

NMUN•NY 2018



25 – 29 MARCH 2018

Documentation of the Work of the World Health Organization (WHO)



Conference B

World Health Organization (WHO)

Committee Staff

Director	Andrea Jacoby
Chair	Jasmin Brown

Agenda

- I. Mitigating the Health Impacts of Pollution
- II. Vaccination to Promote Global Public Health
- III. Improving Responses and Coordination in Addressing Mental Health

Resolutions adopted by the Committee

Code	Topic	Vote
WHO/1/1	Mitigating the Health Impacts of Pollution	Adopted without a vote
WHO/1/2	Mitigating the Health Impacts of Pollution	Adopted without a vote
WHO/1/3	Mitigating the Health Impacts of Pollution	25 votes in favor, 0 votes against, 0 abstentions

Summary Report

The World Health Organization (WHO) held its annual session to consider the following agenda items:

- I. Mitigating the Health Impacts of Pollution
- II. Improving Responses and Coordination in Addressing Mental Health
- III. Vaccination to Promote Global Public Health

The session was attended by representatives of 25 Member States.

On Sunday, the committee adopted the agenda of I, III, II, beginning discussion on the topic of “Mitigating the Health Impacts of Pollution.” By Tuesday, the Dais received a total of four proposals covering a wide range of subtopics including improving the work of advisory bodies, telemedicine and air quality measurements. The delegates also discussed strengthening and expanding frameworks and policies regarding pollution, as well as the improvement of fecal waste management and increased NGO cooperation to improve health following natural disasters. The body worked diligently to ensure every voice was heard and included in order to create strong working papers.

On Wednesday, three draft resolutions had been approved by the Dais, none of which had amendments. The committee adopted three resolutions following voting procedure, two of which received unanimous support by the body. The resolutions represented a wide range of issues, including WHO Emergency Operations Department’s Global Health Cluster network, expansion of the eHealth Technical Advisory Group (eTag), and safe disposal and management of waste to prevent the spread of disease. The body was very eager to get to work on the imperative topic of reducing the health impacts caused by pollution. Delegates remained on task and driven and showed fantastic diplomatic skills and consensus.



Code: WHO 1/1

Committee: World Health Organization

Topic: Mitigating the Health Impacts of Pollution

1 *The World Health Organization,*

2
3 *Referencing* General Assembly resolution 70/1 *Transforming our World: the 2030 Agenda for Sustainable*
4 *Development* (2015), especially Sustainable Development Goals (SDGs) 3 and 17, in which all bodies of the United
5 Nations (UN) emphasize good health well-being and partnership,

6
7 *Reinforcing* that pollution is not just a gradual process but that it also can occur in forms that are sudden and
8 unpredictable, such as oil spills, volcanic eruptions, and unpredicted waste dumping, as discussed in the 2017 United
9 Nations Environment Assembly report *Toward a Pollution-Free Planet,*

10
11 *Acknowledging* Economic and Social Council resolution 2017/14 “Strengthening of the coordination of emergency
12 humanitarian assistance of the United Nations”, which emphasizes the importance of strengthening Member States’
13 partnerships with non-governmental organizations (NGO), such as the International Federation of Red Cross and
14 Red Crescent Societies (IFRC), in providing timely humanitarian responses and supporting long-term, sustainable
15 capacity-building,

16
17 *Understanding* the importance of the partnership between the IFRC and National Societies, the former of which is
18 responsible for outlining a common approach responding to pollution of air, water, and soil pollution emergencies in
19 which human health is greatly impacted, such as the Global Water and Sanitation Initiative,

20
21 *Recognizing* the resources and credibility of WHO Collaboration Centers, which organize and coordinate training
22 courses, maintain health databases and inform research-based practices,

