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DEVELOPMENT AND INTERNATIONAL ECONOMIC CO-OPERATION: ENVIRONMENT

Progress made towards sustainable and environmentally sound development

Addendum

Report submitted by the World Health Organization

\* A/44/150.



WORLD HEALTH ORGANIZATION  
ORGANISATION MONDIALE DE LA SANTE

FORTY-SECOND WORLD HEALTH ASSEMBLY

Provisional agenda item 18.2

WHO'S CONTRIBUTION TO THE INTERNATIONAL EFFORTS  
TOWARDS SUSTAINABLE DEVELOPMENT

The Director-General submitted to the eighty-third session of the Executive Board a report on WHO's contribution to the international efforts towards sustainable development.<sup>1</sup> The preparation of such a report had been requested by the Forty-first World Health Assembly, following its consideration of the report of the World Commission on Environment and Development and of United Nations General Assembly resolution 42/187 on this subject, and pursuant to United Nations General Assembly resolution 42/186 on the environmental perspective to the year 2000 and beyond.

At its eighty-third session the Executive Board discussed the Director-General's report and requested him to transmit its substance, as amended in the light of the Board's comments, to the Forty-second World Health Assembly. It felt that WHO was right to consider the broad implications of the report of the World Commission for the direction of its own future programmes and priorities. The health sector must play a key role in implementing the recommendations of the World Commission to foster sustainable human health development in a spirit of global solidarity. WHO must provide leadership in these efforts, in close collaboration with other United Nations agencies concerned. In particular, the promotion of the environmental health programme should be reoriented and strengthened so that it can deal with the full range of health risks associated with air, water, food and land, as well as those associated with the home, the work-place, agriculture and industry - in short wherever health and ill-health are determined by the environment. The Executive Board endorsed the intention of the Director-General to restructure and revitalize the Organization's entire approach to environmental health, through emphasizing the interdependence of development, the environment and health. The Board requested that, pursuant to United Nations General Assembly resolution 42/187, the Director-General's report should be transmitted to the Secretary-General for submission, through the Economic and Social Council, to the United Nations General Assembly for consideration at its forty-fourth session, and should be made available to the Governing Council of the United Nations Environment Programme. The Board also recommended that the Forty-second World Health Assembly should adopt the draft resolution contained in operative paragraph 3 of resolution EB83.R15.

<sup>1</sup> Document EB83/13.

Section I of the present document provides background information on the theme of this report as it relates to the mandate of WHO and to the resolution proposed by the Board. Section II reviews the concept of sustainable development in the light of this mandate while Section III summarizes WHO's contribution to the international efforts towards sustainable development (details of current WHO activities are given in the Annex). Of particular importance, in Section III (c), is the future development of WHO's programme in the light of United Nations General Assembly resolutions 42/186 and 42/187 and the discussion of the Executive Board at its eighty-third session.

### CONTENTS

	<u>Page</u>
I. Introduction .....	2
II. Health and sustainable development .....	3
III. WHO's contribution to the international efforts towards sustainable development .....	4
Annex. Current WHO activities with a bearing on sustainable development	

#### I. Introduction

1. During the Forty-first World Health Assembly, Mrs Gro Harlem Brundtland, the Prime Minister of Norway, in her capacity as Chairman of the World Commission on Environment and Development (WCED), spoke on the Commission's report entitled Our Common Future. This report, published in 1987,<sup>1</sup> was welcomed by the General Assembly of the United Nations in resolution 42/187. The Commission's report was also used in the preparation of the document entitled "The Environmental Perspective to the Year 2000 and Beyond", drawn up under the auspices of the Governing Council of the United Nations Environment Programme (UNEP) and adopted by the General Assembly in resolution 42/186. In resolution WHA41.15, the World Health Assembly requested the Director-General to submit to the eighty-third session of the Executive Board a report on WHO's contribution to the international efforts towards sustainable development. Such a report would also serve as a contribution to the consolidated report to be submitted to the United Nations General Assembly for consideration at its forty-fourth session, pursuant to resolution 42/187.

2. The progress report of the Director-General was contained in document EB83/13. After consideration of the report, the Executive Board requested the Director-General to transmit its substance, as amended in the light of the comments of the Board, to the Secretary-General for submission to the General Assembly through the Economic and Social Council and to make it available to the Governing Council of the United Nations Environment Programme, in accordance with resolution 42/187 of the General Assembly, and pursuant to resolution 42/186.

