

**PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING**

**WHO headquarters, Geneva  
Wednesday, 27 January 2016, scheduled at 14:30**

**Chairman: Ms M. P. MATSOSO (South Africa)  
later: Dr BUSUTTIL (Malta)**

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## SIXTH MEETING

Wednesday, 27 January 2016, at 14:30

**Chairman:** Ms M. P. MATSOSO (South Africa)

**later:** Dr BUSUTTIL (Malta)

**PROMOTING HEALTH THROUGH THE LIFE COURSE:** Item 7 of the Agenda (continued)

**Operational plan to take forward the Global Strategy on Women's, Children's and Adolescents' Health:** Item 7.3 of the Agenda (Document EB138/15) (continued)

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, welcomed the report. Universal health coverage was critical to women's, children's and adolescents' health. Allocation of 15% of the national budget to health would be sufficient to close the health gaps that led to most maternal and child deaths. The report had not adequately addressed the issue of preventable stillbirths. Member States should adopt a resolution at the Sixty-ninth World Health Assembly containing a commitment to implement the Global Strategy and to establish a mechanism for reporting challenges and progress to the Assembly.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called on the Board to adopt a resolution for consideration by the Sixty-ninth World Health Assembly. Accountability was essential, and women's, children's and adolescents' voices must be heard. She welcomed the space for citizens' dialogue that had been provided at the Sixty-eighth World Health Assembly, and encouraged Member States to make commitments to the Global Strategy, taking into account citizens' recommendations and providing for citizen-led accountability.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, trusted that stronger synergies would be fostered between reproductive, maternal, newborn, child and adolescent health and the global agenda for noncommunicable diseases. WHO and governments should prioritize integrated accountability; disaggregated data on noncommunicable diseases; sustainable and evidence-based strategies to finance health accountability; and use of existing networks and new strategic alliances to promote the Global Strategy.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, drew attention to rheumatic heart disease, which disproportionately affected women, children and adolescents and was a cause of child morbidity and maternal mortality. A global movement founded to combat rheumatic heart disease, RHD Action, recommended that: registers of rheumatic heart disease be established to improve monitoring and accountability; selected interventions from the Three Stage Integrative Pathway Search (TIPS) Framework be implemented in universal health coverage packages; and that inclusivity and financial protection be prioritized to ensure care for every woman, child and adolescent.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the health issues facing women, children and adolescents, should be addressed through country plans and strong national health systems. Youth-led organizations should be involved in decision-making and implementation of mechanisms to identify and tackle problems experienced by adolescents. His Organization would

continue its capacity-building activities, including on sexuality and safe abortion, in order to empower youth.

The ASSISTANT DIRECTOR-GENERAL (Family, Women's and Children's Health), thanked those Member States that had contributed to the development of the Global Strategy. Responding to comments made, she said that the Secretariat planned to consider the lessons learnt at country level with respect to Millennium Development Goals 4 and 5, and the May issue of the Bulletin of the World Health Organization would focus on the experience of different countries in that regard. The Secretariat was working with partners to finalize the operational plan, ensure that the Global Strategy's goals and targets were enshrined in national health strategies and development plans, and that appropriate financial and human resources had been allocated. A team had been created across all three levels of WHO to consider how to support countries.

Work in some areas was being intensified, including in humanitarian streams, and the Secretariat was collaborating with partners to ensure that the health of women, children and adolescents was addressed in the most fragile settings. With regard to strengthening the knowledge base on adolescent health, a specific adolescent health framework would be put forward in 2017. Work had been initiated on quality of care, which would consider how to improve the quality of health facilities, including reducing maternal deaths, stillbirths, newborn deaths and mortality. Accountability with respect to the measurements and indicators for the Sustainable Development Goals was being addressed, and she hoped that additional indicators could be incorporated in the Global Strategy, including on stillbirths and adolescent health, which had not been adequately addressed. She would welcome further discussion on knowledge sharing, and would be pleased to work with Member States on the draft resolution.

#### **The Board noted the report.**

#### **Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health: Item 7.4 of the Agenda (Document EB138/16)**

The representative of JAPAN said that his country had a long history of promoting Healthy Ageing and implementing community-based integrated care for older people. It had launched a research project on population ageing in collaboration with WHO and would be pleased to share its experience on sustainable ageing with others.

