

COMMISSION OF THE EUROPEAN COMMUNITIES

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COMMUNICATION FROM THE COMMISSION

**on collaboration between the Commission of the European Communities
and the World Health Organization**

PREAMBLE

The Council and the Ministers for Health meeting within the Council have requested the Commission on a number of occasions to present an up-to-date review of activities undertaken in the context of its cooperation with the World Health Organization (WHO).

In response to these requests, the Commission has prepared the present Communication on the collaboration between the Commission of the European Communities and the WHO. This Communication surveys the various actions conducted either jointly by the European Community and the WHO, or with the involvement of either party in an action undertaken by the other, grouped under broad areas of activity which reflect distinct areas of policy of the European Community.

INTRODUCTION

Cooperation between the Commission of the European Communities and the WHO has been based on two exchanges of letters between the Commission and the WHO Regional Committee for Europe in 1972, and the European Communities and the WHO in 1982 (1). More recently the Director General of the WHO proposed the reinforcement and extension of cooperation between the two organisations and a letter of intent was signed by the Director-General of DG I for the Commission and the Deputy Director-General of the WHO. A personal representative of the Director-General of the WHO to the European Community was appointed in April 1992. As recently as September 1992, at the Regional Committee meeting, the Member States of the European region of the WHO expressed their wish for closer relations between the various international organisations dealing with health matters.

In the interests of cooperation and aware of the important contribution of the Member States of the European Community to the policies, programmes and budget of the WHO (their assessed contributions amounted to 30.16% of the overall WHO budget for the 1992-1993 biennium) , the Council and the Ministers for Health meeting within the Council have from time to time expressed the need for the Community to cooperate more closely with the WHO in health-related matters. In December 1990 the Council took note of a Commission staff working paper outlining the various areas in which cooperation with the WHO was taking place.

It should be noted that Article 129 of the Treaty on European Union, currently undergoing the process of ratification, and in particular its paragraph 3, requires the Community to foster cooperation with international organisations competent in the sphere of public health, including the WHO. Cooperation with the WHO already covers a wide field, reflecting shared objectives and common areas of activity . It is based on good working relationships on common subjects of importance to obtain the best results from the resources available and avoid duplication of effort, rather than the implementation of common plans of action agreed between the two parties. Cooperation takes place at many different levels ranging from joint participation in technical working parties and the exchange of technical information to participation by the Commission as observer at the World Health Assembly and the meetings of Regional Committees.

Technical cooperation has been particularly strong in the fields of cancer, chemical safety and the setting of standards. It has taken, in particular, the form of joint conferences and meetings of experts as well as joint publications. In the important areas of health promotion and health protection, joint activity has been developed on AIDS, including joint support for the European Centre for the Epidemiological Monitoring of AIDS (CEC/WHO collaborating Centre on AIDS) in Paris, health education in schools and programmes to combat smoking and addiction.

(1) OJ N° L 300, 28.10.1982.

It is important to note the growing cooperation between the Community and the WHO in the area of humanitarian and development aid, based on complementary contributions from the two organisations. On the one hand, the Commission is one of the major aid donors in the world and health provision is included in its development programmes. On the other hand, the WHO has developed standard interventions and a country-based approach which fits well with the Commission's programmes. Cooperation takes place in the area of health-related assistance to developing countries, cooperation with the emerging democracies of Central and Eastern Europe and the former USSR, and emergency humanitarian aid to countries afflicted by disasters and epidemics - such as Peru and Haiti - and by internal disorder - such as Bosnia-Herzegovina and the U.N. controlled area of Croatia. Here the Commission, in addition to the direct provision of medical supplies to hospitals through the WHO, is a major contributor to the activities of non-governmental organisations, which are supported by the WHO.

The Community's health-related research programmes on such subjects as biomedicine and health, health informatics, AIDS and tropical diseases provide significant support to the various areas of cooperation between the Community and the WHO. They draw on the expertise of the WHO and its participation as appropriate.

This paper presents the areas of current cooperation under five main headings : prevention, health promotion and education ; standards, labelling and classification ; health aspects of the environment ; aid and assistance (including cooperation with Eastern and Central Europe) and research. Conclusions are set out in the last section.

I. PREVENTION, HEALTH PROMOTION AND EDUCATION

PREVENTION OF MAJOR DISEASES AND DRUG ABUSE

Cooperation between the Commission and the WHO in this area has been continuous since the beginning of the Community's programmes and activities on the basis of reciprocal attendance at meetings, exchanges of information and the provision of expertise.