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<sup>1</sup> World Commission on Environment and Development. Our common future. New York, Oxford University Press, 1987.

3. The Board also recommended that the Forty-second World Health Assembly should adopt the draft resolution contained in operative paragraph 3 of resolution EB83.R15.<sup>1</sup>
4. The proposed programme budget for the biennium 1990-1991 implicitly recognizes the need to use the world's resources wisely, as they are not inexhaustible, as well as the need to respect and conserve the natural environment, since human aspirations and goals depend for their fulfilment on the ecosystem in which our species lives. It is also recognized that every issue identified by the World Commission on Environment and Development can be viewed in terms of human health. To a large extent, all these concerns are already reflected in the Organization's activities. None the less, further adjustments will be needed in programme priorities as the truth and wisdom contained in the Commission's report are grasped and translated into operational terms.
5. One implication is that WHO's role in the international efforts for sustainable development will have to involve closer coordination with other organizations and the use of innovative approaches to the mobilization of additional resources.
6. Of primary importance will be the implementation of the Declaration of Alma-Ata on primary health care.<sup>2</sup> Primary health care meets basic needs first, it provides wide coverage, and saves valuable resources. In the health sphere, primary health care is the democratic, participatory and equitable approach to sustainable development for which the World Commission on Environment and Development has called. Virtually all programmes of WHO relate to primary health care. Among these, the programme for the promotion of environmental health will be taking on a new dimension in WHO's future work. In line with the international efforts for conservation, protection of the environment and sustainable development, it will be reoriented to emphasize the full range of health risks associated with air, water, food and land, as well as those associated with the home, the work-place, agriculture, and industry - in short, wherever health and ill-health are determined by the environment. The programme will assess the magnitude and gravity of all such risks that humankind will face in the next decade and beyond, and demonstrate their causal links to health.

## II. Health and sustainable development

7. Primary health care and sustainable development are concepts that expressly acknowledge the importance of health improvement and the role of a healthy environment for the future as well as the present generations. Together, they illustrate how health, development and the environment are inextricably linked.
8. The concept of sustainable development requires that development be pursued within the constraints of the Earth's resource base and the capacity of the biosphere. While this interpretation may impose limits on the development strategies prevailing today, it aims at new approaches and practical measures to overcome the current emphasis on achieving short-term objectives in favour of long-term sustainability. The concept acknowledges that development must be accelerated to meet the needs of hundreds of millions of people and remedy the poverty and ill health which make those needs basic. The report of the World Commission on Environment and Development, and "The Environmental Perspective to the Year 2000 and Beyond", both recommend that the population pressure on the world's resources be eased through the achievement of satisfactory levels of education and health. This broadens the concept of sustainable development far beyond earlier recommendations for the conservation of nature and natural resources. It acknowledges that the fulfilment of basic health needs is an essential prerequisite for sustainable development.

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<sup>1</sup> Document EB83/1989/REC/1, Part I, p. 16.

<sup>2</sup> Alma-Ata 1978. Primary health care. Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. Geneva. World Health Organization, 1978 ("Health for All" Series, No. 1).

9. Sustainable development thus depends on the good health of economically productive people, while the achievement of WHO's goal of "health for all"<sup>1</sup> through primary health care depends on the sustainable use of the world's resources and on sustainable social and economic development to ensure:

- the meeting of basic health needs;
- that people not only contribute to development but also are the beneficiaries of development;
- the prevention and control of diseases that jeopardize people's development;
- healthy cities;
- an equitable distribution of energy and industrial goods among people; and
- the protection of people against the environmental health risks that originate from the development process itself, and the prevention of such risks.

10. Mutual support of health and sustainable development can be achieved only through simultaneous strengthening of health services and promotion of effective collaboration between all public sectors in matters of health. Each sector will have to determine the contribution it can make to sustainable development in the light of its own mandates and programmes and its human and financial resources. This applies fully also to the national health agencies and to WHO. Fulfilment of the health-and-conservation approach requires committed efforts at all levels, down to the grassroots, where the successful implementation of primary health care involves community participation in determining priorities in the development process. The construction of a permanent health infrastructure strong enough to meet present health needs, and flexible enough to respond adequately to future needs as they arise, is a key component of sustainable development.

