



THIRTIETH WORLD HEALTH ASSEMBLY

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING



Palais des Nations, Geneva  
Wednesday, 11 May 1977, at 2.30 p.m.

CHAIRMAN: Dr M. VIOLAKI-PARASKEVA (Greece)

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SEVENTH MEETING

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REVIEW OF THE PROPOSED PROGRAMME BUDGET FOR THE FINANCIAL YEARS 1978 AND 1979 AND THE EXECUTIVE BOARD'S REPORT THEREON: Item 2.3.1 of the Agenda (Official Records No. 236, No. 238, Part II, and No. 239; Resolutions WHA28.75, WHA28.76, WHA29.25, WHA29.36, WHA29.48, EB58.R8, EB59.R16 and EB59.R17; Documents A30/7 and Corr.1 and 2, A30/43, A30/WP/2, A30/INF.DOC/1 and A30/INF.DOC/5 (continued)

Major Programme 5.3: Prophylactic, Diagnostic and Therapeutic Substances (Official Records No. 236, pages 248-264; Official Records No. 238, Part II, Chapter II, paras 114-122) (continued)

The DEPUTY DIRECTOR-GENERAL said that, in view of the comments made concerning the proposed transfer to Sweden of the operational activities on international monitoring of adverse reactions to drugs, he wished to provide further information. As indicated in the Executive Board's report (Official Records No. 238, Part II, Chapter II, paragraph 120), it was proposed to transfer the operation of that activity to a WHO collaborating centre located with the Swedish Board of Health and Welfare. Since WHO would retain full responsibility for the programme in relation to policy, coordination, and dissemination of information, the main difference between the present situation and the proposal before the Committee was that the physical location of the centre would be in Sweden instead of in WHO headquarters. WHO would cover the costs of a medical officer, who would be a staff member of the Organization and would be responsible for the activities of the centre as well as for the production of documents, which would be prepared and distributed directly by headquarters. All Member States would still have full access to information. There would be no preferential provision of information to any government or to the pharmaceutical industry in any country. The Director-General had already given assurances to the representatives of that industry on that crucial aspect.

Wherever the centre was located, it depended on information received from governments, the usefulness and subsequent dissemination of which would depend on its quality and timeliness. Thus mutual confidence was essential if Member States were to make proper use of WHO's neutral offices for collecting and disseminating information. The use of WHO collaborating centres for information-gathering under the Organization's control was accepted practice in all programmes.

The proposal had been made in accordance with the spirit of cooperation to which all Member States had agreed when they accepted the principles of the Constitution. The Director-General would take fully into consideration all the suggestions made to ensure that the programme itself would continue to be implemented in a spirit of mutual confidence among Member States and that information would be unhesitatingly provided by Member States and disseminated by WHO to all Member States.

Should the need arise, however, the Director-General was ready to submit to the Executive Board at its sixty-first session full details of the proposed agreement with the Swedish Government that would take into account the comments and suggestions made by Member States.

Dr FATTORUSSO (Director, Division of Prophylactic, Diagnostic and Therapeutic Substances) said that among the points raised at the Committee's previous meeting was the confidential nature of the information received by WHO with regard to international monitoring. The reports of suspected adverse reactions sent by participating national centres - about 1500 per month - bore neither the name of the patient nor that of the doctor and were transmitted by those centres in order to bring them to the notice of other national participating centres. The exchange of information was particularly useful to small countries, but in fact was of use to all countries possessing a national drug monitoring centre. The reports were, therefore, not confidential in the sense that only WHO should know of them. As the United Kingdom delegate had pointed out, it was unthinkable that information on suspected serious adverse reactions to drugs should be kept secret. Such information was, however, not published before

being checked, because it could give rise to misinterpretation. It was only made public when its assessment by experts had resulted in the withdrawal or the limitation of use of a drug by the control authorities. Over the years WHO had always allowed the national centres free access to the information received; it had not however created difficulties either for the participating centres or for the pharmaceutical industry by untoward publication of that information.

The second point to be clarified, in response to the delegates of Belgium and the Federal Republic of Germany, concerned the terms of the agreement between WHO and the Swedish Government regarding the transfer of operational activities from headquarters to the proposed collaborating centre. No agreement had yet been concluded. In response to appeals made by the Organization for the mobilization of all extrabudgetary resources, the Swedish Government had expressed its willingness to finance a collaborating centre, subject to the approval of credits by the Swedish Parliament. During the negotiations, the Director-General had emphasized that an agreement would be reached only with the consent of all interested parties and would be based on the retention by WHO of full responsibility for the programme as regards policy, coordination, participation of national centres, and dissemination of information. In the operation of the collaborating centre, all precautions would be taken to protect the direct responsibility of WHO. The centre would undertake on behalf of the Organization, the following operational activities; the analysis, computer programming and tabulation of reports on suspected adverse reactions; the analysis of such reactions in scientific publications; the development of methods to evaluate the frequency and significance of such reactions and of means for their early detection; retrospective and prospective studies and forecasts of the epidemiology of those reactions; and scientific studies on problems connected with them. The collaborating centre would provide WHO with the results obtained and assist WHO in preparing the information which the Organization would distribute to national participating centres or Member States. WHO would continue to organize from time to time scientific meetings attended by representatives of national centres in order to examine and evaluate the work of the collaborating centre and the development of the international drug monitoring programme.

