The International EMF Project

Update on WHO EMF Activities

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WHO International EMF Project

- Established in 1996
- Coordinated by WHO HQ
- Objectives
 - Review the scientific literature on health effects of EMF exposure and formally assess health risks;
 - Promote a focused agenda of high quality EMF research;
 - Encourage internationally acceptable harmonized standards;
 - Provide information on risk perception, risk communication, risk management



The International EMF Project

investigates health effects of electromagnetic fields

advises national authorities on EMF radiation protection

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WHO EMF Monographs

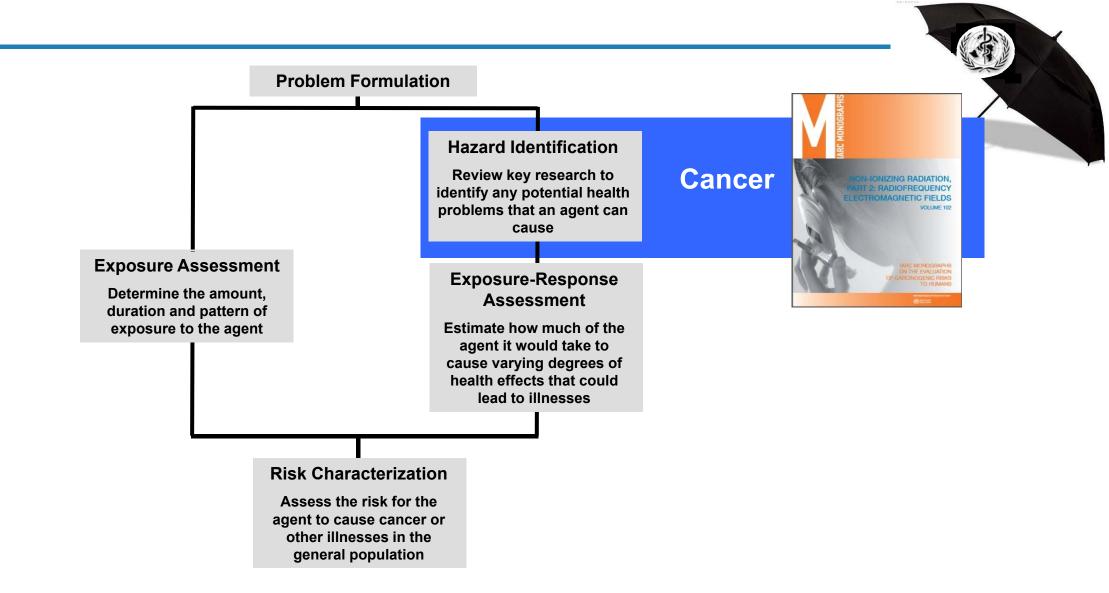






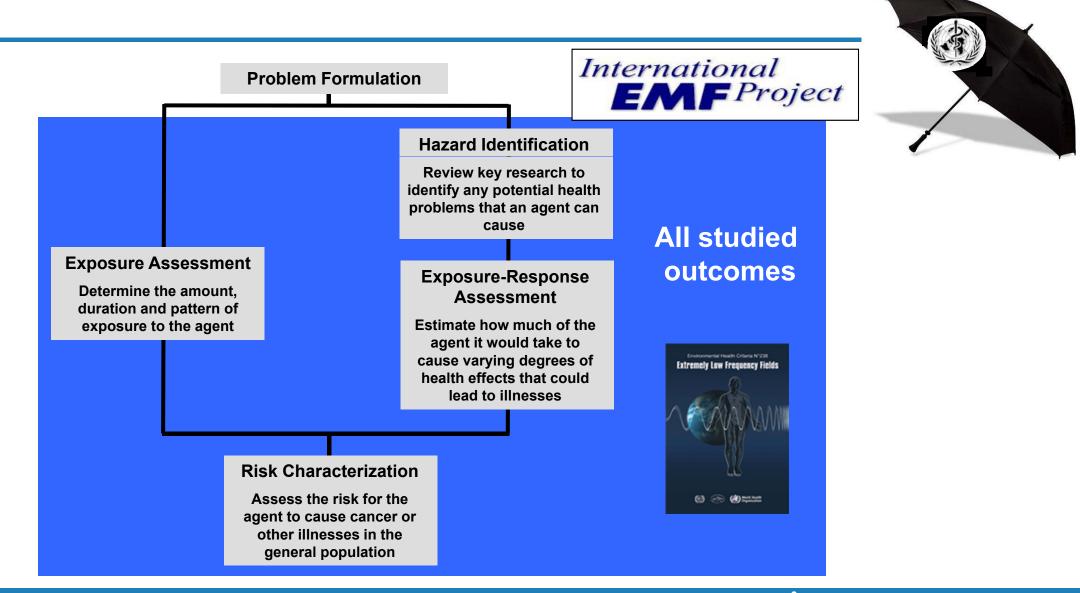


Health Risk Assessment





Health Risk Assessment





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RF Environmental Health Criteria Objectives

- Review the scientific literature regarding adverse health effects from exposure to radiofrequency fields