### III. WHO's contribution to the international efforts towards sustainable development

#### (A) The contribution of WHO as a whole

##### Policies and strategies

11. As indicated earlier, all of WHO's programmes and activities can be said to contribute towards sustainable development in its broadest sense. The Global Strategy for health for all<sup>1</sup> adopted by the Thirty-fourth World Health Assembly in resolution WHA34.36 (1981) indeed stresses the interdependence of health and development and the mutual reinforcement of related policies. Pursuant to the Global Strategy, WHO's policies and programmes emphasize the need for close links between health and overall development. Through its technical cooperation, the Organization seeks to strengthen intersectoral collaboration. In resolution WHA35.17 on the health implications of development schemes (1982), the World Health Assembly pledges WHO's total commitment to work with Member States, national and international agencies, and financial institutions to incorporate the necessary preventive measures into development projects to minimize the risks to the health of populations and the environment. In resolution WHA39.22 (1986), the World Health Assembly calls on Member States, *inter alia*, to identify and develop health objectives as an integral part of sectoral policies for agriculture, the environment, education, water, housing and other health-related sectors, and to include health impact analyses in all feasibility studies of health-related programmes and projects.

<sup>1</sup> Global Strategy for Health for All by the Year 2000. Geneva, World Health Organization, 1981 ("Health for All" Series, No. 3).

### Basic health needs

12. The WHO programmes that contribute to the meeting of basic human health needs focus on the prevention and management of malnutrition, the safety of food and the prevention of food wastage, the distribution of global nutrient and calorie reserves, the provision of water supply and sanitation especially in the context of the International Drinking Water Supply and Sanitation Decade and beyond, the safeguarding of drinking-water quality, and the development of healthy housing. WHO emphasizes research and action on key issues in the implementation of equitable programmes for underserved populations and in the least developed countries.

### Health protection and promotion

13. Several WHO programmes have the aim of protecting and promoting the health of specific populations - e.g., mothers, children, adolescents, the elderly - and of putting population policies on an equitable sustainable basis. While WHO does not have an explicit population control policy, the relationship between a balanced population, sufficient food, resources and health is clearly reflected in its programmes. A balanced population and its general state of health are closely interlinked. Health protection and promotion are specifically focused on this linkage in the work of WHO, especially in its family health and mental health programmes, the Special Programme of Research, Development and Research Training in Human Reproduction, the Expanded Programme on Immunization, and in the programmes for the control of diarrhoeal diseases, malaria and other parasitic diseases. Irrigation and other water resource development projects can significantly aggravate the spread of many vector-borne diseases, particularly malaria and schistosomiasis, and this problem is dealt with through programmes for the control of communicable diseases and of the vectors of diseases, as well as through the Special Programme for Research and Training in Tropical Diseases. These and other programmes contribute at the same time to meeting other health needs which must be satisfied in order for development to be made sustainable.

### Urban health

14. WHO has taken initiatives in urban primary health care to contribute to sustainable urban development and the creation of healthy cities. This work is supplemented by a programme for environmental health planning in urban and rural development. The Organization is also involved in planning for better human settlements pursuant to the United Nations Global Strategy for Shelter to the Year 2000, and in health monitoring in human settlements.

### Environmental health

15. WHO's programme for the promotion of environmental health includes the monitoring of air, water and food; the study of the potential and actual risks of modern technology to human health; and the prevention, abatement and control of adverse health effects of industrial development and energy use. The health risk assessment of potentially toxic chemicals is carried out as part of the International Programme on Chemical Safety in collaboration with UNEP and the International Labour Organisation. Drinking-water quality, chemical safety, food safety, air quality, the safe use of pesticides in agriculture and for public health purposes, and the safety at the work-place are covered, as are the examination of the health risks posed by newly emerging problems - e.g., the depletion of the ozone layer, and the "greenhouse effect" - and the development of the national and international capacity to respond to emergencies arising from industrial operations, the use of chemicals or the production of energy.

### Global assessment

16. WHO undertakes global assessments of trends and their impact on health and sustainable development. This includes the global monitoring and evaluation of the implementation of the health-for-all strategy; the periodic global monitoring and evaluation of the achievement of the targets for specific health programmes and the

International Drinking Water Supply and Sanitation Decade; the periodic global assessment of human exposure to specific environmental health risks; and participation in other global trend assessments, such as those coordinated by UNEP.

