

## Session Report Cover Sheet

<b>SESSION CODE: SANH07</b>	
<b>Name of Convener(s): Dr. Zafar Adeel</b>	
<b>DATE:</b> - 16 March, 2003	<b>Session Title: Technological and Policy Dimensions of Arsenic Contamination in the Asian Region</b>
<b>Contact information in Japan</b>	<b>Accommodation:</b>
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### 1. Key Issues

The presentations highlighted the various aspects of the crisis posed by arsenic contamination of drinking water, affecting millions of people the world over. The Asian region is the worst-hit, with people affected in Bangladesh, Cambodia, China, India, Iran, Nepal, Pakistan, Thailand, and Viet Nam. The sheer number of people drinking arsenic-contaminated water and exposed to high risk of arsenicosis—exceeding 50 million in Asia—and the great magnitude of the problem demands our immediate attention.

### 2. Actions

- Call on the United Nations system to consider holding a **Global UN Conference on the Arsenic Crisis** to bring due international attention to this issue, mobilize global resources and to coordinate worldwide efforts.
- Call for a **global recognition of the arsenic menace** and national, regional, international entities must cooperate to share information and findings as well as to develop remedial strategies.

### 3. Recommendations

Based on the findings presented and the endorsement during the ensuing discussion, the session participants strongly recommend that:

- (a) there must a **global recognition of the arsenic menace** and national, regional, international entities must cooperate to share information and findings as well as to develop remedial strategies;
- (b) the **highest priority must be given to provision of safe water** – arsenic-safe and meeting quality criteria for other chemical and microbial contamination – to the affected populations;
- (c) the screening for arsenicosis patients should be emphasized and **the diagnosed**

**patients must be provided immediate clinical support;**

(d) the **international community**, particularly developed countries, must play a key role in the following aspects: (i) providing much-needed **financial support** for activities listed here, (ii) **developing the technological capacity** of the affected countries to treat the contaminated drinking water, (iii) **providing expertise** for monitoring of drinking water quality and arsenicosis patients, (iv) **providing advanced research** on all aspects of arsenic mitigation, and in particular for treatment of arsenicosis patients, and (v) **facilitating awareness-raising** about the arsenic crisis;

(e) the international research community must **focus on the fate of arsenic in the environment** in consideration of the local environmental and geologic conditions, and its potential impacts on the human food chain; and

(f) the **United Nations system must consider holding a global UN Conference** on the arsenic crisis to bring due international attention to this issue, mobilize global resources and to coordinate worldwide efforts.