- Perform a health risk assessment of all studied health endpoints, as far as the evidence can offer
- Compile a summary of national policies around the world (based on a survey performed in Fall 2012 and update in 2017)
- Identify gaps in knowledge and highlight research priorities from a public health perspective



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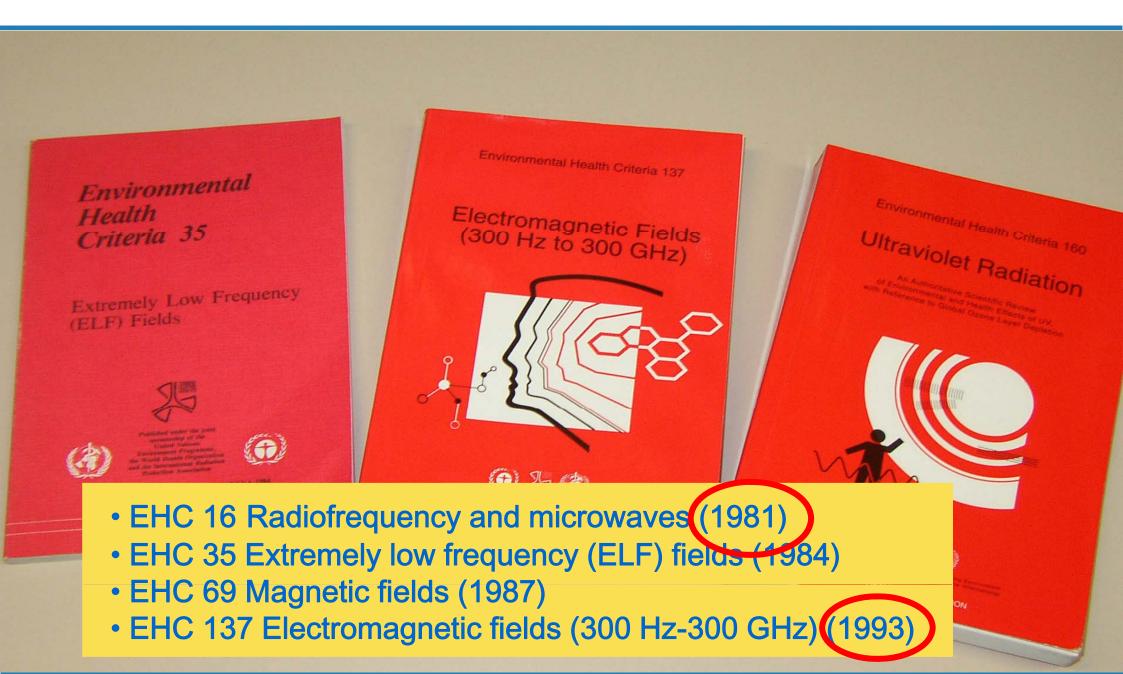
RF Environmental Health Criteria Target audience

Target audience

- Policy-makers in Ministries of Health, Ministries of Environment, Ministries of Telecommunications,
- Nongovernmental organizations
- Professional societies
- Academia



EMF EHC Monographs



RF Environmental Health Criteria Scope

- Frequency range:
 - 100 kHz 300 GHz
 - Include UWB, pulses, mm-waves
- Sources:
 - wireless networks, broadcasting, industrial RFID, EAS, radars,...
- Health benefits not included
 - Hyperthermia, MRI, medical treatments, diathermy, RF ablation surgery



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RF Environmental Health Criteria Contributors