During the discussions it had been suggested that the Swedish Government would be responsible for the salaries of two pharmacists and two coders recruited locally (who would check and programme the reports received) as well as for the cost of the data processing; and would put at WHO's disposal the office space required for the collaborating centre, which would be separate from the Swedish national drug monitoring centre. WHO would cover the costs referred to by the Deputy Director-General.

In reply to a question by the delegate of the Federal Republic of Germany, he said that it had not yet been decided to whom the reports of the national centres would be sent. The centres would probably be free to send them to either the collaborating centre or to headquarters, probably to the latter in the initial stages. It had not seemed opportune to consult participating national centres on a matter which was primarily a reallocation of resources in the proposed programme budget. However, Official Records No. 236 had been published in December 1976 so that most of the participating centres knew the situation. In any case, no agreement had yet been signed. And on the basis of the discussions and decisions of the present Health Assembly, the Director-General would, if appropriate, continue his negotiations with the Swedish Government to work out in consultation with participating national centres a draft agreement which would contain all necessary safeguard clauses. The agreement could then be submitted to the Executive Board.

Dr WRIGHT (Niger) said that prophylactic, diagnostic and therapeutic substances accounted for at least 20% of the budget of the Department of Health in his country. Almost 100% of them were imported and their quality was guaranteed only by the manufacturer. Many of them had not been investigated for use in tropical conditions. There was also an increasing tendency among exporters not to constitute a stock, which represented immobilization of capital. The importing country was therefore often forced to stock the drugs itself, in view of the distance from the manufacturer and the time needed for manufacture and delivery. Moreover the cost varied considerably, following the laws of supply and demand.

His delegation therefore strongly supported the proposed programme for improving drug procurement and distribution systems. In that connexion he would like more detailed information on the consultations held with the participation of UNCTAD, UNIDO and the International

Federation of Pharmaceutical Manufacturers referred to in the Board's report (Official Records No. 238, Part II, Chapter II, paragraph 119). Were international tenders that included quality control possible? and what criteria would be observed? He would also like to know how the industrialized countries could establish a programme on essential drugs similar to the World Food Programme. The long-term aim of the new policy was self-reliance of developing countries, or of developing regions, in pharmaceutical production. Cooperation between developing countries had already started, at least as regards the processing of certain essential products; but here again the quality of the raw materials and of some of the unfinished products presented a problem. The developing countries had urgent need of laboratories, at least at regional level, to monitor the quality of drugs or of foodstuffs. The industrialized countries which manufactured and exported drugs should therefore collaborate in submitting clear proposals, under the responsibility of WHO and bearing in mind the two essentials for the importing countries - efficacy and cheapness.

After hearing the statements of the Deputy Director-General and the Director of the Division of Prophylactic, Diagnostic and Therapeutic Substances, he was convinced that the offer made by the Swedish Government was extremely important. The international monitoring system as it had functioned so far had several weaknesses, especially where the developing countries were concerned. His delegation therefore supported the Swedish Government's generous offer, which could give new momentum to the drug policies and management programme. Collaborating centres were already carrying out important work for WHO.

With regard to the concept of bioavailability (paragraph 122 of the Board's report), he thought that a third element in the certification scheme would soon be necessary, namely the status of the product in the importing country. This would depend on the establishment and strengthening of local and regional laboratories.

Dr HENNESSEY (Australia) said that his country unequivocally supported the major programme under discussion as presented, and advocated acceptance of the generous offer by the Swedish Government; it might be necessary to forego or delay other high priority activities in the programme if that offer was not accepted. Any procedural difficulties could easily be overcome by means of a coordinating committee or similar mechanism.

Professor REXED (Sweden) reiterated that the Swedish Government had not been campaigning to have the programme on international monitoring of adverse reactions to drugs based in Sweden. It had merely replied affirmatively to the Director-General's preliminary inquiries. The matter had then been submitted to the Executive Board, which had included it in its report on the programme budget. Thereafter the Swedish Government had continued working on the idea in cooperation with the Organization, and the proposals had been submitted to the Swedish Parliament for budgeting. It would be difficult for him on his return home to explain that the matter had been postponed to a future Health Assembly, and he therefore hoped that a decision would be taken at the present Assembly.

There was no question of withdrawing responsibility for the operation of the programme from WHO. It would be unthinkable to put WHO's interests after those of anyone else. Sweden would only be concerned with the economic and managerial aspects. His Government had always shown impartiality in any agreement or contract made in international affairs. The work in the centre would be handled exactly as that of any other unit at headquarters or in the regional offices, and the same kind of confidentiality would apply. His Government would welcome a statement from the Health Assembly specifying in detail how it would like WHO's responsibility, and the degree of WHO control, to be outlined in the agreement between WHO and Sweden. The whole operation in Sweden could be reviewed at any time by any country which cooperated in providing information to the centre - and provision to that effect would be included in the agreement.

