

Strategic Approach to International Chemicals Management

Report by the Secretariat

1. At its 124th session, the Executive Board decided to place an item on the agenda of the Sixty-second World Health Assembly entitled Strategic Approach to International Chemicals Management.¹ This report outlines the importance of the sound management of chemicals for the protection of human health and provides an update on implementation of the Strategic Approach from a health-sector perspective, including further opportunities for action.

IMPORTANCE OF SOUND MANAGEMENT OF CHEMICALS FOR THE PROTECTION OF HUMAN HEALTH

2. More than 25% of the global burden of disease is linked to environmental factors, including chemicals exposures. For example, about 800 000 children each year are affected by lead exposure, leading to lower intelligence quotients. The highest exposure levels occur predominantly in children in developing countries. Worldwide, lead exposure also accounts for 2% of the ischaemic heart disease burden and 3% of the cerebrovascular disease burden. Artisanal gold mining in developing countries remains a significant cause of mercury exposure, while mercury-containing medical instruments such as thermometers and sphygmomanometers are a continuing source of exposure in both developed and developing countries. Some 9% of the global disease burden of lung cancer is attributed to occupation and 5% to outdoor air pollution. Cancer of the lung and mesothelioma are caused by exposure to asbestos, which remains in use in some countries. Unintentional poisonings kill an estimated 355 000 people each year. In developing countries, where two thirds of these deaths occur, such poisonings are associated strongly with excessive exposure to, and inappropriate use of, toxic chemicals, including pesticides.

3. Despite what has been known for many years about the public health risks posed by chemicals such as mercury, lead and asbestos, problems still occur. This is particularly the case in developing countries which typically have fewer resources for chemicals risk management. The projected growth in chemicals production and use in the developing world is likely to result in greater negative effects on health if sound chemicals management is not put in place.

4. To counter the negative health impacts arising from exposure to hazardous chemicals, in addition to health-sector action, substantial health gains could be made by working with other sectors

¹ Document EB124/2009/REC/2, summary record of the eleventh meeting, section 3.

such as environment, transport and agriculture. The health impacts of chemicals are dealt with in multilateral environment agreements, including the Stockholm Convention on Persistent Organic Pollutants (2001) and the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade (1998). The Conference of the Parties to the Basel Convention, in June 2008, drew up the Bali Declaration on Waste Management for Human Health and Livelihood. The decision of the UNEP Governing Council in February 2009 to develop an international instrument on mercury is intended to assist in resolving the health problems caused by mercury. Authorities in some developing countries use the WHO Classification of Pesticides by Hazard (2004) to regulate severely hazardous pesticides in agriculture.

5. Despite actions taken, chemical emergencies that affect human health and require a health-system response continue to occur, for instance: the dumping of toxic waste in Côte d'Ivoire in 2006 resulted in some 85 000 health-related consultations and eight deaths; mass poisoning with sodium bromide in Angola in 2007 affected 467 individuals; 1000 people in Senegal were affected recently by lead poisoning from recycled batteries, with 18 children dying; and the problem of stockpiles of obsolete pesticides remains unresolved in the developing world. These examples are representative of a largely unknown exposure situation in many developing countries, and occur despite many international instruments on chemicals management intended to protect human health. This "gap" between policy formulation and what happens in practice needs to be resolved at international and national levels.

IMPLEMENTATION OF THE STRATEGIC APPROACH BY MEMBER STATES

6. The Strategic Approach comprises three texts: the Dubai Declaration on International Chemicals Management, the Overarching Policy Strategy, and the Global Plan of Action.¹ The Strategic Approach responds to the need to assess and manage chemicals more effectively in order to achieve the 2020 goal, articulated in paragraph 23 of the Johannesburg Plan of Implementation,² that chemicals should be used and produced in ways that lead to the minimization of significant adverse effects on human health and the environment. The Strategic Approach is not a legally-binding instrument.

7. Resolution WHA59.15 urged Member States to take full account of the health aspects of chemical safety in national implementation of the Strategic Approach and to participate in efforts to implement it.

8. Member States and other participants will attend the second International Conference on Chemicals Management, scheduled to be held in Geneva, 11–15 May 2009. The Conference will provide a first opportunity for Member States to review progress in implementation of the Strategic Approach. Topics to be discussed include electronic waste, manufactured nanomaterials, chemicals in articles, and the phasing out of lead in paint. The Conference includes a high-level segment with a public health theme and a round-table discussion on public health, the environment and chemicals management.

¹ Document WHA59/2006/REC/1, Annex 1.

² Adopted by the World Summit on Sustainable Development (Johannesburg, South Africa, September 2002).