The representative of CANADA said that older people had much to contribute to society. It was important to develop initiatives providing innovative care and support, promoting Healthy Ageing, and helping to prevent and manage chronic conditions. Canada would continue to work with WHO in promoting age-friendly communities, including through the plan of action.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries, said that efforts to combat age discrimination and promote active ageing constituted an important aspect of comprehensive health policies. Older people should be included in decision-making on policies, programmes and services that concerned them, and she highlighted the importance of a human rights perspective, in particular concerning older people with cognitive disabilities. Multisectoral approaches, including a health-in-all-policies approach, should be adopted to promote Health Ageing. Given the positive links between work and health, it was important that people continued to remain active, including through voluntary work. Gender was a powerful determinant of health and should be addressed in the draft global strategy, and the differences in the points of departure of Member States should be taken into account. She looked forward to the submission to the Sixty-ninth World Health Assembly of a strong resolution on the strategy and plan of action, including an estimate of the resources that the Secretariat would commit to the work from the Programme budget.

The representative of GAMBIA, speaking on behalf of the Member States of the WHO African Region, said that the proportion of the population over 60 years old in African countries was projected to rise significantly in future decades. Although efforts to address the challenges of an ageing population in Africa had been launched in 1999 with the establishment of the African Union Policy Framework and Plan of Action on Ageing, most African Member States had yet to include Healthy Ageing as a priority in their national health and development agendas. Some achievements had been made however, and the Regional Committee for Africa would discuss a draft strategy on Healthy Ageing at its sixty-sixth session in 2016. Lastly, the right of older people to food security and quality health services should be included in the plan of action.

Given the floor by the CHAIRMAN in response to a request by the representative of SAUDI ARABIA, the representative of OMAN,<sup>1</sup> speaking on behalf of the Member States of the WHO Eastern Mediterranean Region, said that knowledge gaps persisted in terms of how to increase life expectancy and ensure that older persons enjoyed happy and active lives. On that score, the recent *World report on ageing and health* had perhaps significantly contributed to the scientific groundwork and identified key trends of relevance to the draft global strategy and plan of action, both of which would be useful for updating related policies and activities at the national level. The hope was that a basic package of agreed indicators, including with respect to health systems performance and age-friendly environments, would be prepared for monitoring, evaluating and comparing the fundamentals of ageing and health. He favoured endorsement of both the draft strategy and the plan of action.

The representative of THAILAND said that a paradigm shift was needed in order to view older people as holders of valuable social and intellectual capital, rather than as a burden, and to therefore invest in active ageing. WHO should take the lead in documenting good practices for long-term care and active ageing, which should be shared with Member States to ensure that policies focused on sustainable and person-centred health and social systems.

The representative of CHINA said that ageing was a common challenge that required strong leadership from governments and multisectoral mechanisms providing for appropriate treatment, care and rehabilitation. WHO should provide support and guidance to Member States, including through the organization of high-level forums, training and the exchange of experience. Home-based care, technology and services should be developed alongside an open and transparent support system.

The representative of the UNITED STATES OF AMERICA noted strong linkages between the draft global strategy and plan of action on ageing and health with the 2030 Agenda for Sustainable Development. The health challenges of ageing disproportionately affected women, and the Secretariat should consider how the elements on preventing elder abuse, neglect and exploitation could be complemented by the global strategy and plan of action on strengthening the role of health systems in addressing interpersonal violence, in particular against women and girls and against children. Lastly, he commended WHO's work on dementia – one of the major causes of dependency among older people worldwide – and suggested that the issue be placed on the agenda of the next cycle of meetings of the governing bodies.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND endorsed the comments made by the previous speaker regarding dementia. She welcomed strategic objective 3 on aligning health systems to the needs of older people, since it was not sufficient to plan for the needs of the existing older population. She was pleased that strategic objective 4

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

developing systems for providing long-term care focused on appropriate assessment and integrated care to help older people retain their independence.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA, speaking on behalf of the Member States of the WHO South-East Asia Region, noted that the draft global strategy and plan of action would need to be aligned with the regional strategy for Healthy Ageing 2013–2018 and country contexts. Health care services at all levels should respond to the needs of older people. He outlined a number of measures taken by his Government to promote the health of older people and emphasized the importance of political will for translating social, ethical and moral obligations into action.

The representative of BRAZIL expressed an interest in learning from countries that had already implemented successful policies. He called for more innovation in public policies for older people and for action to address key factors promoting healthier ageing. A range of responses was required to meet the needs of a heterogeneous elderly population. Priority must be given to the most vulnerable individuals, and the gender perspective should be reinforced, since women were disproportionately affected by issues related to ageing. The issue of Healthy Ageing must be seen from the broader perspective of intersectoral work encouraging health at all ages.