- 23
24 1. *Encourages* fellow Member States that have not done so already to join the WHO Emergency Operations
25 Department’s Global Health Cluster network, which ensures predictable and accountable humanitarian
26 emergency response by coordinating international organizations, NGOs, academic institutions, specialized
27 agencies and donors by:
- 28
29 a. Identifying and advising how to address disparities in technical knowledge and relevant national health
30 policy;
 - 31
32 b. Providing advocacy resources crucial to mobilizing financial and political support for humanitarian aid
33 crisis response;
 - 34
35 c. Facilitating information and technical exchange between Member States’ and stakeholders party to the
36 Global Health Cluster;
- 37
38 2. *Recommends* the strengthening of the partnerships between WHO and IFRC in coordinating timely responses to
39 exacerbated conditions of air, soil, and water pollution caused by natural and man-made disasters by:
- 40
41 a. Coordinating with the IFRC and local NGOs to facilitate the creation of timelines for response and the
42 setting of clear and realistic goals;
 - 43
44 b. Ensuring that the IFRC training of WHO Emergency Medical Teams are trained to adhere to WHO
45 best practices to protect human health against air, soil, and water pollution pertaining to the:
 - 46
47 i. Distribution of IFRC water and sanitation disaster response kits that conform to WHO standards
48 of each individual having access to 15 liters of water per day and access to safe water disposal;

- 49 ii. Testing and grading of potential drinking water sources, utilizing the Rapid Assessment of
50 Drinking-Water Quality;
- 51 iii. Adherences to the reasonable particulate matter guideline by the WHO guidelines for indoor
52 quality;
- 53
- 54 c. Conducting reviews of individual IFRC National Societies' disaster management public health training
55 programs with the permission of the IFRC to determine the extent to which training for WHO
56 guidelines for air, soil, and water pollution are being met;
- 57
- 58 3. *Proclaims* that the partnership between WHO and IFRC shall facilitate the sharing of information on symptoms
59 and best practices on alleviating symptoms of pollution-caused diseases and illnesses for private citizens,
60 utilizing the database within the WHO Collaboration Centre;
- 61
- 62 4. *Reaffirms* the partnership between WHO and IFRC and collaboration under the WHO Collaboration Centre to
63 work under the close supervision by the WHO Guidelines Review Committee as well as the Ethics Review
64 Committee in which these committees are assuring that workers for the IFRC and their efforts are following
65 WHO guidelines;
- 66
- 67 5. *Requests* further cooperation between WHO and local NGOs in promoting future coordination in addressing
68 health complications resulting from crisis-related environmental health risks.



Code: WHO/1/2

Committee: World Health Organization

Topic: Mitigating the Health Impacts of Pollution

1 *The World Health Organization,*

2
3 *Noting with satisfaction* General Assembly resolution 70/1 *Transforming our World: the 2030 Agenda for*
4 *Sustainable Development* (2017), in particular Sustainable Development Goal (SDG) 3, which emphasizes the need
5 to reduce illnesses caused by pollution, Goal 6, which seeks to attain higher health standards by improving water
6 quality and reducing pollution, and Goal 17, which aims for stronger commitment, partnership, and cooperation to
7 mitigate the health impacts of pollution,

8
9 *Considering the Declaration of the United Nations Conference on the Human Environment* (1972) and *Preventing*
10 *Disease Through Healthy Environments* (2016), which proclaim that a human's well-being is correlated to the
11 conditions of their environment and the need to work multilaterally with Member States to ensure the health of
12 humanity worldwide,

13
14 *Reaffirming* the body's responsibility to protect vulnerable groups such as children, pregnant women, elderly people
15 and malnourished people, as defined by the WHO's *Environmental health in emergencies* (2018),

16
17 *Expressing*, the need for strong local, national and international environmental policies and regulatory frameworks,
18 which are essential for the shift towards sustainable development and improved health, as reaffirmed by the *Addis*
19 *Ababa Action Agenda* (2015),

20
21 *Upholding* current projects being implemented by non-governmental organizations (NGOs) such as the United
22 Nations Environment Programme (UNEP), private-public partnerships such as the World Bank's Pollution
23 Management and Environmental Health (PMEH) program, and governmental organizations such as the Water,
24 Sanitation and Hygiene (WASH) and the United Nations International Children's Fund (UNICEF), that aim to
25 improve and protect human health through reducing human contact with harmful pollutants in air, water and soil,

26
27 *Taking into consideration* World Health Assembly resolution 68.18, "Health and the Environment: Addressing the
28 Health Impacts of Air Pollution", which highlights the importance of linking health statistics to data on levels and
29 sources of air pollution in order to connect relevant sectors through information sharing on efforts to simultaneously
30 reduce air pollution and promote health,

31
32 *Recommending* that Member States model a regionally-tailored policy such as the *Malé Declaration on Control and*
33 *Prevention of Air Pollution and Its Likely Transboundary Effects for South Asia* (1998), which links pollution
34 sources to adverse health effects while guiding solutions to mitigate health impacts, and can be used as a model for
35 regional-specific legislation for the adverse health effects on specific regions,

