
WHO Research Agenda for RF fields

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World Health
Organization

Outline

- Introduction
- The WHO RF Research Agenda
 - Motivation
 - Background
 - Content
- Discussion





International **EMF** *Project*

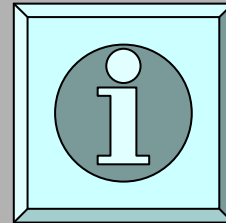
- Established in 1996
- Coordinated by WHO HQ (SDE/PHE/RAD)
- A multinational, multidisciplinary effort to create and disseminate information appropriate to human health risk assessment for EMF

- To **assess health and environmental effects** of exposure to non-ionizing radiation (0-300 GHz)
- To **provide technical assistance** in strengthening national capacities for the sound management of EMF



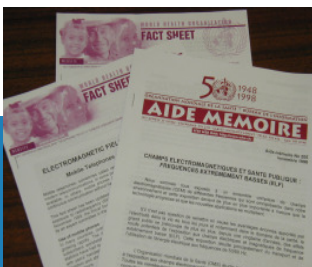
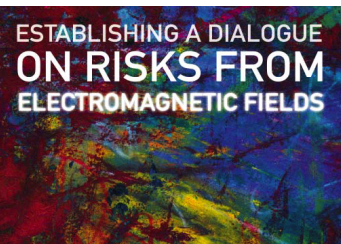
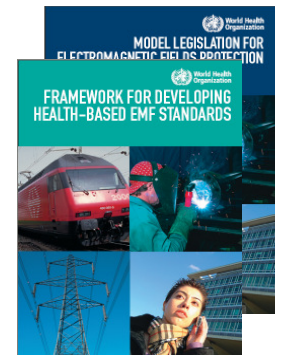
EMF: An environmental risk?

Science
Risk Assessment



Public Concern
Risk Perception

Policies
Risk Management



WHO EMF Project and Research

- WHO does NOT perform research
- WHO does NOT fund research
- WHO **promotes** research
- WHO **assesses** research
 - Scientific workshops
 - Health risk assessments



WHO and EMF Research



<http://www.who.int/emf>

***What has
been done?***

- WHO Research reviews
- Health Risk Assessments

***What is
being done?***

WHO Research
Database

***What needs to
be done?***

WHO Research
Agenda

time →



Research Agenda Motivation



Funding Agencies



Sixth Framework Programme
2002 - 2006

MTHR
Mobile Telecommunications and Health Research



World Health Organization

Research agenda

Introduction

This Introduction is followed by the definitions used by WHO International EMF Project. The next section of the agenda is a list of needed EMF research that still needs to be carried out, including assessments of any health risks from exposure to EMF.

The list of required research is followed by a set of general guidelines for quality EMF research that includes resources for further investigation of the characteristics of good EMF research.



Research Agenda

Goal: To promote studies which demonstrate a reproducible effect of EMF exposure that has the likelihood to occur in humans and has a potential health consequence

Research needs

- identified when the evidence for a health risk is judged **suggestive, but insufficient** to meet the criteria for assessing health risk
- established on the basis of **unconfirmed effects** having implications for health, and need for **replication** of key studies to confirm effects





World Health Organization

2006 WHO Research Agenda for Static Fields

Introduction

In 1997, the WHO International EMF Project developed a Research Agenda in order to facilitate and coordinate research worldwide on the possible adverse health effects of electromagnetic fields (EMF). In subsequent years, this agenda has undergone periodic review and refinement.

In December 2004, WHO carried out a health risk assessment of static electric fields, which is published as a WHO Environmental Health Criteria monograph¹. Gaps in knowledge about possible health effects are identified in this monograph, and form the basis for this Research Agenda.

- For static electric fields, there appears to be little evidence of adverse health effects. None of the studies conducted to date have shown any health effects except for possible stress resulting from repeated exposure.



World Health Organization

2007 WHO Research Agenda for Extremely Low Frequency Fields

Introduction

In 1997, the WHO International EMF Project developed a Research Agenda in order to facilitate and coordinate research worldwide on the possible adverse health effects of electromagnetic fields (EMF). In subsequent years, this agenda has undergone periodic review and refinement.

In October 2005, WHO carried out a health risk assessment of extremely low frequency (ELF) electromagnetic fields up to 100 kHz, which is published as a WHO Environmental Health Criteria monograph¹. Gaps in knowledge about possible health effects are identified in this monograph, and form the basis for this Research Agenda.