He hoped that his statement had allayed the fears expressed by delegates, and that the project would go forward. His Government's support for an important WHO programme would mean that, at a time of economic difficulty, the Organization could use the money saved for even more important parts of its programme.

Professor RENGER (German Democratic Republic) expressed his delegation's appreciation of the Swedish offer. Paragraph 120 of the Board's report (Official Records No. 238, Part II, Chapter II) said that the operation of the programme had become increasingly expensive in

recent years. His delegation, therefore, proposed that better use should be made of the experience and results obtained in countries that already possessed monitoring systems, and that those countries should put the results at the disposal of the Swedish collaborating centre. The analyses which already existed in certain countries such as his own could serve as national pilot studies. This would speed up the work and lessen the cost.

Dr MALETNLEMA (United Republic of Tanzania) drew attention to the increasing tendency of drug companies to force their medical products on countries by means of advertising. For developing countries, this could mean a drain on foreign currency reserves without necessarily any diminution in the disease in question. In some cases the drugs even produced new diseases. His delegation fully supported the major programme under discussion, since many of its points countered the activities of unscrupulous drug companies and were aimed at strengthening national capabilities and regional cooperation in drug policies.

The Tanzanian delegation greatly appreciated the offer of the Government of Sweden to operate the programme on international monitoring of adverse reactions to drugs, which was in line with the wishes of the Health Assembly that WHO should make as much use as possible of available national resources, with the Organization serving as coordinator. Sweden had had great experience in the problems of the developing countries through its participation in technical cooperation programmes. It also knew the problems of the developed countries, including those relating to drugs.

Dr HIDDLESTONE (New Zealand) thought that, because of its brevity, his statement at the previous meeting might have been misunderstood. He had a high opinion of Sweden and the industry and integrity of its health workers. His delegation therefore applauded the generous offer and hoped that all delegations would do the same. His aim had been to suggest that WHO should assume what he believed to be its proper financial responsibility for the programme. That in no way restricted the location of the activity. The United Kingdom delegate had referred to WHO's full responsibility for the programme. Surely full responsibility included financial responsibility. The monitoring service was important and must be maintained, but as an international service it should be funded by WHO. Those conclusions in no way detracted from his delegation's appreciation of the generosity of the Swedish Government.

Dr DUEÑA PADRÓN (Colombia) said that in his country the national health service was being developed in accordance with legal standards which also covered prophylactic, diagnostic and therapeutic substances. A price policy had been worked out that would make drugs accessible to the poorest inhabitants according to their needs. An official list of drugs had also been prepared, with reference numbers, which enabled health institutions to obtain those suited to major health problems. The Pan American Health Organization had supplied advisers to assist his country in that project. Work had also been carried out in the Andes subregion.

He therefore supported the changes to be introduced in the programme under discussion. He also welcomed the clarifications given by the Deputy Director-General with regard to the programme on international monitoring of adverse reactions to drugs, and considered that no doubt should remain as to the generosity of the Swedish Government's offer.

His delegation hoped that there would be a significant increase in the allocation to the Expanded Programme on Immunization for the Region of the Americas, based on the analysis made by a group of experts designated for the purpose by PAHO.

Dr KONE (Ivory Coast) said his delegation supported the study in progress to establish a list of 150 active substances for preventive and curative purposes that would cover primary and secondary health needs.

In connexion with the international monitoring of adverse reactions to drugs, he asked how the adverse reactions notified were now being processed by WHO. The Ivory Coast delegation associated itself with preceding speakers in thanking the Swedish Government for its generous initiative, and supported the Director-General's proposal to begin negotiations with the Swedish Government with a view to concluding an agreement on the subject.

Professor HALTER (Belgium) said that the statements by the Deputy Director-General and the delegate of Sweden had fully satisfied him. However, drug monitoring was a procedure which should permit the detection of adverse effects of drugs which had already been

extensively tested by the pharmaceutical industries and had very often been approved by national authorities. To carry out drug surveillance, therefore, much goodwill had to be generated. A consensus was needed between patients, public and doctors; and goodwill on the part of the drug industry was essential. The early information that was gathered constituted (in computer terms) the "input"; but it had to be of high quality if the second part of the exercise, the "output", was to be satisfactory. Any distrust that affected the quality of the input would also affect the usefulness of the output. Dr Lambo's statement had reassured him that WHO would retain full responsibility for receiving the input and controlling its transformation into the final information that constituted the output. He hoped that that information would be placed at the disposal of all countries equally, without priority for the host country of the collaborating centre or for others. There should be no confidentiality, the information being made available, not through the mass media of course, but through a public health institution.