CANCER

In planning and implementing the EC "Europe against Cancer" programme the Commission drew, inter-alia, on the long experience of the WHO in combatting cancer. Cooperation between the two organizations now has a double objective :

- the search for common policies, exemplified by the fight against tobacco , including the joint Organization of the First European Conference on tobacco prevention policies (Madrid, 1988) and the World conference on tobacco and health (Paris, 1994), cross representation at meetings and Commission participation in the WHO No Tobacco Day.

- the development of common initiatives such as those in the fields of nutrition and epidemiology. To examine the relationship between nutrition and cancer, the Commission proposed and financed a European network coordinated and managed by the WHO International Agency for Research on Cancer (IARC). IARC's work includes prospective surveys and the Organisation of an International Congress on Nutrition and Cancer (Lyon 1993) and it has contributed to a meeting on the same subject in Budapest in June 1990. In the same way recommendations on the training of oncologists developed at conferences under the EC programme have been the basis for a WHO meeting on the same subject in Prague in 1992.

The formation of a network of cancer registries, an IARC initiative, is now supported as part of the Community Cancer programme and makes a very important contribution to cancer epidemiology and other studies. Similarly, IARC's evaluation and monograph programme on carcinogens is supported by the Commission.

AIDS

The extent and seriousness of the threat posed by the AIDS pandemic has required and will continue to require close cooperation between the Community and the WHO.

The action programmes developed by the Commission are consistent with the coordinated strategies adopted by the WHO and implemented by its Global Programme on AIDS, and are intended to provide a distinct Community contribution. The Commission is invited to attend the Management Committee of the the WHO Global Programme on AIDS and has played an active part in the definition of the strategies. Those responsible for the Community action programmes maintain close contact with their counterparts in WHO and share activities where appropriate.

The Commission and the WHO cooperate closely to support the European Centre for the Epidemiological Monitoring of AIDS in Paris, which is the central institution for the collection of pertinent data in Europe and provides excellent up to date information and a framework for other joint activities.

The Commission has initiated a joint programme with WHO to test indicators of the performance and efficacy of national programmes to combat AIDS. The Commission has participated with WHO in technical meetings organised by the WHO on particular aspects of AIDS prevention such as Sexually Transmissible Diseases (STDs) and the Global Blood Safety Initiative. Furthermore there has been a joint involvement in the International Conferences on AIDS (Firenze 1991 and Amsterdam 1992).

The possible development of a major epidemic in Eastern European countries provides a further incentive for reinforced cooperation between the Commission and the WHO , both being aware of the potential seriousness of the situation.

DRUG ABUSE

Cooperation between the Commission and the WHO in this area is confined to drug demand reduction and health education. The WHO has global scientific responsibility for the definition of narcotics which is carried out exclusively by its Expert Committee on Drugdependence, but its further involvement in drug abuse is limited to demand reduction. In contrast to other areas of public health, the WHO is not involved in treatment, control or enforcement.

One of the tasks of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)⁽¹⁾ , is to promote the incorporation of data on drugs and drug addiction gathered in the Member States or by the Community into international monitoring and drug-control programmes, particularly those established by the United Nations Organization and its specialized agencies (such as the WHO), and to cooperate actively with such organisations. The WHO has expressed the wish to co-operate with the EMCDDA in the collection of epidemiological data.

⁽¹⁾ Council Regulation N° 302/93 of 8 February 1993 on the establishment of a European Monitoring Centre for Drugs and Drug Addiction (OJ L 36, 12. 2. 1993, p.1).

HEALTH EDUCATION AND PROMOTION

Collaborative work with the WHO and the Council of Europe to promote health education and the prevention of drug abuse, AIDS, cancer and other major diseases which has taken place for a number of years is now growing in scope and importance. A joint Conference on the Promotion of Education for Health was organised in 1990 in Strasbourg by the three organisations to promote health education efforts in the field of drug prevention and the Commission worked with the WHO in the preparation of a number of Summer Schools for teacher training in Health Education (e.g. Southampton (1990), Montpellier (1991), Flensburg(1991), etc.). The Commission, the WHO and the Council of Europe collaborate in the European Network of Health Promoting Schools.