36
37 *Emphasizing* the WHO Global Strategy on Human Resources for Health: Workforce 2030, which encourages
38 Member States to adopt policy that promotes the successful use of community health workers within primary care
39 and their role in educating and engaging with local populations with cultural competence,

40
41 *Considering* information sharing through expanding eHealth, defined by World Health Assembly resolution 58.28
42 "eHealth", which outlines the importance of telemedicine, as a globally developing and significant tool in aiding
43 Member States with limited access to health service, between the International Telecommunication Union (ITU) and
44 the WHO to achieve best practices at the local, national, and international levels to mitigate health impacts of
45 pollution,

46
47 *Noting with satisfaction* the success of the United Nations Statistical Databases (UNSD) in collecting detailed
48 reports from national and regional actors for full understanding of emissions and pollutants affecting each region, to
49 track and predict future environmental threats on health to both rural and urban communities,

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Observing the WHO Air Quality Guidelines for Particulate Matter, Ozone, Nitrogen Dioxide and Sulfur Dioxide (2006) and recognizing the Ambient Air Pollution assessment (2016), which emphasizes particulate matter (PM) prevention in order to achieve sustainable air quality to reduce risks of cardiovascular and respiratory diseases such as, heart attack, stroke and lung inflammation,

Welcoming multilateral cooperation through existing international legislation, as seen in The Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), which pursues a viable solution to eliminating trade barriers that encumber the timely procurement of essential medicines that satisfy the priorities of populations' identified health needs, including those created by environmental factors, specifically pollution,

1. *Suggests* the expansion of the eHealth Technical Advisory Group to include mitigating the health impacts of pollution as a priority for the collection and distribution information from voluntary contributions of Member States, nongovernmental organizations, and regional frameworks;
2. *Further suggests* the distribution and implementation of knowledge and relevant environmental and medical expertise while considering Member States' unique needs to transition towards increased standards of health by:
 - a. Encouraging the application of telemedicine, such as the International Society for Telemedicine and eHealth, to facilitate the diagnosis, treatment and proper care of populations experiencing cardiovascular and respiratory diseases caused by PM exposure through:
 - i. Enabling remote health care facilities, such as hospitals in urban or rural areas, located in regions highly at risk of PM exposure, in accordance with WHO air quality standards and regulations, to network and receive medical training and advice from cross site medical professionals;
 - ii. Alerting national agencies, WHO, Global Health Observatory (GHO), the Joint Task Force on the Health Aspects of Air Pollution, United Nations Economic Commission for Europe, and Nature Conservation agencies, of high PM exposure levels;
 - iii. Proposing comprehensive regulations and encouraging Member State legislation to enable patient rights and maintain patient confidentiality in accordance to the International Health Regulations (2005);
 - b. Suggesting the expansion of WHO's Institutional Repository for Information Sharing to facilitate a network of knowledge exchange amongst medical professionals, data scientists, environmentalists and others with relevant expertise on the impact of pollution on human health;
3. *Recommends* expanding eHealth to improve the accessibility to Member States by promoting the partnership of ITU and WHO with the technical and financial support of the World Bank, regional banks, and public-private partnerships with academia and research centers, using Geographic Information System (GIS) organizations which are GIS-action and Mappt, which provide services at no cost to NGOs and Member States for real-time observation and evaluation of the spread of disease caused by pollution and according to Databases of Air Quality Index (AQI) and WASH;
4. *Further recommends* the effective improvement of existing data collection infrastructures, such as the UNSD to be utilized by local hospitals, communities, and organizations by:
 - a. Encouraging proper responses to environmental pollutants on national and local levels through:
 - i. Voluntary sharing of information to international systems to prescribe best practices that are regionally tailored by forwarding the collected data to public institutions;
 - ii. Direct sharing of collected data with hospitals and healthcare institutions through the telemedicine platform, which would keep in mind the pertinence of patient confidentiality as defined by WHO in the *Universal Declaration of Human Rights* (1948);
 - iii. Initiating collaboration between local private and public healthcare facilities;