Although his own country would probably wish to take part in the operation, he could not give a formal undertaking at present. He therefore asked that the documents regulating the matter should be submitted not only to the Board but also to the Health Assembly. A knowledge of those documents was necessary to convince the public, the medical and paramedical professions, and the pharmaceutical industry that the operation was worthwhile. Moreover, new pharmaceutical products should not only be tested before marketing but continuously, while in use by the consumers. This could only be assured by drug surveillance at national and international level.

Dr GOMAA (Egypt) said that international surveillance of pharmaceutical substances was of great importance to developing and developed countries, since it related both to the manufacture of drugs and to their consumption. Such surveillance should be carried out at different levels: first, at the manufacturing level; secondly at national level in the country of manufacture; and thirdly, at international level. The Organization was establishing a number of criteria and utilizing certain resources and facilities, regardless of whether they were financed by WHO itself or by one of the Member States cooperating with WHO, as in the case of Sweden.

He considered that there were four essentials. First, the methods followed in the centre and the programme in general should be under WHO control and should respond to the interests of all countries, whether they manufactured drugs or imported them. Secondly, there should be rapid collection and dissemination of information: computer processing and even satellite transmission should be used to ensure speedy communication. Thirdly, governments should commit themselves to providing the centre with full information on the various products manufactured in their respective countries, and more particularly, with information on substances exported; a rapid two-way exchange of information was needed between the collaborating centre and the various countries. Finally, he believed that an annual conference should be held, bringing together all those concerned in the manufacture and marketing of drugs to study any adverse reactions reported. This should be done prior to the World Health Assembly, which would then be able to examine the report issuing from the conference.

In his own country the pharmaceutical industry was about 30 years old and developing steadily. Although Egypt manufactured about 85% of its drugs for local consumption, it continued to import a certain number of drugs, some of them first-rate as regarded quality and safety; others however were in need of control, which should be carried out at international level under the aegis of WHO. Egypt had bilateral arrangements with a number of countries for the training of staff concerned with drug manufacture and control. The two-way exchange of information from such cooperation had proved very helpful. Furthermore the Regional Office for the Eastern Mediterranean had undertaken a number of important operational studies on pharmaceuticals and biologicals.

Dr CASSELMAN (Canada) supported the major programme under discussion as presented in the proposed programme budget and notably the work on essential drugs, drug policy and management, and the international monitoring of adverse reactions to drugs. These undertakings had potentially worldwide effect and therefore required the highest possible competence within WHO. It was important to develop an effective working relationship between WHO and the pharmaceutical industry. He joined other speakers in paying a tribute to Sweden for its generous offer.

Dr BORGONO DOMINGUEZ (Chile) said that his delegation supported the programme on international monitoring of adverse reactions to drugs, as presented. However, the generosity of one country was not enough to ensure the success of such an important project. The cooperation of all countries was necessary if the information provided was to be complete and accurate. In particular, the cooperation of the developed countries which produced a high proportion of the drugs and biologicals at present used must be ensured. Priority should be given to epidemiological surveillance of the use of vaccines, especially as regards neurological complications or those associated with live attenuated vaccines. Lastly, his country could share with the Organization its experience in drug control, national drug registers, and the monitoring of adverse reactions to antituberculosis and cancer drugs and to antibiotics.

Dr FERNANDO (Sri Lanka) said that, when conditions were favourable, Sri Lanka had imported some 4000 drug items for the public sector and some 2000 for the private sector. But owing to foreign exchange difficulties, the State sector had had to reduce the importation of drugs to 500 items. In 1971-72, when the State took over the entire importation of drugs, imports to the public sector had been reduced to 600. Sri Lanka asked for tenders worldwide. It obtained quality control certificates from manufacturers whose practices were known to be good, and international certificates from other manufacturers. There were problems however. In importing from different countries, it had been found that the presentation of the same drug varied in size, shape, and colour, and this caused difficulty for the patient. He suggested that WHO consider the possibility of standardizing the size, shape and colour of particular drug items.

Dr P. S. P. DLAMINI (Swaziland) assured the delegate of Sweden that his country's offer of a collaborating centre to work with WHO on the surveillance of adverse reactions to drugs would have the support of all developing countries, who were often the victims of unscrupulous manufacturers. The existence of such a centre might serve as a deterrent to such manufacturers and force them to carry out some quality control before exporting their drugs. His delegation hoped that the proposed centre would serve as an example for the establishment of similar collaborating centres in fields other than drugs.

Professor SULIANTI (Indonesia) welcomed the complete reorientation of the programme of prophylactic, diagnostic and therapeutic substances. She joined other speakers in thanking the Swedish Government for its generosity. There was some apprehension that information might not be forthcoming because it would be forwarded to a WHO collaborating centre instead of to WHO itself; and there was also a feeling that such an important undertaking, including the financing, should be the full responsibility of WHO. Perhaps the programme could be planned so that it would not be carried out by a WHO collaborating centre but would constitute an international centre, located in a collaborating centre in Sweden and partly financed by the Swedish Government. Indonesia would support such a compromise, particularly since the delegate of Sweden had asked that a decision on the matter should not be postponed.