(B) Current WHO activities contributing to sustainable development

17. The Annex provides detailed information on current WHO activities, grouping them under headings of particular relevance to the concept of sustainable development, i.e.:

- meeting basic health needs,
- population and vulnerable groups,
- control of endemic diseases in relation to development,
- the urban challenge,
- adverse health effects resulting from development, and
- global assessment of trends.

18. As pointed out above, all WHO programmes contribute to the international efforts towards sustainable development. Some programmes are involved in their entirety, such as the programme for the promotion of environmental health, while in other cases only certain parts of the programme may contribute directly. Considerable differences in WHO's programmes exist from one geographical region to another, and this should be kept in mind in the review of the Annex.

19. National participation and in many cases the participation of other international agencies and nongovernmental organizations are also an essential feature of the work. Detailed objectives for each programme are set out in the Organization's General Programmes of Work, which are prepared by the Executive Board and approved by the World Health Assembly. The Eighth General Programme of Work covers the period 1990-1995.<sup>1</sup>

(C) Future development of WHO's programme

20. Following its review of the implications of United Nations General Assembly resolutions 42/186 and 42/187, the Executive Board acknowledged that the interdependence of health and sustainable development will have implications for the future development of WHO's programme in many areas of work and at all levels, e.g., technical cooperation with Member States; the setting of new priorities for certain health problems; research and the transfer of technology; the study and control of the environmental determinants of health; and internal and external cooperation and coordination. The overriding criterion for responding to this challenge will be the need to make health development itself sustainable. This means that in its technical work WHO will not lose sight of the institutional and economic imperatives of lasting health-related development. These imperatives are: action focusing on people and their health; action at community level with an appropriate combination of community self-sufficiency and support to produce effective and affordable services; intersectoral action for health; and the transfer of information and of technology that is environmentally sound and appropriate to the sustainable use of the world's resources and the capacity of the biosphere.

21. The Organization accepts that the environment will become a major global concern in the 1990s and that WHO will therefore need to foster research, among other things, into environmental determinants of health. Such action will involve virtually all WHO activities. An essential part of WHO's response to the challenge of environmentally sound and sustainable development will be to assess the extent and depth of the

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<sup>1</sup> Eighth General Programme of Work Covering the Period 1990-1995. Geneva, World Health Organization, 1987 ("Health for All" Series, No. 10).

environmental risks to humankind and demonstrate their causal links to human health. In addition, the Organization will develop, transfer and ensure the proper use of relevant health technology. It will assume health leadership with the aim of securing concurrent action in the fields of agriculture, food, industry, education, housing, tourism, public works, communication and other sectors.

22. In this context, WHO's programme for the promotion of environmental health will play a key role and serve as a spearhead for action by the Organization. Priority will be given to community water supply and sanitation so that water supply may be protected and made safe, and that proper water conservation and management may be extended to the home, the community, agriculture and industry. The indiscriminate dumping of garbage and toxic wastes must be avoided both at home and in industry. New stress will be placed on environmental health in rural and urban development and housing. Intensive work will be undertaken in the area of health risk assessment of potentially toxic chemicals, beginning with those of highest prevalence and greatest risk to human health. Attention will be paid to environmental policy, strategy and technology for the control of environmental health hazards in all their major forms. While continuing to participate in the work of the Codex Alimentarius Commission for the development of food standards, WHO will concentrate on food safety to protect human beings against health hazards associated with biological and chemical contaminants in food.

23. The following is a list of activities which, with the endorsement of the WHO Executive Board and the World Health Assembly, will be pursued by the Organization in its future contribution to the international efforts towards sustainable development.

#### Technical cooperation

24. The concept of sustainable development implies the need for stronger efforts than in the past to be made in certain areas. These include the control of diseases that impede development; food safety and proper nutrition; providing for the specific needs of mothers, children, adolescents, workers and the elderly; population activities; meeting the health needs of the rapidly increasing underserved urban population; basic sanitation; and the evaluation and control of environmental hazards and accidents originating from the intensified use of resources (e.g., for irrigation) and from new technology and its use in industry, in agriculture, in the home and in the medical field itself. In all of these areas, WHO will create or strengthen cooperative arrangements with other international agencies and the donor community.