- Review team (around 20 contributors)
- Task Group members
 - Individual scientists, not representatives of their organizations
 - Composition dictated by range of expertise and views, gender and geographical distribution
 - Membership approved by Assistant Director General
 - Role: assess risks to health, reach agreements by consensus, make final conclusions and recommendations that cannot be altered after the Task Group meeting
- Observers
- WHO Secretariat



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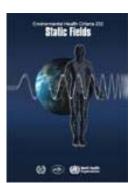


RF Environmental Health Criteria Process

- Following WHO internal processes for scientific review and recommendations development
 - Systematic reviews
 - **GRADE** process

Process

- Set search criteria and quality criteria, include several languages
- Published peer-reviewed literature since 1993 (> 1000 refs)





Relevant studies

- Development of an extensive database
 - Peer-reviewed scientific publications
 - Meta-analyses not included
 - May not have used the same inclusion and quality criteria as used in the EHC
 - Conclusions may partly be based on studies excluded from the EHC
- Search period: Jan 1992 present
- _anguages



Relevant studies (cont'd)

- Epidemiological studies
 - Diff. categories of study designs (no case-report or case-series)
- Human studies
 - Laboratory, intervention studies
- Animal studies



- Laboratory (including ex vivo studies), observational studies (domestic animals)
- In vitro studies
 - Cell cultures, isolated tissue samples



Process

Search strategy

 Predefined and registered search criteria

Screening

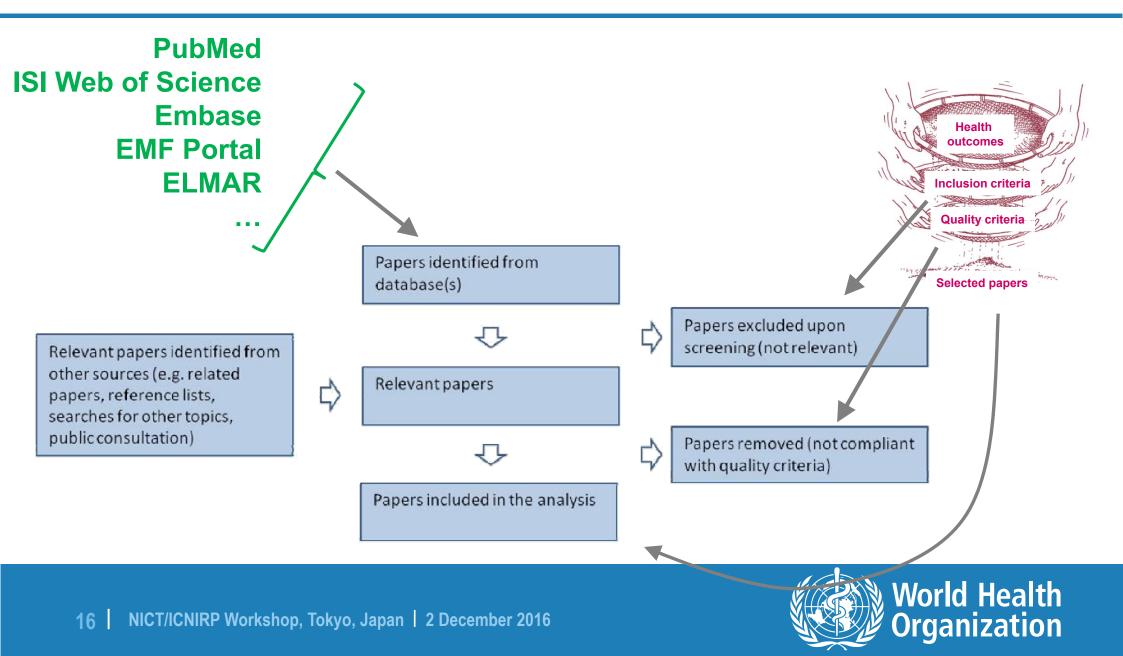
 Predefined and registered selection criteria

Analysis





Process



Quality criteria

- Epidemiological studies
 - STROBE checklist, GRADE, Newcastle-Ottawa Scale
- Volunteer studies
 - CONSORT statement and checklist, Gold Standard Publication Checklist
- Animal studies
 - Gold Standard Publication Checklist
- In-vitro studies
 - Dosimetry, statistical analysis, T control,...