She asked why, when the appropriations for the programme under discussion remained relatively stable over the years 1976-1979 in most regions, there were considerable fluctuations in the budget for the Western Pacific Region.

Dr TATOČENKO (Union of Soviet Socialist Republics) approved major programme 5.3 as a whole. His delegation awaited with interest the results of the study to establish a list of 150 active substances (Official Records No. 238, paragraph 119). This experiment was promising, and if successful it might be useful in other programmes. With regard to transferring the project for monitoring adverse reactions to drugs, he noted with satisfaction the Swedish Government's generous proposal, and did not doubt that the system would be satisfactory regarding the confidentiality of the information. He also noted that responsibility for the good functioning of the project would still be borne by WHO. Nevertheless his delegation had some concern. This programme, which had been developing over several years, was in many respects a central activity, and the importance of coordination of the results with the other programmes of the Organization was obvious. He hoped that the information system on the registration of drugs, discussed so often at the Health Assembly, would be set up, and that the information obtained would be useful for that programme. The expanded programme of immunization certainly had to be closely linked with this project: it was sufficient to recall the information recently received regarding the development of arteritis following the use of

a certain strain of BCG vaccine. It was not quite clear to his delegation how the programme would develop in the future if other countries joined and it were to be expanded. He wished to know who would finance it, and what would be the participation of WHO and that of Sweden. The preparation by the Secretariat of a brief document providing further information in that respect would help allay the concern of the Soviet and other delegations, and facilitate the solution of this question.

Dr MASSIAH (Trinidad and Tobago) associated his delegation with previous speakers in thanking the Swedish Government for its generous offer.

His Government had for the past two years been concerned at the rapid rise in the cost of drugs and had seriously considered two measures: (1) limitation of profits in the private sector in respect of the sale of essential drugs, and (2) bulk purchasing of essential drugs by the Commonwealth Caribbean. The matter would be brought up at the Health Ministers' Conference the following month in St. Kitts. He thought that a consensus of the Health Assembly might persuade drug manufacturers to exercise greater control over the escalating cost of drugs, which effectively placed them out of the reach of most developing countries.

He drew attention to the incidence of poisoning among young children, which in South Trinidad had increased five-fold in the past ten years. Greater surveillance was therefore necessary, particularly as regards preschool children. His Government proposed to set up a poisons register and office, and to make it compulsory for doctors to enter the names of drugs on their prescriptions.

Dr FATTORUSSO (Director, Division of Prophylactic, Diagnostic and Therapeutic Substances) explained in reply to Professor Sulianti that the fluctuations in the budget of the Western Pacific Region for prophylactic, diagnostic and therapeutic substances were due to variations in the assistance provided to the Socialist Republic of Viet Nam. Details could be found in Official Records No. 236, on page 710.

In reply to the request of the delegate of the Soviet Union for an additional document, Dr Fattorusso said that, if the delegate agreed, the Secretariat would contact him on the subject.

Dr NAKAJIMA (Drug Policies and Management), in reply to the question of the delegate of Panama concerning the selection of essential drugs, said that the matter was to be reviewed and that a model list would be drawn up by an expert committee in October 1977. It was expected that the drugs identified by that committee would be the minimum corpus of drugs that needed to be available on a worldwide basis in order to provide basic health care for all peoples. The list would be reviewed and kept up to date by the WHO expert advisory panels. The Organization would assure the prompt transmission of essential information on quality, safety, efficacy, use and price trends and, wherever possible, details of manufacturers following the WHO good manufacturing practices and their production capacity.

The consultation held in December 1976 had suggested that WHO should consider the possibility of following, for the programme of essential drugs, a similar approach to that of the World Food Programme. The new approach should aim at redefining the responsibility of the international community, the drug industry, and the United Nations system, to ensure that present dispositions and economic constraints did not deprive any sector of the human race of its basic rights; and should establish ways and means of achieving that aim with international participation. The delegate of the German Federal Republic had made a statement along these lines in the plenary meeting.

The delegate of Zambia and many others had drawn attention to the crucial problem of collective purchasing of essential drugs by way of international tenders. In collaboration with established national procurement organizations of certain developing countries, WHO had undertaken to collect information on the price of drugs quoted in international or domestic tender by various suppliers, and to analyse the current marketing situation of essential drugs. Such monitoring activities would be intensified in the near future through technical cooperation among developing countries, which would facilitate the collective purchasing of drugs and strengthen the bargaining power of the developing countries.

The delegate of Italy had suggested that self-medication should be included in the programme. This problem should obviously be considered when formulating national drug policies, taking into consideration the country's drug utilization pattern and "consumer approval". The symptoms treated and the drugs used in self-medication varied considerably in

different health care settings, as did the possibility for the better and proper use of locally available drugs. Medicinal plants should be identified, especially in the case of developing countries.