- 105 iv. Promoting information awareness to local community leaders to encourage members to seek
106 healthcare services;
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- 108 b. Providing resources and services such as:
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- 110 i. The Health and Environment Linkages Initiatives (HELI) led by WHO and UNEP, which
111 endorses actions in developing states to mitigate health impacts caused by pollution with
112 activities such as pilot projects and improvement of tools for decision-making,
113 ii. WASH, a collaborative initiative between WHO and UNICEF that improves water and
114 sanitation services which reduces water-borne illnesses caused by pollution;
115 iii. The Climate and Air Coalition, consisting of voluntary partnerships between governments,
116 intergovernmental organizations, businesses, scientific institutions and civil society
117 organizations, which focuses on protecting the climate and decreasing air pollution;
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- 119 5. *Suggests* Member States expand research on understanding regional-specific circumstances, such as the
120 aforementioned Malé Declaration, due to the impacts of air, water and soil pollution with specific evaluations
121 that:
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- 123 a. Occur in multiple phases over an established time interval of 5-10 years to ensure that positive health
124 trends from mitigating pollution improve on a continuous scale;
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- 126 b. Emphasize the importance of voluntary political commitment, with emphasis to preserving Member
127 States' citizens' health through understanding of regionally tailored knowledge;
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- 129 c. Collect and create information specific to Member States' own circumstances regarding the following:
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- 131 i. Cataloguing specific health issues that result from various forms of pollution in regional
132 blocs;
133 ii. Assessment of both local and regional sources that contribute to pollutants and their negative
134 health impacts for all Member States;
135 iii. How to implement accurate and comprehensive monitoring systems for tracking air, water
136 and soil pollution in real time;
137 iv. State risk factors of each Member State that result in worsening of health due to pollution;
138
- 139 6. *Encourages* Member States, in cooperation with the Joint Monitoring Programme (JMP) for Water Supply and
140 Sanitation as well as WASH, to improve existing data collection, local distribution of water management
141 processes and sanitation services. Also, the safe disposal of human urine and feces, through implementing
142 Integrated Water Resources Management (IWRM) as a means of achieving the protection, improvement and
143 sustainable use of the water environment, limiting the health effects of pollution through:
144
- 145 a. Regularly collecting and monitoring data, through the JMP and WASH, as well as assessing water
146 quality status, alerting authorities when pollutants enter the water supply;
147
- 148 b. Funding from assessed contributions from Member States, as well as voluntary contributions from the
149 World Bank and regional banks in capacity for planning IWRMs and their participation processes,
150 acknowledging that it is a Member State's responsibility to provide clean water to its citizens in order
151 to limit health impacts arising from contamination;
152
- 153 7. *Recommends* Member States to strengthen policies and serve vulnerable populations by using tools such as the
154 High-Level Political Forum Voluntary National Review, which tracks progress on the SDGs to mobilize
155 international NGO coordination by:
156
- 157 a. Inviting Member States to consider WASH to improve water sanitation for the lack of adequate
158 infrastructure and universal access to clean water;
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- 160 b. Encouraging Member States to develop policies that prevent soil pollution and regulate waste
161 management according to the formulated guidelines of the Intergovernmental Technical Panel on Soil
162 fostered by the Food and Agriculture Organization of the UN and also informed by research collected
163 by the Global E-Waste Monitor, which tracks soil pollutants;
164
- 165 c. Promoting the Climate and Clean Air Coalition to raise awareness on ambient and household air
166 pollution as a major cause for non-communicable diseases (NCDs);
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- 168 8. *Further Recommends* finding solutions to reduce NCDs caused by pollutants on a local level by encouraging
169 Member States to promote a healthy community by:
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- 171 a. Using data collected from eHealth and relaying it to local communities to make Member States aware
172 of NCDs caused by pollutants such as smoke particles or gases harmful to human health;
173
- 174 b. Supporting preventive measures such as informing the public through awareness campaigns and
175 eHealth to teach them the impacts of air pollution on health;
176
- 177 c. Keeping in mind WHO PM regulations such as:
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- 179 i. daily or annual mean air quality measurements of PM particle concentrations per cubic meter
180 of air volume;
181 ii. reporting particle concentrations to governments and other concerned agencies;
182 iii. reduction of annual average particle concentration to the WHO guideline level of 20 µg/m³,
183 as proposed in “WHO Air Quality Guidelines for Particulate Matter, Ozone, Nitrogen Dioxide
184 and Sulfur Dioxide”;
185
- 186 d. Analyzing the health needs of Member States and the health risks recorded by the GHO, which is a
187 database that provides access to an international interactive repository of health statistics;
188
- 189 9. *Encourages* Member States to develop, and train local community health workers to educate communities on
190 mitigating the health impacts of pollution through:
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- 192 a. Education regarding household air pollution in rural communities regarding various evidence based
193 practices, such as clean stove cooking and reducing soil pollution by transitioning towards sustainable
194 cultivation and farming;
195
- 196 b. Utilization of the AQI to inform urban populations of dangerous levels of air pollution and their
197 potential negative health effects;
198
- 199 c. Emphasis of high standards on hygiene and sanitation as established by WHO guidelines;
200
- 201 d. Building comprehensive and precise criteria of selecting professionals by introducing and referencing
202 from enterprises to qualify our working system to be professional and high-efficient;
203
- 204 e. Informing citizens on prevention and management of illnesses that arise from water contamination;
205
- 206 10. *Suggests* the implementation of infrastructures that has the capacity to accommodate for rising rates of
207 urbanization, which also focus on healthy environments for communities considering the WHO report on
208 Health as the Pulse of the New Urban Agenda, which states the importance of urban planning for reducing both
209 communicable and non-communicable diseases with:
210
- 211 a. Strategic planting of flora and introduction of fauna in urban and peri-urban areas to reduce the
212 concentration of ambient air pollution, the burden of disease from stroke, heart disease, lung cancer
213 and both chronic and acute respiratory diseases;
214