#### Research

25. New health problems associated with development call for research that can serve as a basis for more informed decision-making in the interest of sustainable development. These problems are no longer faced by the industrial countries alone; they are becoming a challenge also in the developing countries, especially the exposure to pollution and contamination (chemical, physical and biological) in water, the air and food, at the place of work, even in the home. More research is likewise needed on the health aspects of food supply and proper nutrition, and of life and life-styles in urban and peri-urban areas where crowding and many other determinants affect the physical and mental health of large numbers of people. WHO will maintain its leadership in achieving a better understanding of these issues, in particular by undertaking assessments of the complex interactions between these factors and health, and of the technologies available for their control.

#### Health education and information

26. WHO will bring the message about health and sustainable development forcefully to the attention of health policy-makers and administrators, health educators, community leaders, the other sectors, the general public, the scientific community, and the official donor community. The programmes for health education and for public information will have a special role to play, but all technical programmes involved will take part in the articulation and transfer of information on the Organization's approach and its contribution to sustainable development, and on the role which the national health



agencies must assume in this context with a view to bringing measures for health and healthy life-styles into line with sustainable development, and vice versa.

#### Intersectoral cooperation

27. WHO's efforts for the achievement of sustainable development through intersectoral cooperation will be strengthened. They will help increase the capacity of national health agencies to respond to the health challenge. They will aim at the inclusion of health objectives in the policy-making of national planning bodies and relevant ministries and will cover improved health impact assessment, policy analyses, and institutional development. This will involve additional research and the development and transfer of practical guidelines. Close cooperation between WHO and other international organizations concerned and the official donor community will be strengthened. Special attention will be given to the economic factors which have an impact on the relation between health and sustainable development and on the modalities and outcome of the participation by the health sector in the efforts of Member States to translate the recommendations of the World Commission's report and of the "Environmental Perspective" document into practice.

## CURRENT WHO ACTIVITIES WITH A BEARING ON SUSTAINABLE DEVELOPMENT

The following summary of current WHO activities is presented under headings that highlight the implications of the concept of sustainable development for the work of the Organization.

### 1. Meeting basic health needs

The meeting of basic health needs is considered the most essential requirement for an equitable and sustainable development. WHO's programme pursues three lines of action.

(a) Food and food security. Activities for food supply and proper nutrition include:

- identification of the major causes and contributing factors of malnutrition (due to lack or excess) in specific circumstances and use of the information from surveillance to plan and implement nutrition programmes;
- detection of communicable and noncommunicable diseases which contribute to malnutrition and food loss, and the prevention of these diseases through primary health care, particularly its maternal and child health component.

Activities for food safety include:

- evaluation of health risks due to agricultural chemicals (pesticides and veterinary drugs) and elaboration of food standards and codes of practice relating to various food contaminants and to chemicals used in food storage and food processing (additives and preservatives);
- prevention, reduction and control of food contamination of biological origin to prevent foodborne diseases and the control of zoonoses in food-producing animals;
- assessment of the safety of biotechnology and genetic engineering used in food production, and of food irradiation applied for the prevention of food wastage both directly (extension of shelf-life) and indirectly (prevention of foodborne diseases).

Food aid is closely coordinated with the World Food Programme through socially acceptable and specific projects within the framework of national programmes in fields such as agriculture, education and health in order to promote sustained development and the well-being of the neediest population groups.

(b) Drinking-water supply and sanitation. Water supply and sanitation are considered an essential requirement in the improvement of environmental health. Activities to this end include the following:

- promotion of the awareness that safe water supply and adequate sanitation are essential for health and for sustainable social and economic development, and particularly that measures to improve levels of service for the poor and underserved populations, especially in the urban fringe, are urgent;
- cooperation with Member States and the external support community in the framework of the International Drinking Water Supply and Sanitation Decade (and beyond), to improve drinking-water supply and sanitation services consistent with primary health care principles with a view to supplying such services to all people;

- development of institutional and human resources, strengthening national capabilities to plan, implement and maintain programmes for drinking-water supply and sanitation;
- development and transfer of technology through networks for the exchange of information, giving priority to groundwater protection; operation and maintenance of services; monitoring and surveillance of water quality and of hygiene in waste disposal; and the safe re-use of waste-water.