Major Programme 6.1: Protection of Environmental Health (Official Records No. 236, pages 265-290: Official Records No. 238, Part II, Chapter II, paras. 123-127)

At the CHAIRMAN's request, Dr VALLADARES (representative of the Executive Board) reported on the Board's discussion, directing the Committee's particular attention to the increase of US\$ 534 775 under this programme heading. Although the Board's report was short, that should not be construed as indicating lack of interest in an activity that the Board considered fundamental for the optimum development of health in general. Reference had been made in particular to lack of water supply and inadequate soil sanitation as a main cause of morbidity and mortality among a considerable part of the world's population.

The problems of insufficient water supplies, world water shortage, and proper utilization of water for the preservation of health had been raised at the United Nations Conference on Human Settlements, and it accordingly had been decided, to include those subjects in the agenda of the United Nations Water Conference. The Secretary-General of the latter Conference had invited WHO to prepare, jointly with UNICEF and the World Bank, a report on community water supplies, which had then been submitted to the recent United Nations Water Conference. The Director of the Division of Environmental Health would be giving more information about the Conference, which was on the agenda of Committee B.

As regards the study of the Organization's programme for the promotion of environmental health, he wished to make a personal suggestion: as most members of the Board and delegates to the Health Assembly were health professionals - rarely sanitary engineers or ecologists - the Assembly might wish to recommend to governments that items of the Board's agenda closely related to engineering problems should be studied by professionals working in those fields and that such professionals should accompany Board members, as alternates or advisers, so that they could give the Board the benefit of their expertise.

Professor HALTER (Belgium), commenting on the capital importance of the item under discussion, expressed his satisfaction with the way the programme was developing. In particular, the Division of Environmental Health was producing useful publications on certain chemicals and their effects on man. Those publications were contributing considerably to knowledge of various problems of environmental health which involved not only a series of important physical, chemical and biological factors, but also a certain psychological component. He was therefore particularly glad to see that, despite its financial difficulties, the Organization was able to carry on an important programme, in cooperation of course with other international organizations having specific responsibilities, including UNEP, UNDP and other organizations concerned with individual aspects of the problem.

Although knowledge on the effects of certain chemicals administered individually to animals or man was increasing, little was known of their synergistic effects and disquiet was increasing in certain circles on that account. A recent computation of the chemical substances that a person could absorb from the environment during a day had shown that, although the level of each was below the maximum admissible daily intake, the total amount was considerable. As a former chairman of the Governing Council of IARC he could say that a number of experts considered that the slow but steady upward trend in the frequency of certain cancers and new lesions was probably related to environmental factors. Since it was entirely beyond the possibilities of WHO to embark on laboratory research into the synergistic effects of chemical, physical and biological factors in the environment, another approach should be deliberately envisaged. After discussing the matter with others, his delegation was therefore proposing for consideration by the Committee a draft resolution on the evaluation of the effects of chemicals on health. He hoped that in view of the importance of the subject, the Committee would be able to consider that draft resolution, although environmental health was not among the specific technical matters to be reviewed at the current Assembly. The preamble would recall the grounds for concern; and the operative paragraphs, which should not involve the Organization in much expense, would request the Director-General to study the options open to WHO for epidemiological research amongst certain populations in which a number of Member States could take part. That research should bring to light, as early as possible, certain disturbances in health that might be related to environmental factors. The knowledge would put

health administrations in a better position when they tried to obtain the limitation of pollutants. The draft resolution was already cosponsored by a score or so of other delegations. He did not wish to read it out since it would be preferable for delegations to have the text in writing for discussion and he hoped, adoption at a subsequent meeting.

Dr GOMAA (Egypt) called for greater attention to water supply and waste disposal in certain regions. Many of the health problems of the developing countries could be solved by progress in those fields, provided that the culture and civilization of the regions were taken into account.

He emphasized the importance of cooperation with all those responsible for development planning at the national and international levels, including WHO, UNESCO, UNDP and other bodies. Environmental health also involved technical and organizational elements relating to such fields as occupational health and diseases, so that cooperation would also be required in that direction, if combined efforts were not to be sporadic and give sporadic and conflicting results. His own country had set up machinery for cooperation which was proving satisfactory.

WHO should also give careful attention to the health implications of the drift to towns that was the characteristic of all developing countries, with the attendant problems of housing on the urban periphery, hygiene and sanitation which might well prove disastrous.

Dr FUNKE (Fédéral Republic of Germany) expressed her support for the programme. Referring to programme 6.1.6 - Food safety programme - and recalling the public discussions of a few years past on the possibly carcinogenic effects of cyclamates and the uneven response of governments, she inquired what the position was regarding saccharin and whether recommendations by the Joint FAO/WHO Expert Committee on Food Additives could be made available. Her Government would like to know how other governments were responding, as the matter was of some importance to diabetics and the population in general.