HEALTH AND SAFETY AT WORK

The Commission is cooperating with the WHO in the development of indicative criteria for the training of competent persons in the various disciplines concerned with occupational health and safety and supports their initiative for the development of the supporting services in occupational medicine, hygiene and safety.

The Commission participates in a IARC project on harmonization of methods and quality assurance in the evaluation of exposure to airborne contaminants in the work environment - asbestos and other health risk related fibres. It also assists with some of IARC's epidemiological studies such as the assessment of risks in laboratories.

In view of the urgent need for more international cooperation on the provision of scientific data to be used for assessing effects due to chemical agents in the workplace, for example for the setting of limit values, a number of joint activities on the evaluation of hazardous chemicals at the workplace are taking place.

Some of these activities draw on a systematic approach to labelling and classification (*see section II Standards, labelling and classification*) and on evaluations of toxicity carried out under the International Programme on Chemical Safety (IPCS) which has been set up by the United Nations Environmental Programme (UNEP), the International Labour Organisation (ILO) and WHO.

Also within the framework of the IPCS, the Commission supported the production of "Chemical Safety Cards" which provide basic information to workers and other users of chemicals on health hazards and the precautions to be taken. The Commission also contributes expertise in the elaboration of the IPCS's Environmental Health Criteria documents.

II. STANDARDS, LABELLING AND CLASSIFICATION

This area of cooperation provides a good example of complementarity in that the WHO is not a regulatory agency but can provide scientific evaluations and recommendations, validated by independent neutral groups of experts. This complementarity has led to close cooperation with the WHO in a number of areas e.g. chemicals, carcinogens, medicinal products and foodstuffs.

In the context of the IPCS and as a follow-up to one of the objectives identified in Chapter 19 of Agenda 21 of the United Nations Conference on Environment and Development (UNCED 92), the Commission is currently collaborating with WHO and other international organisations to investigate common approaches towards the classification and labelling of chemicals placed on the market and used at work. Community interest in this area is based upon Directive 67/548/EEC⁽¹⁾ (as amended) on the classification, packaging and labelling of dangerous substances.

Technical support has been given by the WHO (IARC) to the CEC group of experts working on classification and labelling of carcinogenic substances (Council Directive 67/548/EEC⁽¹⁾) and to the Commission's practical short monographs on carcinogens.

In the field of pharmaceutical legislation and biological standardization, the WHO is increasingly basing its international harmonisation activities on Community guidelines, for example EC good manufacturing practice⁽²⁾ and EC requirements for biotechnology medicines⁽³⁾ ⁽⁴⁾, while the WHO certification scheme for the quality of pharmaceuticals exported to third world countries has been officially adopted by the Community⁽⁵⁾. The WHO has been invited to take part in trilateral discussions (USA/Europe/Japan) leading to better pharmaceutical harmonisation at world level. Co-operation with the WHO on the surveillance of side effects ("pharmacovigilance") and in the field of the European Pharmacopoeia has also been established.

The Commission participates in the work of the FAO/WHO Codex Alimentarius, and is spokesman for the Community in matters belonging to the external Community competence. This Codex, which is developed by the United Nations Food and Agriculture Organization and the WHO, revises and updates the international standards on foodstuffs. The WHO, as co-secretary of the Codex, is also responsible for the scientific evaluation of risks related to food additives and residues (whether they are of veterinary or pesticide origin). Independent committees of scientific experts, in which the Commission is represented, are used for this work.

The WHO Code of the Marketing for Breast-Milk substitutes has been largely implemented in the Community through the Commission Directive 91/321/EEC⁽⁶⁾ and the Community will contribute to its application in third countries following the adoption of Council Directive 92/52/EEC⁽⁷⁾ and Council Resolution 92/C172/01⁽⁸⁾.

(1) Council Directive of 27 June 1967 on the approximation of laws, regulations and administrative provisions relating to the classification, packaging and labelling of dangerous substances (OJ 196, 16. 8. 1967, p.1).

(2) Commission Directive of 13 June 1991 laying down the principles and guidelines of good manufacturing practice for medicinal products for human use (OJ L 193, 17. 7. 1991, p.30).

(3) Council Directive of 22 December 1986 on the approximation of national measures relating to the placing on the market of high-technology medicinal products, particularly those derived from biotechnology (OJ L 15, 17. 1. 1987, p.38).