Following a standard health risk assessment process, it was determined that there are several substantive health issues related to ELF electric fields at 50/60 Hz that require further research.



World Health Organization

2006 WHO Research Agenda for Radio Frequency Fields

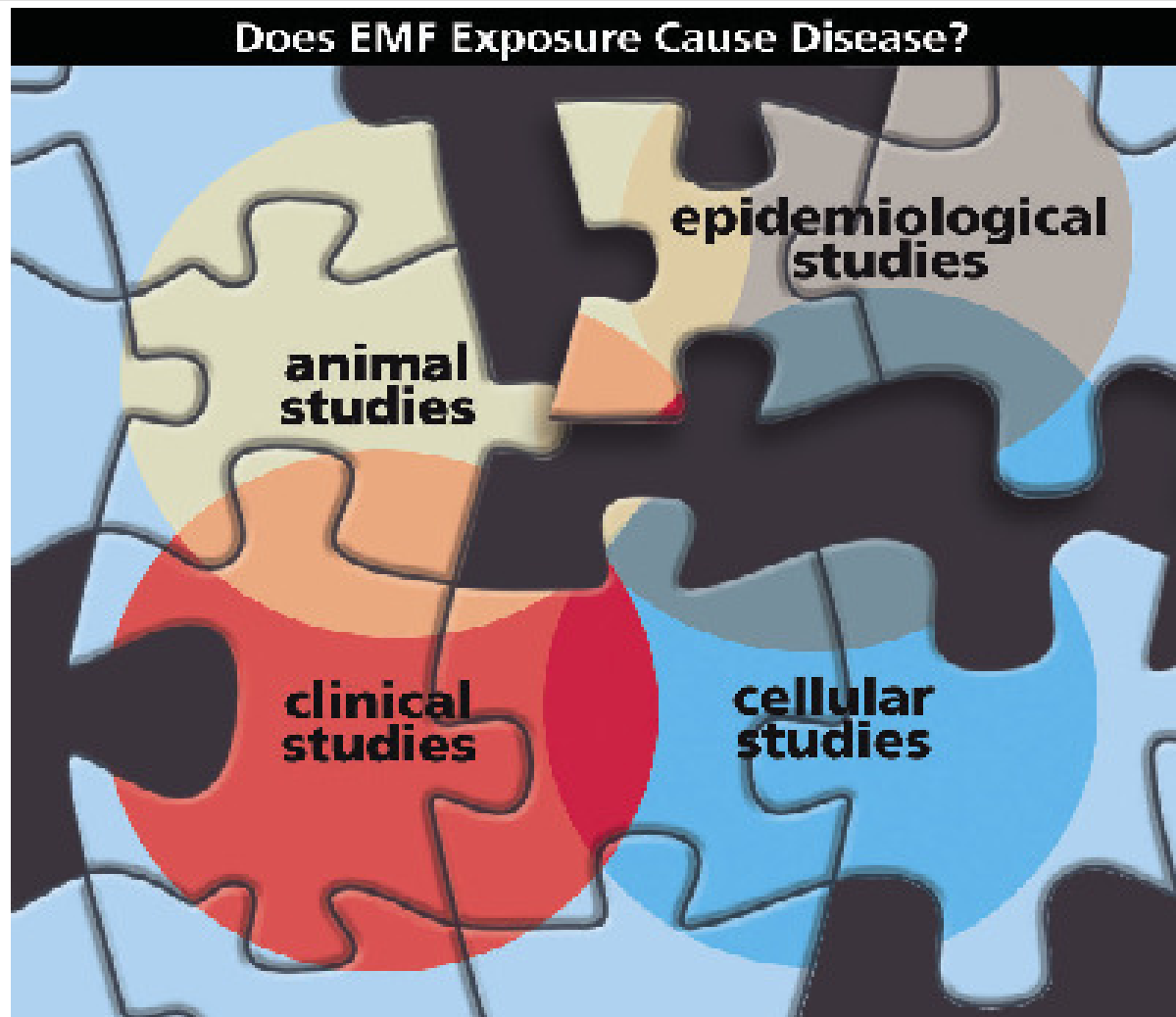
Introduction

In 1997, the WHO International EMF Project developed a Research Agenda in order to facilitate and coordinate research worldwide on the possible adverse health effects of electromagnetic fields (EMF). In subsequent years, this agenda has undergone periodic review and refinement.