Dr FETISOV (Union of Soviet Socialist Republics) said that his delegation had always stressed importance of environmental health in WHO's work, and had noted with satisfaction the increased emphasis on environmental health in the medium-term programme discussed at the Twenty-ninth World Health Assembly. In the programme budget for 1978/79 sanitation and hygiene were frequently mentioned in the programme description but the financial provision, especially for interregional and global activities, did not adequately reflect that concern, especially in the case of the quality of drinking-water.

The Soviet delegation attached great importance to WHO's work on environmental health criteria, and noted with satisfaction the appearance of the first two environmental health criteria documents. Soviet experts had certain comments to make on those documents, but they were not of a fundamental nature. He expressed the hope that future documents would be improved so that they could be of even greater use to Member States.

Dr BEAUSOLEIL (Ghana) joined previous speakers in emphasizing the prime importance of environmental health problems in the developing countries. The majority of those problems were the direct or indirect consequence of a hostile environment; disregard for the basic principles of hygiene; low levels of personal hygiene; poor housing, even in major urban centres; inadequate and unsafe systems for the disposal of human, animal, domestic, commercial and industrial wastes; low levels of food hygiene; poor and inadequate water supplies and an abundance of vectors and agents of disease. Compared with those of the developed countries, the problems of the developing countries were very basic. It could be argued with some truth that changes in human attitudes, behaviour and practices, combined with community activity, would solve a large proportion of the problems. Certainly the filtration and boiling of water would eliminate waterborne diseases. But large capital expenditure was required to train adequate numbers of personnel for sanitary services, for the development of safe water supply systems, for food control, vector control and the design and development of human settlements. Appropriate programmes should also be developed for the monitoring, surveillance and control of the new and complex environmental problems resulting from accelerated development and industrialization.

In the light of those needs he was by no means satisfied with the allocation of the Organization's funds within the programme. For instance in programme 6.1.2 (Provision of basic sanitary measures) the provision for regional activities in Africa represented 2%, 4% and 4% for the years 1976, 1978 and 1979 respectively, whereas the corresponding provision was 68%, 50% and 52% for the Americas, 14%, 25% and 22% for South-East Asia, and 16%, 21% and 22%

for the other regions. In programme 6.1.5 (Establishment and strengthening of environmental health services and institutions) there was no allocation for the African Region, which was again neglected in programme 6.1.6 (Food safety programme) where the Americas received 67% to 80% of the regional allocation. In the light of those figures he would welcome information on the criteria used in the allocation of funds for the regional activities.

Dr GERIĆ (Yugoslavia) expressed his appreciation of the programme, which was of great importance in the context of the new orientation of WHO's technical cooperation programme under resolutions WHA28.76 and WHA29.48.

He noted, however, that in the programme budget for 1978/79 the programme under discussion was in percentage regression, having represented 8.59% of the total effective working budget in 1977, 7.90% in 1978, and 6.33% in 1979. That did not reflect the spirit of the new orientation. He hoped that in future the trend would be reversed. The problems were difficult, and at both national and international levels everyone should do whatever they could. In Yugoslavia, community efforts to improve environmental health were being developed and 1977 was being celebrated as the year for environmental protection. It was hoped that very satisfactory results would be achieved.

Dr KLIVAROVÁ (Czechoslovakia) said that her delegation had always supported programmes related to the preventive aspects of medicine, and accordingly supported the environmental health programme. However, as it had repeatedly stated, it was not entirely satisfied with the distribution of funds under that major programme. It seemed that, while programmes 6.1.2 (Provision of basic sanitary measures) and 6.1.3 (Pre-investment planning for basic sanitary services) received a fair share of the increased budget, insufficient funds were devoted to 6.1.4 (Control of environmental pollution and hazards) and 6.1.5 (Establishment and strengthening of environmental health services and institutions).

The medical and biological approach to the problems of environmental health was not sufficiently reflected. There was also too much emphasis on the technical aspects of the programme. It should be borne in mind that a great deal of scientific research relating to environmental health had already been completed. For instance, standards for drinking-water had been laid down long ago. Care should be taken to concentrate research on possibly dangerous factors that had not yet been investigated.

Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland) expressed his approval of the general direction of the programme.

He emphasized the importance of maintaining health factors in the forefront of discussions between governments and financing agencies, such as the World Bank, concerning programmes for water supply and wastes disposal. He also emphasized the importance of health education, not only of the public but of economists, engineers and politicians, in order to obtain sufficient funds for water supply projects. Such projects had been known to fail in achieving the expected reduction in the incidence of waterborne diseases when, for example, they did not include provision for waste disposal.

His delegation was also interested in the proposals for programme 6.1.6 (Food safety programme) and especially in the proposals regarding toxicological hazards. There was a tremendous gap between the immediacy of those hazards and the availability of the expertise for their control even in the developed countries.