(4) Commission Directive of 19 July 1991 modifying the Annex to Council directive 75/318/EEC on the approximation of the laws of Member States relating to analytical, pharmacotoxicological and clinical standards and protocols in respect of the testing of medicinal products (OJ L 270, 26. 9. 1991, p.32).

(5) Council Directive of 3 May 1989 amending Directives 65/65/EEC, 75/318/EEC and 75/319/EEC on the approximation of provisions laid down by law, regulation or administrative action relating to proprietary medicinal products (OJ L 142, 25. 5. 1989, p.11).

(6) Commission Directive of 14 May 1991 on infant formulae and follow-on formulae (OJ L 175, 4.7.1991, p.35).

(7) Council Directive of 18 June 1992 on infant formulae and follow-up formulae intended for export to third countries (OJ L 179, 1.7. 1992, p.12).

(8) Council Resolution of 18 June 1992 on the marketing of breast-milk substitutes in third countries by Community based manufacturers (OJ L 172, 1. 7. 1992, p.1).

III. HEALTH ASPECTS OF THE ENVIRONMENT

Since the addition in 1986 of Title VII "Environment" to the Treaty establishing the European Community and the first European Conference on Environment and Health (Frankfurt 1989) cooperation between the Commission and the WHO on health aspects of the environment has intensified. The Commission and the WHO are currently working together on the follow-up to the United Nations Conference on Environment and Development (Rio de Janeiro, 1992). This work is confined to the effects of environmental factors on human health, in conformity with the WHO's mandate. The Council and Health Ministers meeting in Council also adopted this approach when requesting the Commission to prepare a report on existing knowledge and experience concerning the relationship between health and the environment (Resolution 91/C 304/06 of November 1991 on health and the environment).

TOXICOLOGY

The European Community's programme of action on toxicology for health protection (Council Resolution 86/C 184/01) calls for the development and assessment of toxicological methods to support Community actions in the field of chemical safety. Joint activities with the WHO have been carried out in the following areas : role of poison centres, evaluation of antidotes including chelating agents, e.g. for cyanide and heavy metal poisoning, toxicity of chemicals for children, principles for the assessment and early detection of nephrotoxicity, and health risks of chemicals to progeny during pregnancy.

A joint workshop was also held on the health significance of immunotoxicity (Hannover, 1989). The Commission's Scientific Advisory Committee to Examine the Toxicity and Ecotoxicity of Chemical Compounds is involved in a WHO activity on allergic hypersensitivity to chemicals.

RADIATION PROTECTION

Cooperation with the WHO on radiation protection takes place through an Inter-Agency Committee on which a number of international organisations including the International Atomic Energy Agency (IAEA) and the Nuclear Energy Agency of the Organisation for Economic Cooperation and Development (OECD) are represented. The objective of this informal cooperation is to promote consistency and co-ordination of policies with respect to fundamental aspects of radiation safety (including principles, criteria and standards) and their transformation into regulatory terms; co-ordination of research and development; education and training; promotion of information exchange; transfer of technology and know-how ; and the provision of radiation safety services.

AIR, WATER AND AGRICULTURE

Cooperation takes place between the Commission and the WHO on air quality. The Commission provides GEMS (Global Environment Monitoring System - WHO/UN Environmental Programme) with data collected under the exchange of information on air pollution established by Council Decision 82/459/EEC⁽¹⁾. The WHO is responsible for ascertaining the needs and wishes of policy makers in the field of air pollution and for the provision of the necessary scientific background.

⁽¹⁾ Council Decision of 24 June 1982 establishing a reciprocal exchange of information and data from networks and individual stations measuring air pollution within the Member States. (OJ L 210, 19. 7. 1982, p.1).

The Commission attends WHO consultations in other areas such as the revision of WHO guidelines on drinking water quality ; rabies eradication ; zoonoses and foodborne infections (the last with the WHO collaborating centre in Berlin). The Commission took part in a joint FAO/Pan American Health Organization/WHO technical consultation on food safety and commercialisation (Buenos Aires, April 1992) following the cholera epidemic in Latin America.

The European Community participated as a full member in the International Conference on Nutrition (ICN) which was organised jointly by FAO and WHO and was held in Rome in December 1992. The Commission co-ordinated the Community positions with the Member States throughout the Preparatory Conferences and the ICN itself. This allowed the Community to have a major part in the outcome of the Conference to which the Commission contributed also financially. The Conference unanimously approved the "World Declaration on Nutrition" and the "Plan of Action for Nutrition".