In June 2003, a major update to the radiofrequency (RF) section of the Research Agenda was undertaken with the input of an ad hoc committee of invited scientific experts. Since then, several of the research needs have been addressed and a revision was therefore deemed necessary. Also, three specialized workshops¹ have been held since 2003, where research needs in the RF range were determined. These have been consolidated in October 2005, by an ad hoc committee of scientific experts, into the present RF Research Agenda, which supersedes all previous RF Research Agendas.

RESEARCH

Balance of studies needed



<http://www.niehs.nih.gov/emfrapid/booklet/emf2002.pdf>

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RF Research Agenda Background

- Research agenda updated periodically
 - 1997, 2003, 2006
- Ad-hoc committee of experts
- Outputs of WHO workshops



<http://www.who.int/peh-emf/research/agenda/en/index.html>



World Health Organization

2006 WHO Research Agenda for Radio Frequency Fields

Introduction

In 1997, the WHO International EMF Project developed a Research Agenda in order to facilitate and coordinate research worldwide on the possible adverse health effects of electromagnetic fields (EMF). In subsequent years, this agenda has undergone periodic review and refinement.

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The specialized workshops pointed out the need for focused research on children especially regarding brain cancer and cognitive function. The workshop on EMF hypersensitivity (EHS) indicated that there should be further research to characterize EHS but did not recommend further studies on the relationship between EMF and EHS since, from the studies completed so far, there was no substantiated evidence for a causal relationship. Research on potential health effects from base station RF fields was deemed of low priority since studies of cancer risk related to such exposure are unlikely to be feasible and informative because of the difficulty of reconstructing adequately long-term historical exposures.

Key Issues



RF Research Agenda

- Epidemiology
- Human and animal studies
- Cellular studies and mechanisms
- Dosimetry
- Social issues



Content

- **In each section,**
 - brief summary of ongoing research
 - overarching issues
 - Rationale for each topic
- **Ranking**
 - **High priority research needs:** Studies to fill important gaps in knowledge focused on health risk assessment that are needed to significantly reduce the uncertainty in the current scientific information.
 - **Other research needs:** Studies to better assist the understanding of the impacts of RF field exposure on health and that would contribute useful information to health risk assessment.



WHO RF Research Agenda Epidemiology



WHO RF Research Agenda

Epidemiology



- **High priority research needs**

- Large prospective longitudinal cohort study of mobile telephone users
- Large-scale multinational case-control study of brain cancer risk in children and adolescents in relation to mobile phone use

- **Other research needs**

- Large-scale studies of subjects with high occupational RF exposure
- Prospective cohort study of children and adolescent mobile phone users and all health outcomes other than brain cancer
- Surveys to characterize population exposures from all RF sources



WHO RF Research Agenda

Human Studies



- **High priority research needs**

- Acute effects on cognition and EEGs in children (ethical approval)

- **Other research needs**

- None (*awaiting the outcome of current human and animal studies*)



WHO RF Research Agenda

Animal Studies



- **High priority research needs**

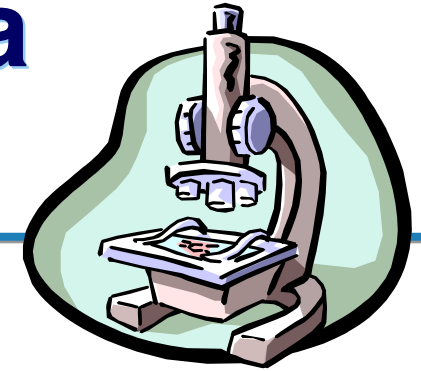
- Effects from exposure of immature animals to RF fields on the development and maturation of the CNS, and on the development of the haemopoietic and immune systems

- **Other research needs**

- None (*awaiting the outcome of ongoing animal studies*)

WHO RF Research Agenda

Cellular Studies



- **High priority research needs**

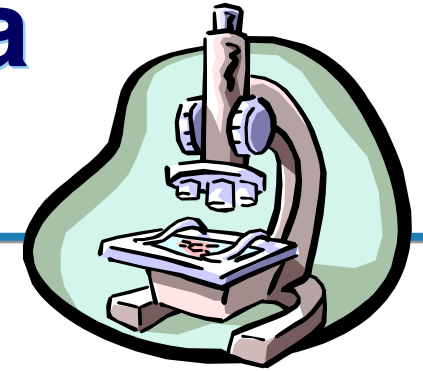
- Independent replication studies of recently reported findings on HSP and DNA damage using low level (below 2 W/kg) and/or modulation- or intermittency-specific signals.