215 b. Improved storm water management through environmentally sustainable infrastructure programs such
216 as permeable pavements, rain gardens and rooftop disconnection to filter out harmful sediments and
217 pollutants before they reach waterways thus reducing community susceptibility to waterborne
218 illnesses;

219
220 11. *Expresses hope* that Member States which have not already adopted the Protocol Amending the TRIPS
221 Agreement to do so by the 31 December 2019 deadline and to note its value in aiding the protection and
222 treatment of peoples affected by pollution emphasizing the commitment of Member States to engage in
223 comprehensive trade negotiation.



Code: WHO/1/3

Committee: World Health Organization

Topic: Mitigating the Health Impacts of Pollution

1 *The World Health Organization,*

2
3 *Reaffirming* the United Nations (UN) General Assembly’s decision in 2010 to declare access to safe and clean
4 drinking water and sanitation as a human right through the adoption of UN General Assembly resolution 64/292
5 “The Human Right to Water and Sanitation,” which calls upon international agencies, such as Water for Good, Blue
6 Planet Network, and Pure Water for the World, to assist Member States in providing safe, clean, accessible and
7 affordable drinking water and sanitation,

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9 *Recognizing* that 12.7 million lives are lost each year due to the impact of air, water, and soil pollution, as stated in
10 the 2016 WHO report, “Preventing Disease Through Healthy Environments: A Global Assessment of the Burden of
11 Disease from Environmental Risk,”

12
13 *Acknowledging* that the *Declaration of the United Nations Conference on the Human Environment* (1972) has
14 prioritized the importance of protecting individuals from damaging health impacts resulting from pollution,
15 specifically under principle one, which recognizes a human’s wellbeing is directly related to the conditions of their
16 environment,

17
18 *Noting* that 892 million people worldwide still practice open defecation, as found in the 2017 WHO Fact Sheet in
19 regard to Sanitation, in places such as street gutters, behind bushes or into open bodies of water, which contribute to
20 the spreading of infectious diseases such as Cholera, Tuberculosis, and E Coli,

21
22 *Drawing* attention to imminent threats that pollution poses to the global landscape as well as the valuable
23 implementation of UN General Assembly resolution 70/1 *Transforming our World: The 2030 Agenda for*
24 *Sustainable Development* (2015) with specific reference to Sustainable Development Goal (SDG) 15, which refers
25 to: sustainably managing forests, combating desertification, halting and reversing land degradation, as well as
26 halting biodiversity, which are impertinent in maintaining our land in reference to issues such as acid rain,
27 evaporation and crop yield, clogged agricultural drainage ways and a lack of efficient sewage run off, which
28 contribute to food scarcity, malnutrition, hindered growth, and deaths as a result of e. coli,

29
30 *Recommending* the further implementation of General Assembly resolution 64/292 “The human right to water and
31 sanitation” (2010), as well as Goal 3, Target 9; Goal 6, Target 1; Goal 6, Targets 1 and 3; Goal 11, Target 6; and
32 Goal 12, Target 4 of the SDGs , and the UN-Water’s report “Progress on Drinking, Sanitation, and Hygiene” to
33 address the detrimental health impacts of anthropogenic pollution; including: prenatal growth, human development,
34 diarrhea, cholera, dysentery, typhoid, hepatitis A, and polio,