ENVIRONMENT AND HEALTH

The Commission is providing support to WHO in the organisation and realisation of the Second European Conference on Environment and Health (Helsinki, June 1994), which will be hosted by the Government of Finland. This Conference, is a follow-up to the first Conference (Frankfurt-am-Main, December 1989) at which a "European Charter on Environment and Health" was adopted jointly by the participating Ministers of the Environment and Health and signed by the Commission in the name of the Community. The main objective of the second conference is to adopt an action plan on prevention and control of environmental health hazards up to the end of the century.

IV. COOPERATION AND DEVELOPMENT AID

DEVELOPMENT ASSISTANCE

Cooperation in the area of development assistance is of a multilateral kind developed pragmatically through joint missions and joint ventures.

Good examples of such cooperation are :

- joint health expenditures reviews
- Bangladesh, where the WHO is the executive body for a health programme which is co-financed by the World Bank, the Community and its Member States
- and Benin, where the WHO advises the government while the Commission chairs the group of donors.

The Commission takes account of the recommendations of the WHO in establishing its own general policy and as regards some of the technical aspects of its interventions (policy on health districts, essential drugs, etc.). The Commission works with the WHO in developing countries where the WHO is represented, attends the WHO conferences and has meetings with the WHO programme staff. In the field, delegations and consultants make contact with the WHO representatives most frequently when projects are being identified. The programme to combat onchocerciasis in Africa funded by the Community and other bodies, is executed by the WHO.

In implementing the programme for the fight against AIDS in third-world countries, cooperation and coordination of the Commission with the WHO within the scope of the WHO Global Programme on AIDS, aims for joint definition of strategies, agreement on the definition of short and long-term programmes in particular countries and coordinated execution of programmes at country level.

Within the framework of the short- and long-term national programmes the Commission acts in liaison with the countries concerned and other financial supporters. Recent joint Commission/WHO activity in the field of AIDS has included a joint review mission in Thailand ; ad hoc meetings for operational coordination on India and Thailand ; co-organisation and financing of regional meetings in Dacca, Delhi, Caracas and Yaoundé and of training courses for programme managers in Dakar and Antwerp ; and special joint research projects on AIDS between scientists from EC Member States and developing countries.

The external evaluation report of the programme to combat AIDS, drawn up in 1992 to define new guidelines for the programme within the framework of the Lomé IV Convention, endorsed the general approach adopted by the Commission. It recommended continued coordination with the WHO Global Programme on AIDS, while ensuring that the methodologies adopted and actions proposed fitted well with those defined by the National Committees.

COOPERATION WITH EAST AND CENTRAL EUROPE AND THE REPUBLICS OF THE FORMER USSR

The Commission's technical assistance programmes "PHARE" and "TACIS" are intended to provide support for the economic restructuring of the countries of East and Central Europe and the former Soviet Union. Work in the health sector has been growing in importance and has consequently involved cooperation with the WHO and other interested international organisations such as the World Bank and the European Bank for Reconstruction and Development. At the Washington and Lisbon conferences (1992) on assistance to the Republics of the former USSR, the WHO participated in the medical sub-group and was invited to establish a clearing house on the health needs of those countries and the response being made to them. The WHO has also been requested in a number of cases to provide assistance particularly in the form of expert missions and evaluations and to help the Governments of the countries concerned to formulate their new priorities and policies.

Technical support has been provided by the Commission in workshops set up by the WHO to explain the requirements of EC legislation to Central and Eastern European States on such subjects as safety and health at work. Similar arrangements have been made to present the Community's policies and programmes in the field of prevention of diseases and drug addiction.

HUMANITARIAN EMERGENCY AID

The Commission has set up internally, with effect from 1 March 1992, a European Office for Emergency Humanitarian Aid (ECHO). This development is intended among other things to improve coordination between the Commission and Member States, other donors, non-governmental (NGO) and international organisations, including the WHO.

Cooperation between the Commission and the WHO in the provision of humanitarian aid has taken place mainly in Central and South America and Eastern Europe.

The Commission has been providing regular financial support to the WHO medical programmes in Latin America, the most recent examples being the programmes in Peru related to cholera and in Haiti to alleviate the shortage of medicinal products.

In Europe the substantial humanitarian aid activities of the Commission through the WHO have focussed on Bosnia-Herzegovina and the UN controlled areas in Croatia, providing medical kits to hospitals. In addition, while the NGO health programmes in the area are supported by the WHO, the Commission is a major contributor to the NGO activities.