- **Other research needs**

- Studies of RF effects on cell differentiation, e.g., during haemopoiesis in bone marrow, and on nerve cell growth using brain slices/cultured neurons



WHO RF Research Agenda Mechanisms



- **High priority research needs**
 - None (*awaiting the outcome of ongoing studies*)

WHO RF Research Agenda

Dosimetry

● High priority research needs

- Patterns of wireless communication usage and exposure of different parts of the body, including multiple exposure from several sources
- Dosimetric models of children of different ages and of pregnant women. Improvement in dosimetric models of RF energy deposition in animals and humans combined with appropriate models of the human thermoregulatory responses

● Other research needs

- Micro-dosimetry research (i.e., at the cellular or subcellular levels) that may yield new insights concerning biologically relevant targets of RF exposure



WHO RF Research Agenda

Social Issues

- Risk perception of individuals, including studies on the formation of beliefs and perceptions about the relationship between RF exposure and health
- Studies that analyse, if possible, in an international perspective, conditions of trust and confidence of stakeholders and the general public in technologies, policies, and risk communication and management strategies associated with RF applications
- Assess impacts of precautionary measures on public concern and the adoption of voluntary or mandatory policies
- Assess the role of health definitions (well-being) and other important concepts in RF risk communication on risk perception and risk management policies
- Quantify the health related beneficial effects of wireless communication
- Evaluate the success of programmes for public and stakeholder participation in various countries



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Electromagnetic fields (EMF)

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- WHO Region of the Americas
- WHO South-East Asia Region
- WHO European Region
- WHO Eastern Mediterranean Region
- WHO Western Pacific Region



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Impact on Research

- Trans-national programs
 - Europe (EC, FP6, FP7, ...)
- National programs
 - Germany, UK, France, Switzerland, Denmark, Sweden, Finland, Netherlands, Japan, Korea, Australia, Brazil, ...
 - Variations due to public interest/concern and national expertise
 - Funding sources (government, industry)
 - Funding envelope variable
- Industry-funded research programs
- Independent research programs



Country / Program	Time period	Budget (M€)
Australia	2004-2009	1.5
Denmark	2004-2008	4.0
Finland	2004-2007	1.9
Germany	2002-2008	17.0
UK: MTHR 1	2002-2008	12.2
MTHR 2	2007-2012	8.3
France	2006-2010	4.8
Korea	2005-2010	10.8
Netherlands	2006-2014	16.6
Switzerland	2006-2010	3.2
USA: NTP	2005-2010	18.0
NIH	2007-2010	?
EC COST	2008-2012	1.9
EU 7th Framework	2007-2013	?
Japan	1997-2007	?
	2007-2010	?
China	?	?
Total	>100 M€	





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HPA Press Statement

12 October 2007

Health Protection Agency announces further research into use of WiFi

The Agency is to carry out a systematic programme of research into wireless local area networks (WLANs) and their use. This will include measurements of exposures from the Wireless Fidelity (WiFi) network and is part of the Agency's ongoing programme of work in the area of electromagnetic fields.

Professor Pat Troop, Chief Executive of the Health Protection Agency said: "There is no scientific evidence to date that WiFi and WLANs adversely affect the health of the general population. The signals are very low power, typically 0.1 watt (100 milliwatts) in both the computer and the router (access point) and the results so far show exposures are well within ICNIRP guidelines. Given this, there is no particular reason why schools and others should not continue to use WiFi or other wireless networks. However there has not been extensive research into what people's exposures actually are to this new technology and that is why we are initiating this new programme of research and analyses. We have good scientific reasons to expect the results to be re-assuring and we will publish our findings."