(c) Shelter. WHO's activities in the health aspects of housing and human settlements include the transfer of information and technology on environmental health in housing, improved building, and the identification, choice and use of materials.

Other activities undertaken by WHO to promote environmental health in urban and semi-urban areas are listed below in section 4 on "The urban challenge".

## 2. Population: vulnerable groups

The work of WHO aims at promoting and protecting the health of specific population groups, and at putting population policies on a sustainable basis.

(a) Family health. Among the activities carried out under this heading are the following:

- promotion of a broad concept of safe motherhood and child health, including family planning, which involves social support to families, health considerations in population policies, health education, consideration of the special health needs and the unique contribution of women in development, and of the adverse health effects of child labour and child abuse;
- transfer of technology, especially in the context of primary health care, for the reduction of maternal, infant and child mortality in the developing countries;
- dissemination of information on and promotion of health care practices related to maternal care and care of the newborn, e.g., reducing maternal mortality; promoting breast-feeding as a unique and universally appropriate way of feeding infants and young children, and as a factor in child-spacing

(b) Immunization. Activities under the Expanded Programme on Immunization include full coverage of children with immunization against six target diseases and of women of childbearing age against tetanus. The eradication of poliomyelitis by the year 2000 is the subject of a special Plan of Action.

(c) Human reproduction. The Special Programme of Research, Development, and Research Training in Human Reproduction includes measures for:

- promotion, coordination, support, application and evaluation of research on human reproduction, with particular reference to the needs of the developing countries; e.g., identifying and evaluating health and safety problems, analysing behavioural and social determinants, and developing safe and effective methods, all in relation to fertility regulation and the prevention and management of infertility;
- strengthening the research and training capabilities of the developing countries to conduct research in the field of human reproduction in accordance with national needs and priorities.

(d) Workers' health. Among the activities carried out are:

- identification of occupational health problems, and development, adaptation and transfer of technology for the early detection, prevention and control of occupational diseases and injury in the work-place;
- community-based measures to meet the health needs of high-risk groups such as working adolescents, working mothers, migrant workers, and elderly and partially disabled workers.

(e) Elderly. Activities for the elderly include research on determinants of healthy aging, and the development of self-reliance and self-care for the elderly with a view to maintaining their physical, mental and social well-being so that social integration can continue within the process of development.

(f) Mental health. Activities for mental health include the identification of psychosocial and behavioural factors affecting society, and the review and transfer of technology for influencing behavioural factors to help make development programmes sustainable, and with the aim of promoting healthy psychological development in children, adolescents and other vulnerable population groups.

### 3. Control of endemic diseases in relation to development

Parasitic, diarrhoeal and other communicable diseases threaten sustainable development by causing loss of human life and productivity. Conversely, many resource development projects in countries where these diseases are endemic produce ecological and demographic changes that aggravate their spread. The aim of WHO's programmes is to prevent major diseases from jeopardizing human development.

(a) Malaria:

- technical support to Member States in the development, implementation and evaluation of national malaria control measures as part of primary health care, and the application of specific preventive measures as part of socioeconomic development programmes in areas of high endemicity;
- development of regional monitoring and surveillance systems for the forecasting, prevention and early detection and control of epidemics and the preparation and implementation of emergency plans.

(b) Other parasitic diseases:

- epidemiological assessment of the distribution, prevalence, incidence and severity of each of the parasitic diseases involved, and identification of the ecological socioeconomic and human behavioural determinants, as a basis for the establishment of priorities for health action in the context of sustainable development;
- measures for disease control applicable at community level and as part of projects for rural and urban development, water resources development, rural housing and health education, e.g., to prevent guinea-worm infestation due to polluted water.

(c) Diarrhoeal diseases:

- reduction of diarrhoeal mortality through the prevention and treatment of dehydration and the appropriate use of antibiotics for dysentery;

- reduction of diarrhoeal morbidity, especially in infants and young children, through improved nutrition, safe water, and personal and domestic hygiene.

(d) AIDS (acquired immunodeficiency syndrome):

- study of the epidemiology of AIDS;
- dissemination of information and promotion of awareness concerning methods of prevention and diagnosis;
- support to national programmes for the control of AIDS.