V. RESEARCH

EC MEDICAL AND HEALTH RESEARCH

The research objectives of the Community and the WHO complement one other within the broad spectrum of research related to medicine and health. The Community aims to improve the efficacy of medical and health research in Member States, in particular by better coordination of their activities and in the application of results through Community cooperation and the pooling of resources.

Cooperation between the Commission and the WHO in the field of medical and health research has taken place at different levels, including programme formulation, project management and technical levels.

To ensure that constructive collaboration occurs at programme formulation level it has been agreed that planning seminars would be jointly organised at which research priorities were identified. Further collaborative action took place through information exchanges, personal relationships with key members, participation in meetings (in particular concerning planning activities) and joint workshops.

The WHO European Advisory Committee for Health Research (EACHR) has been attended by observers from the EC Management and Coordination Advisory Committee on Medical and Health Research (CGC). As the WHO European Region has a small operational research budget, it was agreed that input from the Region would be useful to the CGC in assisting with advice to the EC on priority setting and programme formulation.

The WHO regularly attends meetings of the EC Working Party on AIDS Research and its subgroups, and also those of the Concerted Action Committees (COMACs) on Health Services Research and on Epidemiology. Project leaders of EC concerted actions have direct technical contacts with the WHO programme leaders. This has contributed to the development of joint collaborating centres such as the European Centre for the Epidemiological Monitoring of AIDS (in Paris) and the EUROCAT Centre (in Brussels) for the registration of congenital abnormalities.

HEALTH CARE INFORMATICS AND TELEMATICS

The Commission administers the Advanced Informatics in Medicine (AIM) Exploratory Action, and from 1988 to 1990 received much support for it from the WHO, both with respect to epidemiological data and the definition of performance and quality assessment criteria to be integrated in health informatics systems. Individual projects have worked with the WHO, as the coordinating partner, on oral health and on chronic care management, in particular for diabetes.

In the EC Research and Development Programme on Telematics Applications of General Interest (3rd Framework Programme, 1990-1994), the WHO European Region is collaborating in 4 of the 37 projects administered by AIM. These concern the improvement of quality assurance in using telematic tools and the definition of European reference models to improve the effectiveness of community and primary health care services by means of specific telematic products. The WHO is the co-ordinating partner for the ORATEL project, which aims to develop a European telematic tool for education and training in quality assurance for oral health care. The WHO brings its European knowledge of the community and primary health care sectors to other partners in ISAAC (an information processing system relating to those sectors), in QUICHE (a telematics-based quality assurance programme for child health services, and in SHINE (an informatics community health care network in Europe).

Within the ENS (European Nervous System) area of the Telematics Programme, the WHO is the coordinating partner for the CARE project. A major part of ENS is directed at identifying and defining a transeuropean communications network for administrations. The CARE project will provide fast and effective access to health statistics for national administrations through the use of telematics networks.

The WHO also participates in Commission initiatives to develop telematic networks relating to the workplace.

DEVELOPMENT RELATED RESEARCH

The Community Programme "Life Sciences and Technologies for Developing Countries" (STD) cooperates with various WHO programmes on the basis of regular consultations especially with WHO's Special Programme for Research and Training in Tropical Diseases (TDR), WHO's Global Programme on AIDS, and the WHO Special Programme of Research, Development and Research Training in Human Reproduction. The Commission is represented in the joint Coordinating Board of TDR and in the WHO Management Advisory Committee for the Children's Vaccine Initiative.

The Community STD Programme was involved in the preparatory meetings for the WHO's Global Ministerial Conference on Malaria (Amsterdam, October 1992), and has participated in the Conference itself and its follow-up.

Furthermore collaboration is increasing between the WHO, CEC and other private and public development bodies in areas of common interest such as vaccine development and disease control strategies.

CONCLUSIONS

Cooperation and mutual understanding between the Commission and the WHO, first formally recognized in 1972, has improved and developed in recent years, extending both in scope and depth. Further initiatives and joint projects are under consideration and other areas of possible cooperation are being identified.

The ratification of the Treaty on European Union and in particular paragraph 3 of Article 129, which requires the Community to foster cooperation with third countries and the competent international organisations in the sphere of public health, will have an important bearing on the scope and form of such future relations between the Community and WHO.

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