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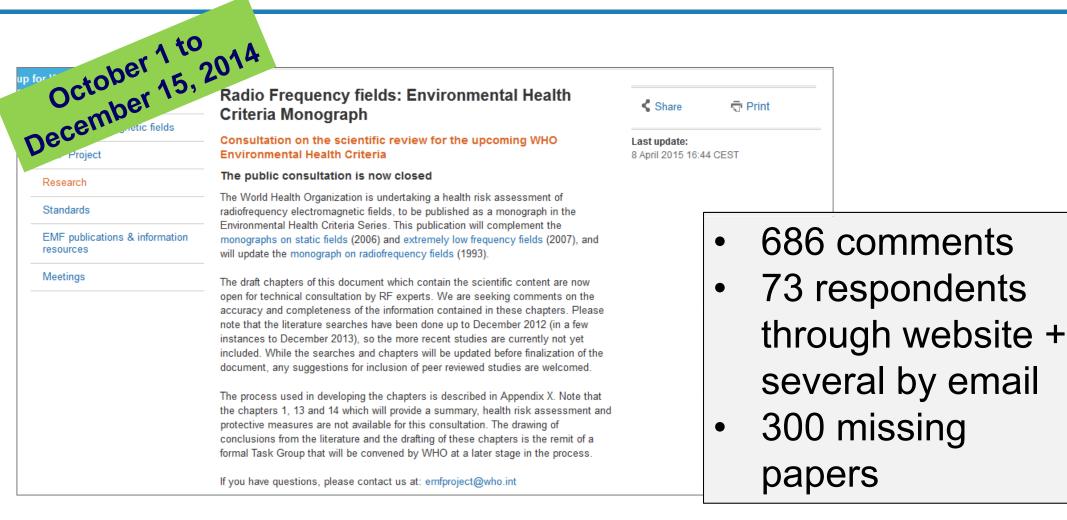
Quality criteria (cont'd)

- Statistical precision/statistical power (width of confidence intervals when provided, primarily study size)
- Potential biases
- Consistency and plausibility of results and, when relevant, exposureresponse relationship
- Directness (validity in relation to, e.g. study population, exposure, time lag between exposure and outcome assessment, and endpoints)



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Public consultation









20 NICT/ICNIRP Workshop, Tokyo, Japan | 2 December 2016



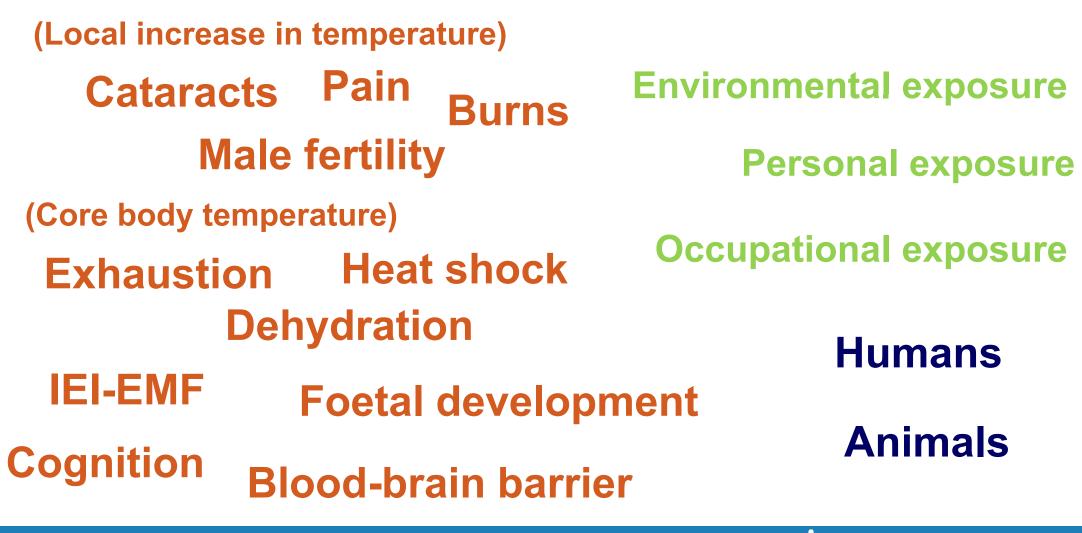
WHO process to derive exposure limits

- Examples
 - WHO Air quality guidelines (indoor and outdoor)
 - WHO Nanotechnology guidelines
 - WHO Environmental noise guidelines
- Guideline exposure limits indicate a level of exposure beyond (below) which the TG is certain (reasonably confident) that there is a (no) risk
- The guideline exposure level will be based on a relevant risk increase of the most important adverse health outcomes for which there is evidence in the systematic reviews



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Most important adverse health outcomes?