35
36 *Noting* the importance of engaging the public and private sectors when sharing information and research of new
37 technologies that help prevent and address water pollution, such as the conference titled Fighting Climate Change:
38 Sharing Italy’s Innovative Technology that convened on April 12, 2016, which worked towards tackling the issue of
39 rising sea levels that lead to new health challenges such as water transferred diseases,

40
41 1. *Suggests* Member States and non-governmental organizations (NGOs) promote world health globally by:

- 42
43 a. Adopting an adjunct summit under the name of the World Health Organization of Transboundary
44 Effective Reconstruction (WATER) to the International High-Level Conference on International
45 Decade for Action, “Water for Sustainable Development” 2018-2028, to be held from 20 to 22 June
46 2018 in Dushanbe:

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- 48 i. Meeting at WATER summit to discuss UN's water programs, with the aim of gathering
49 experts from Member States, the private sector, and NGOs to share techniques and practices;
50 ii. Addressing the health impacts of water pollution, as exemplified at the conference titled
51 Fighting Climate Change: Sharing Italy's Innovative Technology;
52
- 53 b. Continuing as collaborative and effective proponent to fight against water pollution and dehydration,
54 as exemplified by Charity: water, and WaterAid's partnership with Member States;
55
- 56 2. *Encourages* Member States to empower the private and public sectors, such as the World Bank's Karnataka
57 Urban Water Supply Improvement Project to provide relief for vulnerable groups facing the detrimental impacts
58 of pollution by:
59
- 60 a. Assisting pregnant women, elderly people, children, and those enduring persistent chronic illnesses by
61 inviting Member States to consider promotion of technologies that will allow these communities to
62 know when and how to seek treatment;
63
- 64 b. Recognizing the variety of individual circumstances and the importance of providing care specific to
65 the needs of each individual by increasing awareness of pollution levels at any given time, through
66 increased production of pamphlets, such as those distributed by the United Nations Children's Fund in
67 post-disaster situations;
68
- 69 3. *Invites* Member States to provide best practice-sharing methods to assist Member States' populations whose
70 health and livelihoods are affected by polluted water due to rising sea levels by building mobile barriers, such as
71 MOSE, an innovative technology used to combat flooding and the mixing of black water and clean water;
72
- 73 4. *Suggests* Member States improve the treatment process of fecal waste and provide safe disposal management to
74 prevent the spread of parasitic infections and to reduce the risk of exposure to bacteria, protozoa, and viruses
75 that can lead to diarrhea, liver problems, and in some cases death, through:
76
- 77 a. Increasing awareness of health issues related to unsanitary treatment of fecal waste, as exemplified by
78 Pure Water for the World, an NGO which educates and provides resources to families exposed to the
79 effects of improper sanitation;
80
- 81 b. Improving coordination with NGOs as they combat health issues that present themselves due to water
82 pollution, as exemplified by partnerships between Member States and the World Toilet Organization,
83 which aims to spread awareness about toilets and the sanitation crisis;
84
- 85 c. Developing a partnership with AQUASTAT, a Food and Agriculture Organization system to redirect
86 fecal matter into a reusable soil material;
87
- 88 5. *Expresses its hope* for NGOs to expand upon and coordinate with The United Nations Disaster Assessment
89 Coordination Disaster Response Preparedness Missions to provide education and training materials on a regular
90 and ongoing basis to Member States that are likely to experience natural disasters engendered by pollution;
91
- 92 6. *Endorses* providing a stronger foundation for system protection and process control including microbial and
93 chemical water quality monitoring through the global Water and Sanitation Program to place emphasis on the
94 safety and cleanliness of drinking water for human use;
95
- 96 7. *Welcomes* research from Member States, funding from the World Bank, and policy frameworks from NGOs to
97 improve water sanitation and monitoring methods as well as alleviating the potential health issues resulting
98 from pollution, through:
99
- 100 a. Fine-tuning existent tools such as the Water Quality Index from within those Member States with existing
101 institutions, such as the National Water Research Institute by Environment Canada, which has a pre-
102 established focus on water pollution and its impact on health;

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- b. Reporting progress on development of sanitation and monitoring methods within Member States to the WHO.