WiFi is becoming increasingly widely used in homes, schools, offices and throughout the general working and public environments. People using WiFi, or in proximity to WiFi equipment, are exposed to the radio signals emitted from it and will absorb some of the transmitted energy. From existing information, it would

par des décisions rapides sur de nouvelles livrées d'équipement, conclut le rapport. Comme il n'est pas réaliste de reconnaître dans les systèmes de distribution électrique à court terme, des étapes pour réduire l'exposition, les deux systèmes existants doivent être évalués et comparés, particulièrement dans les lieux où les enfants passent du temps... »

« En Belgique ? » Nous travaillons actuellement sur une nouvelle note consacrée à cette question, explique le professeur André Vander Vort, membre du Conseil supérieur de la santé (CSS) en Belgique et au Pays-

royal imposant une réglementation de ne pas dépasser 20% volts par mètre. Ses fils plus que la recommandation prévue que les scientifiques, mais deux fois moins que la valeur maximale préconisée par l'OMS. « Les recommandations de l'OMS sont dépassées et ne tiennent compte que des effets thermiques des champs électromagnétiques sur la santé, futurité Jean-Denis, de l'Association Toulousain. Or, les effets sur la

deront augmenter de 10 % d'un la fin de la décennie. « Vigilance, donc ? » On met l'accent sur les risques du wi-fi, mais à mon avis, les téléphones restent rigoureusement à l'écart "sans parler des particuliers représentés un bon plus grand danger, estime André Vander Vort. Cette technologie héritée de l'industrie permet de générer une abondance de communications simultanément et donc en permanence,

aux 3 volts par mètre préconisée par le Conseil supérieur de la santé. L'association relais GSM. Les normes belges, dites à 20% V/m, sont jugées suffisantes par l'OMS mais très critiques. La majorité des antennes

fi (wi-fi) moyennes les mêmes fréquences que le four à micro-ondes... mais en puissance est nettement moins important. Il est recommandé de ne pas laisser son wi-fi allumé 24 sur 24. Le GSM. De plus www.crisem.org, en France, publie un classement des marques selon leur rayonnement. Info: www.toulousain.be www.001.be www.cesr-up.org www.cisw.org www.wiointel.be (OMS)

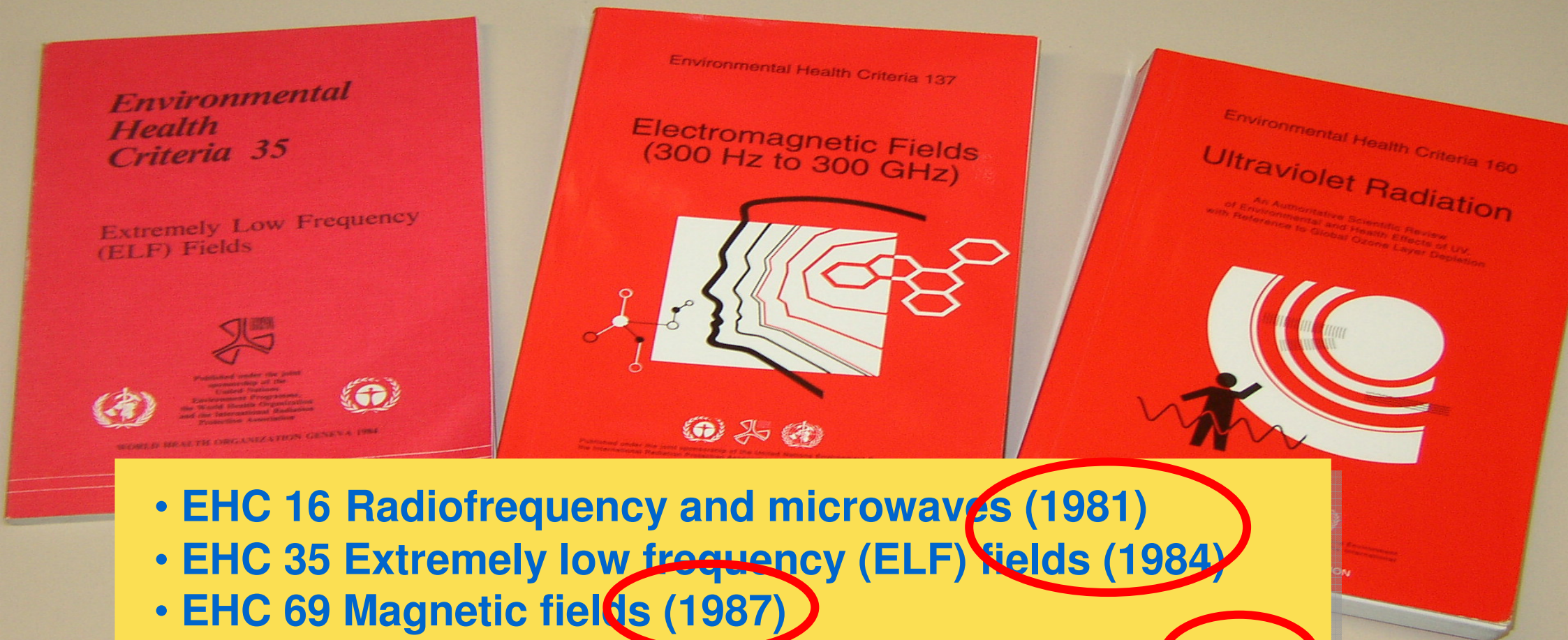
« électrosensibles. Il craint les doigts : aucune antenne-relais ne menace sa santé pour le moment. » Mais je sais que je ne suis pas à l'abri de l'exposition du réseau, souligne-t-il. Même le cheminier soviétique en public que cette pollution. Je ne peux plus prendre l'autobus de la mer, truffée d'antennes. Si bien que je suis à l'abri d'Opale... »