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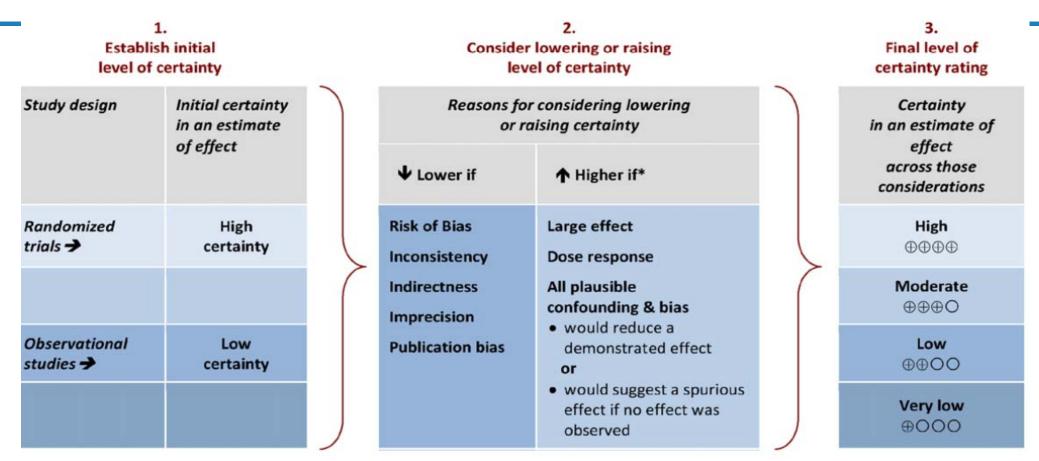
WHO process to derive exposure limits

- Take into account the quality of the evidence regarding the risks
- Evidence for an effect of exposure/intervention:
 - Effect size: relative risk, risk difference, mean difference
 - Precision of the effect: 95% confidence interval
 - Confidence in the underlying studies





GRADE (official) approach



*upgrading criteria are usually applicable to observational studies only.

Adapted from "Methodological idiosyncracies, frameworks and challenges of non-pharmaceutical and non-technical treatment interventions" (Schünemann 2013)





How credible are the study results? Evaluating and applying internal validity tools to literature-based assessments of environmental health hazards



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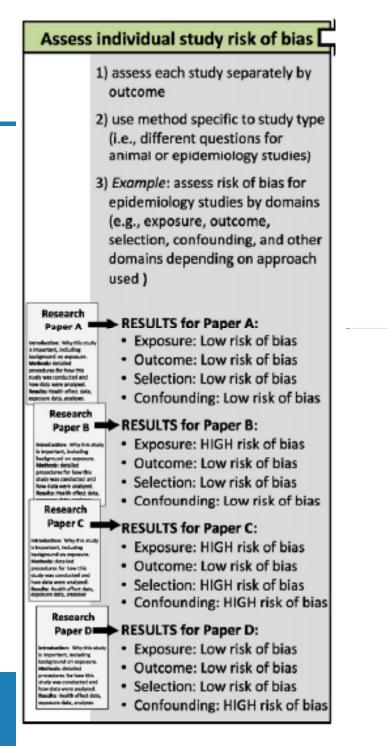


Fig. 1. Risk of bias of individual studies and its use in the evaluation of the body of evidence.

WHO process to derive exposure limits

- **Balance** these risks against the benefits and the effectiveness and costs of the interventions to remove the risks.
- Take into account the values and preferences of different subpopulations that are exposed to risk such as the general public and workers
- Based on these arguments, determine the final level and strength of recommendation of a specific guideline exposure value



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RF Environmental Health Criteria Summary

- Update following expert consultation (Fall 2014)
- Involvement of a guideline methodologist
- Monthly conference calls, face-to-face meetings (The Hague, Sept 2016)
- Prioritization of most relevant outcomes
- Perform full systematic reviews and GRADE-ing
- Update of the 2012 RF Policy survey (Spring 2017)
- Task Group meeting Fall 2017



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Thank you - ありがとうございました