9. The health sector has substantive roles and responsibilities in chemicals management, which are reflected in the Strategic Approach health-sector priorities,¹ and include:

- gathering evidence about chemical risks and informing the public
- preventing and managing chemical emergencies, including medical treatment of victims
- working with sectors in advocating actions and safer alternatives, with special emphasis on vulnerable populations
- assessing impacts of chemicals risk management policies through monitoring and evaluation
- sharing knowledge and participating in international mechanisms to solve problems.

10. In exercising these responsibilities, countries can improve public health relatively quickly and implement the Strategic Approach through the following actions:

- **Collecting information to identify the hazardous chemicals to which their populations are exposed** in order to take action on the most important problems.
- **Identifying effective interventions on chemicals of major public health concern such as lead, mercury and asbestos.** The health sector can make use of experience gained by countries that have successfully promoted effective action.
- **Enhancing local arrangements for the public health management of chemical emergencies,** focusing on prevention and preparedness, early detection of events to avoid or minimize the impact on public health, rapid response to save lives and reduce suffering, and recovery. The International Health Regulations (2005) place a legal requirement on countries to develop improved capacities for the surveillance and detection of chemical-related outbreaks that could have international public health impacts.
- **Taking advantage of the Strategic Approach institutional arrangements,** for example by including health priorities in national Strategic Approach implementation plans, participating in ministerial coordination on problems of a multisectoral nature and using regional and international Strategic Approach forums to engage with other sectors in the sound management of chemicals.
- **Accessing the Strategic Approach Quick Start Programme Trust Fund,** administered by UNEP, which funds projects aimed at strengthening capabilities and capacities for implementation by developing countries and countries with economies in transition. By March 2009, 74 projects had been approved totalling more than US\$ 14 million for implementation by 60 governments and seven civil-society organizations, involving 73 countries of which 34 are least-developed countries and/or small island developing States.

¹ Document A59/41.

Eleven health ministries and one health-sector civil-society group have been awarded project funding.¹

FACILITATION OF STRATEGIC APPROACH IMPLEMENTATION BY THE SECRETARIAT

11. Resolution WHA59.15 requested the Director-General to facilitate implementation of the Strategic Approach by the health sector. WHO has an active programme of work on chemical safety and the Strategic Approach health-sector priorities are reflected in the Organization's workplan. Information about the Strategic Approach is being disseminated to the health sector, including health ministries, poisons centres and other networks, scientific institutions and nongovernmental organizations. The Secretariat has a Strategic Approach Focal Point and provides a professional staff member to the Strategic Approach secretariat, as requested by the International Conference on Chemicals Management.

12. WHO's Secretariat is contributing to Strategic Approach regional and subregional meetings and, with UNEP, convened the first Inter-Ministerial Conference on Health and Environment in Africa (Libreville, 26–29 August 2008). WHO participates in the Quick Start Programme Trust Fund Executive Board and the Committee which considers applications for funding, and is the executing agency for four of the Quick Start Programme projects. WHO is working with partners in the Inter-Organization Programme for the Sound Management of Chemicals² to produce capacity-building guidance and resource materials for countries.³ In addition, WHO is assisting in preparations for the second International Conference on Chemicals Management.

13. The Secretariat will provide further support to Member States by:

- **Consolidating and sharing evidence on the health impacts of chemicals of major public health concern**, along with information on actions that have been successful. In addition, WHO could establish key indicators of success, such as the time to phase out mercury use in health care.
- **Providing technical support and guidance**, for example in the public health management of chemical emergencies and in assessing the burden of disease attributable to chemicals.
- **Working with the Strategic Approach secretariat** to provide a service to facilitate access to the Strategic Approach Trust Fund; to establish an informal network of health-sector focal points for sharing experience; and to collect and share information on the capacity-building needs of the health sector.

¹ Health Ministry projects: mainstreaming chemicals management into development planning in Belarus; updating a national chemicals management profile in Kazakhstan; management of priority industrial carcinogens in Indonesia, Sri Lanka and Thailand; recycling and disposal of long-lasting insecticidal bednets in Madagascar; management of public health pesticides in Morocco; a national pollutant release and transfer register in Panama; and strengthening chemicals management in Peru, the Philippines and Uruguay. Civil-society project: regional project on minimization of domestic sources of mercury by the Argentine Society of Doctors for the Environment.

² ILO, FAO, UNEP, UNIDO, the United Nations Institute for Training and Research, WHO and OECD, plus UNDP and the World Bank as observers.

³ Details available on www.who.int/iomc.

ACTION BY THE HEALTH ASSEMBLY

14. The Health Assembly is invited to note the report.

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