ca. 10.



Environmental Health Criteria

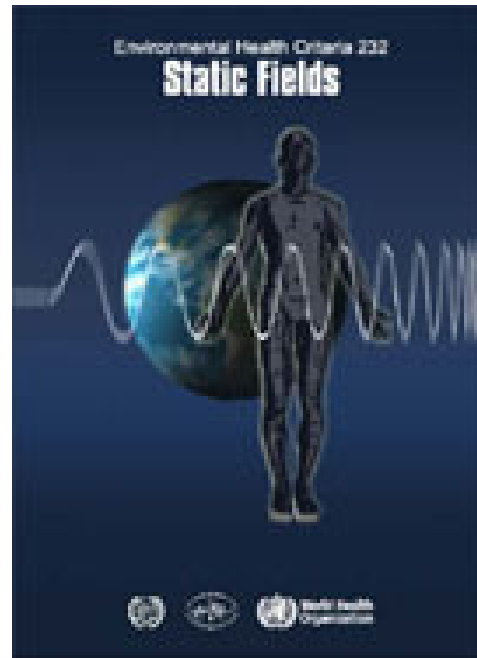
Electromagnetic Fields



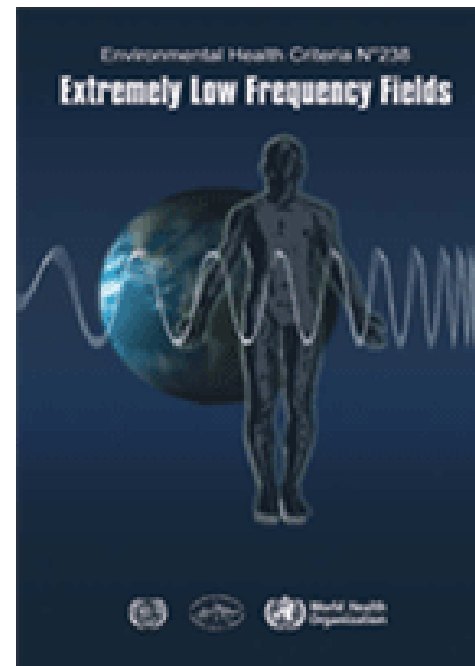
- EHC 16 Radiofrequency and microwaves (1981)
- EHC 35 Extremely low frequency (ELF) fields (1984)
- EHC 69 Magnetic fields (1987)
- EHC 137 Electromagnetic fields (300 Hz-300 GHz) (1993)