Dr CACERES (Paraguay) noted that environmental health problems were different in the developed and in the developing countries. In the latter, one of the major problems was infant mortality from diarrhoeal diseases due to lack of safe water. 50% of the children who died before the age of one year did so in the first six months of life from dehydration. Tremendous efforts were being made at national level, but financial institutions were unwilling to grant short-term credits for rural water supplies because the return was not financially profitable. For that reason, the rural water supply programme in Latin America was progressing very slowly. He therefore asked whether the programme under discussion was included in the WHO general programme for technical cooperation.

Mr TEKA (Ethiopia) agreed that waste disposal was a very neglected aspect of environmental health. It was of great importance to his country and many other developed countries. Although mention was made in the programme budget of wastewater, insufficient prominence was

given to excreta disposal. Developing countries often could not afford water-carried systems, and systems not involving water had to be used. Although WHO had given that aspect of waste disposal some attention in the past, little had been done recently. For instance no new information was available about such solutions as composting. There were no new textbooks on wastes disposal: the best and most recent of its kind dated from 1958. Many of the experts on sanitary engineering sent by WHO to the developing countries were versed in sophisticated techniques whereas the need was for simple methods applicable in rural areas. WHO should therefore concentrate its efforts on promoting simple methods for the disposal of human excreta in order to reduce infection and biological pollution.

Dr TABA (Regional Director for the Eastern Mediterranean), in reply to the delegate of Ghana, explained (in the absence of the Regional Director for Africa, who was attending Committee B) that the regional committees were responsible for distributing the funds of their regional allocation between the various programme headings in accordance with regional priorities, so that some regions allocated more to certain headings than did others. The proposals for each major programme should however be considered as a whole and extrabudgetary funds should also be taken into account. For the African Region, the allocation for certain components was considerable, as could be seen from the proposals for programme 6.1.3 (Pre-investment planning). In fact, in the major programme under discussion some components were receiving more support in the African Region than in other regions. Programme 6.1.6 (Food safety programme) seemed to be receiving less support, but under programme 6.1.1 (Programme planning and general activities) substantial provision was included for intercountry activities in the African Region, which included regional officers and advisers who would no doubt also advise on food safety.

Dr DIETERICH (Director, Division of Environmental Health) said, in response to the many comments on programme 6.1.2 (Provision of basic sanitary measures) that the programme was a priority one. He assured the delegate of Paraguay that it was already a technical cooperation activity. It focused on water supply with wastes disposal, as well as on certain aspects of vector control and human settlements.

In addition to the technical cooperation programme, there was also a programme of publications and he would contact the delegate of Ethiopia to discuss certain aspects of that programme with him.

Committee B had just discussed the United Nations Water Conference, under item 3.18 of the agenda. His remarks on the subject would therefore be brief. Contrary to expectations, the Conference had been of great interest to WHO in that it had selected as one of the two major water programmes the provision of drinking-water to all the world population by 1990. The Conference had recommended to the Economic and Social Council, for subsequent consideration by the General Assembly of the United Nations, that 1980-1990 be designated as the Drinking-Water Supply and Sanitation Decade. There would be a preparatory phase leading up to 1980, during which Member States were to develop national programmes for the decade for subsequent implementation with the participation of outside international, multilateral and bilateral sources of funds. The Conference had considered that all peoples, whatever their state of development and their social and economic condition, had the right to access to drinking-water in quantities and of a quality to meet their basic needs, and recommended that national development policies and plans give priority to the supply of drinking-water to the entire population and to the final disposal of wastewater. The Conference also recommended that those policies and plans should encourage and support the efforts of local voluntary organizations. It further recommended that governments reaffirm their commitment to that objective, made in 1976 at the United Nations Conference on Human Settlements. It was a most important challenge for WHO and, as the Director-General had stated in his report to the Health Assembly on the United Nations Water Conference, measures were being taken to enable WHO to activate its technical cooperation. There were still many lessons to be learned, and basic sanitation had to be related much more to the other programmes aiming at meeting basic human needs.

The importance of health education of the public with respect to basic sanitary measures was appreciated, as was also the education of professionals of other disciplines and, he would add, in some cases, of health agencies.

As regards the problem of toxic elements in the environment, he could only emphasize the Organization's desire to follow an integrated approach, to look at the various environmental media in conjunction with each other, and to focus on the hazards from new chemicals

and technologies. In reply to the delegate of Czechoslovakia, he pointed out that a relevant programme was described under programme 6.1.4 (Control of environmental pollution and hazards) on page 279 of Official Records No. 236. The emphasis was on forecasting those effects so that health administrators would be able to uphold the health principle in economic development and environmental protection.

Dr AGTHE (Food Additives), replying to the delegate of the Federal Republic of Germany on the decision concerning saccharin taken by the Joint FAO/WHO Expert Committee on Food Additives, said that the Director-General had agreed to the early distribution of a circular letter on the subject. It could perhaps be made available later to the participants in the Health Assembly. The conclusion of the Expert Committee was carefully worded because many questions remained open as to whether the carcinogenicity found in the strict tests done in Canada might have been due to an impurity or to some other, possibly physical, effect.

The meeting rose at 5.30 p.m.

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