of work in the field of psychosocial factors influencing health and in particular mental health and the functioning of health services,

REQUESTS the Director-General to submit a further report to the Executive Board at its fifty-seventh session and a full report on this matter to the Twenty-ninth World Health Assembly.

Decision: The draft resolution was approved.

3. SAFE USE OF PESTICIDES: CLASSIFICATION OF PESTICIDES ACCORDING TO HAZARD: Item 2.10 of the Agenda (Resolution EB55.R19; Document A28/14)

Introducing the item at the request of the Chairman, Dr TAYLOR (representative of the Executive Board) recalled that consideration of the question by the Board had originated from requests from a number of Member States for assistance in classifying pesticides. The Expert Committee on the Safe Use of Pesticides, which had met in 1972, had laid down the guidelines for such a classification, and when the Executive Board had considered the report of the Expert Committee at its fifty-second session in June 1973 it had requested the Director-General, in resolution EB52.R11, to develop the classification and circulate the draft proposal to national and international agencies. The draft had been circulated in 1974 and comments had been received from 21 countries and two international agencies.

The Board, when considering those comments at its fifty-fifth session, had found them both helpful and favourable to the classification. It had considered the draft proposal a useful basis for a classification of pesticides by hazard which could immediately be used by national authorities, but that there was scope for further development in consultation with Member States, international agencies and regional bodies.

The Board had adopted resolution EB55.R19 in which it recommended that the Twenty-eighth Health Assembly adopt the classification.

Dr HAMON (Chief, Vector Biology and Control), introducing the report on the item (document A28/14), to which the proposed Classification was annexed, said that the criteria selected for the Classification were those available for the large majority of pesticides, and the type of Classification was based on the hazard to users and persons exposed to contact with pesticides. The starting point was intrinsic oral or dermal toxicity, data on which were available for almost all pesticides before marketing. The intrinsic toxicity was then adjusted according to the formulation, due regard being given to the greater risk of accident with liquid formulations. Special provisions had been foreseen for compounds mostly used in the form of aerosols or for fumigation.

The criteria used would enable any country without adequate pesticide regulations to prepare them, and the Classification was flexible enough to allow for special cases, where the composition of formulated pesticides could induce a risk not apparent from the dermal and/or oral toxicity. The Classification would be adjusted in the light of experience in Member States.

It was not considered possible to adjust the Classification for the effect of pesticides on the environment, because the reason was that the relevant data were at present available for only a few products, and where they were available interpretations were so varied from one country or one expert to another as to make the data very difficult to use. It had therefore been decided to base recommendations on the principle known hazard of acute and, in special instances, medium-term intoxication of users and exposed persons.

Dr HELLBERG (Finland) said that from the point of view of health administrations in Member States pesticide hazards must be regarded not only in the theoretical way indicated in the document before the Committee - for example, the use of LD₅₀ values determined in rats were questionable and the resulting over-schematic table might lead to misunderstandings in application; for daily decision-making purposes data on hazards and tolerances in food would be needed. He recalled that at a recent joint FAO/WHO meeting on pesticide residues in food a paper had been presented along those lines. WHO could play an important part in gathering and disseminating factual information on food consumption and pesticide residues in order to determine practical and realistic tolerance levels for different pesticides.

Such research was more useful than more theoretical work and was badly needed if damage to people's health was to be prevented. He asked what the intentions of the Secretariat were in that regard.

Dr JOSHI (Nepal) said that a pesticide called Folidol was often used for agricultural purposes in Nepal to protect jute from deterioration in the godown. Unskilled sprayers recruited indiscriminately among young people seeking military employment and given no clear instructions about health hazards and protection had been known to die within hours of using the pesticide. He considered that the employers should be made responsible and should be obliged to pay for treatment of spraymen falling ill owing to Folidol, and it was essential that information on toxicity and instructions for safe use should be in the local language as well as English, which few people in Nepal could read.

Dr MATUNDU NZITA (Zaire) fully supported the Board's resolution EB55.R19 on the safe use of pesticides, but stressed that the attention of manufacturers of pesticides should be drawn to the need to respect toxicity standards and the regulations for transport, stocking, packaging, and instructions for use. It should also be made clear that developing countries were not to be used as testing areas for pesticides, except under bilateral agreements.

Dr JAROCKIJ (Union of Soviet Socialist Republics), referring to Dr Hamon's statement that the Classification was based on the hazard to users of and persons exposed to pesticides, said that in view of the increasing use of pesticides in agriculture it was essential to take into account their effect on the environment and on the general population. For that, determination of the LD₅₀ value of the pesticide was insufficient and he hoped that WHO would work out an improved classification based on a greater number of criteria, including the volatility of the compound, its stability in the environment, and its cumulative effects.

It was also important to introduce into the Classification the principle of a limitative criterion; in other words, if a pesticide had even one property, for example, carcinogenicity or mutagenicity, that made it dangerous, it should be classified accordingly.

In the proposed Classification little attention had been paid to the stability of pesticides in the environment, although that factor was important for the estimation of the hazard they represented to the general population. Referring to the Annex to the report, he said that the pesticides listed therein had been correctly classified from the point of view of occupational hazard, but not from that of hazard to the population. The fact of ignoring certain characteristics, such as stability and toxicity of the active principle, had resulted in some pesticides that in his opinion were highly hazardous being classified as only moderately or slightly hazardous.

To summarize, the Classification was valuable and could already be used, but it should be improved to reflect more closely the hazards to the general population and not just to those occupationally exposed to pesticides.

The meeting rose at 5.30 p.m.

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