Environmental Health Criteria

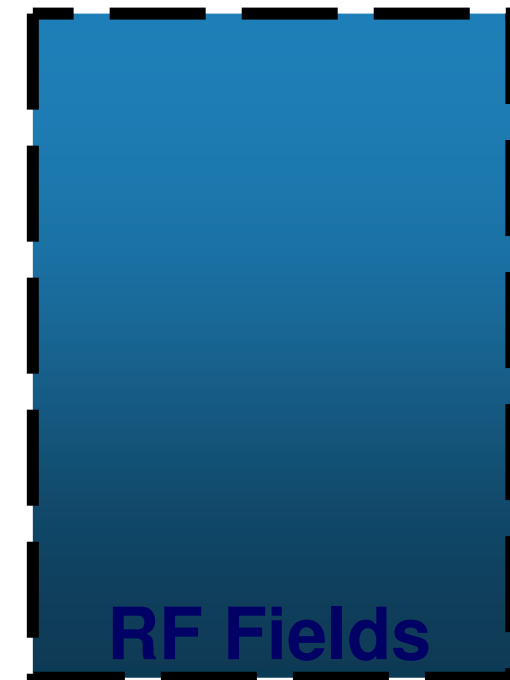
Electromagnetic Fields



2006



2007



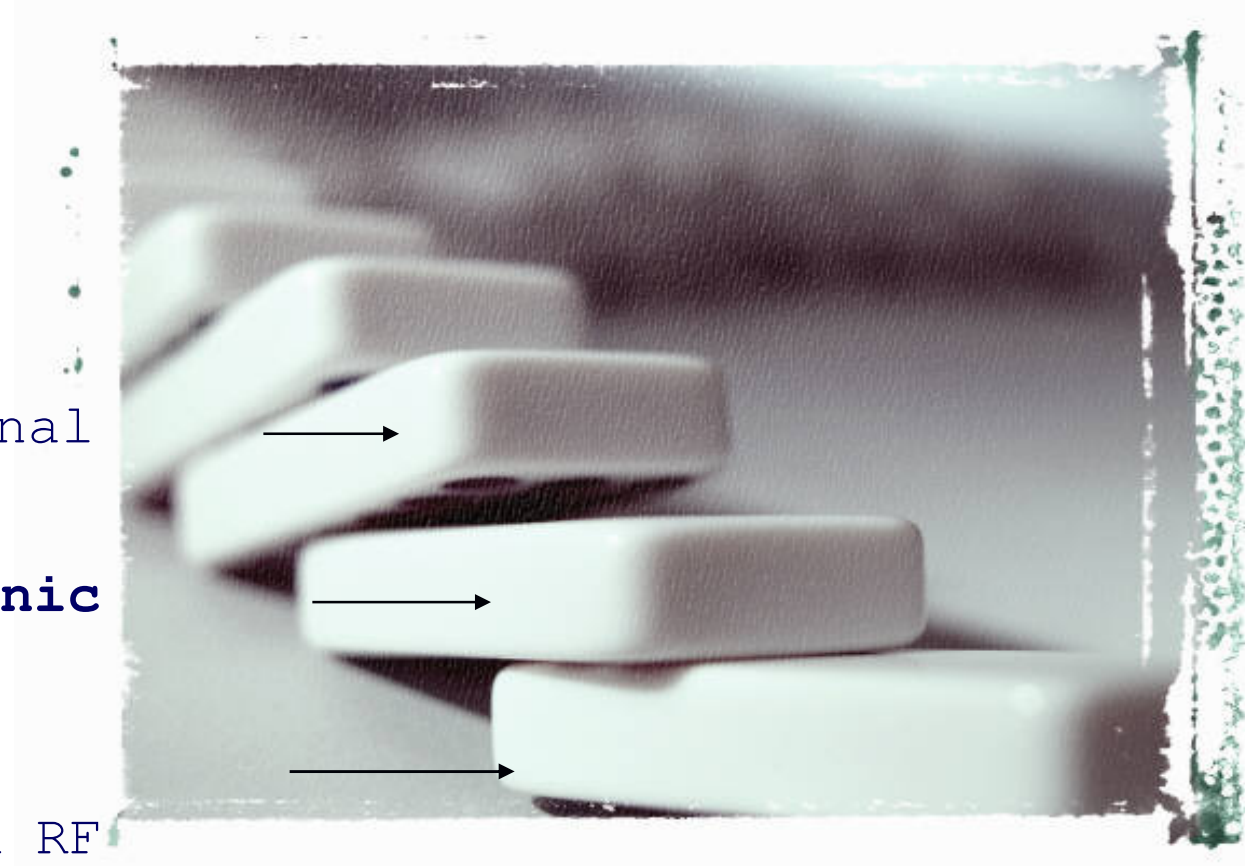
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Timing

INTERPHONE multinational epidemiologic study

IARC evaluation of **carcinogenic** risks to humans from RF

WHO assessment of all health risks to humans from RF





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