(e) Disease vector control:

- development and promotion of integrated vector control strategies and promotion of safe practices in the use of pesticides and biological agents; development of safety guidelines for use by Member States, and advisory services to governments on the safe use of pesticides and on toxicological aspects to be considered before their registration;
- promotion of cost-effective methods of environmental management applicable for vector control in various epidemiological and ecological settings, in particular in water resource development projects (e.g., recommendations of the WHO/FAO/UNEP Joint Panel of Experts on Environmental Management for Vector Control, in which WHO collaborates with UNEP and the Food and Agriculture Organization of the United Nations).

(f) Research on tropical diseases. Activities under the Special Programme for Research and Training in Tropical Diseases include:

- support to research in the epidemiology and social and economic implications of tropical diseases;
- research on new therapeutic agents for the control of tropical diseases and on new biological methods for disease vector control, and field applications or advanced trials of these agents and methods.

4. The urban challenge

The health of rapidly growing urban populations and the environmental concept of healthy cities are inextricably linked. The work of WHO is aimed at creating a sustainable basis for future equitable urban development.

(a) Urban health care:

- application of primary health care principles to urban areas, with priority for low-income and vulnerable groups, emphasizing preventive health care, integrating health and welfare services, and organizing them on a community basis;
- strengthening the intersectoral coordination of health improvement and community development, education, public works, and other aspects, with special attention to the particular needs of underserved populations and the increasing number of people impaired by the psychosocial hazards of urban life;
- creating links with health and municipal authorities, governments and nongovernmental organizations for the sharing of information on critical issues between municipalities and for the mobilization of joint support for the development of programmes for healthy cities.

(b) Urban environmental health:

- epidemiological studies of the relation of housing and urban development to health as a basis for better urban planning and for the establishment of valid indicators for research and monitoring of health in human settlements;
- training and transfer of technology related to environmental health in housing and urban planning, with emphasis on community-based approaches for the identification of needs and priorities;
- cooperation with other agencies and with governments on the overall health aspects of shelter and human settlements with a view to implementation of the United Nations Global Strategy for Shelter to the Year 2000.

5. Adverse health effects resulting from development

The adverse effects of modern technology on health are not yet fully understood. WHO aims to close this gap and assist Member States in developing the capacity and programmes for the abatement and control of hazards, using methods compatible with the objectives of sustainable development.

6. Assessment and control of environmental health risks

WHO activities under this heading include:

- monitoring and surveillance of the biological, chemical and radioactive contamination of air, water and food, and periodic assessment of pollution from industrial development and energy use;
- preparation of health criteria and guidelines for standards for drinking-water, food, and chemicals used in industry, agriculture and in the home; assessment of occupational hazards and hazardous waste, including carcinogenic hazards of chemicals;
- periodic evaluation of trends and problems of environmental pollution and contamination of air, water and food, and of countries' programmes for the control of these problems;
- cooperation with competent national agencies on these matters and particularly in planning for the control of drinking-water quality, chemical safety, food safety, quality of air and water sources (especially groundwater), safe use of pesticides, and safety at the place of work;
- determination of the health risks (and methods of their management) of newly emerging problems, e.g., the depletion of the ozone layer, the "greenhouse effect", and non-ionizing radiation, as well as existing problems, such as are posed by biomass fuel and asbestos;
- search for alternatives to the use of certain chemicals in industry and agriculture;
- development of national and international capacity to respond to emergencies arising from industrial operations, from the use of chemicals or from the production of (nuclear) energy;
- cooperation with official donor agencies with the aim of introducing environmental health protection into the development programmes and projects which they support in Member States.

7. Global assessment of trends

WHO gives full support to the global assessment of trends and their impact on health and sustainable development, as follows:

- global monitoring and evaluation of the implementation of the Organization's strategy for health for all, using agreed indicators and timetables established by the World Health Assembly;
- periodic global monitoring and evaluation of the achievement of the targets for specific health programmes, e.g., the immunization of children, the control of diarrhoeal diseases, and the International Drinking Water Supply and Sanitation Decade and its follow-up;
- periodic global assessment of human exposure to specific environmental health hazards and of the resulting effects on health (e.g., specific chemicals, radiation, and cancer);
- participation in the global assessment of trends, coordinated by UNEP, e.g., through the Global Environmental Monitoring System (GEMS) and the Global Resource Information Database (GRID).

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