The representative of the CONGO said that parts of Africa remained unprepared for the challenges of an ageing population. Communicable diseases, such as HIV/AIDS, did not spare the older population, and noncommunicable diseases would become much more common. Ensuring the safety of the older population posed a particular challenge in the Region. Elderly people were frequently stigmatized, and a breakdown in social solidarity had left many without adequate care. WHO should provide Member States in the Region with the financial and human resources necessary to develop specific plans to tackle the problems faced.

The representative of ARGENTINA said that her Government fully supported the plan of action 2016–2020 and its five strategic objectives, noting the important role of governments in promoting Healthy Ageing. Quantifiable goals and measurable indicators should be developed facilitating measurement of progress made.

The representative of the REPUBLIC OF KOREA said that Healthy Ageing was an important component of a number of Sustainable Development Goals. An integrated approach to health management was required, and acknowledged the need for policy action in that regard. He outlined a number of measures taken by his country to promote Healthy Ageing.

The representative of KAZAKHSTAN said that the fast pace of modernization in his country was gradually reducing the number of older people living in extended family settings, making loneliness a problem for many. Other challenges included noncommunicable diseases and mental health. Older people could, however, do a great deal to help themselves, and others, if properly supported, and modern, inexpensive technologies and scientific advances could help in tackling the physical and psychological effects of ageing. His country supported the draft global strategy and plan of action.

The representative of ALBANIA said that Healthy Ageing was influenced by factors outside the health sector, including the welfare system, and social support and inclusion. Healthy lifestyles earlier in life also played a role, and specific preventative public care programmes, such as the one recently introduced by his country, could be beneficial. Albania endorsed the draft global strategy and plan of action but urged the Executive Board to not lose sight of the importance of palliative care.

The representative of the DOMINICAN REPUBLIC said that older people deserved to be respected as active, productive members of society. National legislation would have to be adapted in order to develop age-friendly environments to provide for the full social integration of older people, including those with a disability. Policies to safeguard the physical and mental health and well-being of older people should be a priority; education and training programmes on active ageing should also be implemented. Particular attention should be given to dementia, which had broad physical, psychological and economic implications.

The representative of SURINAME said that the Plan of Action on the Health of Older Persons, including Active and Healthy Ageing 2009–2018 of the Pan American Health Organization was consistent with the draft global strategy. Appropriate and timely health interventions among the younger population would prevent chronic diseases, prolong independent living and lighten the socioeconomic burden of ageing.

The representative of PAKISTAN said that his country was integrating geriatric care into the primary care system. The mental health and well-being of the older population should be given special consideration in any Healthy Ageing plan; dementia and noncommunicable diseases would require particular attention. The provision of assistive technologies to disabled older persons should be prioritized. Involvement of the transport, finance, communication, law and education sectors would be vital to the success of the draft global strategy.

The representative of the PHILIPPINES said that a life course approach to Healthy Ageing, which her country supported, was a topic that WHO should have addressed much earlier. Recalling that the Regional Committee for the Western Pacific had endorsed a Regional Framework on Ageing and Health in 2013, she said that the extensive consultations on the draft global strategy had helped to align work undertaken at the global, regional and national levels.

The representative of MEXICO<sup>1</sup> said that the draft global strategy and plan of action set out renewed commitment to focus attention on the needs and rights of older people within the new context of the Sustainable Development Goals. It provided clear objectives and actions for Member States, the Secretariat, and national and international associations. The Board should recommend its endorsement by the Sixty-ninth World Health Assembly for adoption.

The representative of MONACO<sup>1</sup> welcomed the five strategic objectives and the multisectoral, person-centred approach of the draft global strategy, which were fully in line with the 2030 Agenda for Sustainable Development. Her country had taken a number of steps to promote Healthy Ageing, including the establishment of a single coordinating entity for action. The Board should recommend endorsement of the strategy and plan of action by the Sixty-ninth World Health Assembly.

The representative of the NETHERLANDS<sup>1</sup> expressed support for the life course approach and the need to create a supportive environment for older persons with declining capacity. The Netherlands advocated an inclusive policy, ensuring that all people were included in all new policy initiatives, and therefore had not adopted a national plan on Healthy Ageing. The *World report on ageing and health* would provide important guidance for overcoming the challenges of providing long-term care.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of COLOMBIA<sup>1</sup> said that his country was reviewing its policy on Healthy Ageing in line with the draft global strategy and plan of action. Colombia recognized the importance of evaluating innovative mechanisms that strengthened the global response to ageing, and of promoting appropriate actions to facilitate the participation of older persons in civil society. It would be pleased to participate in the development of indicators under the strategic objectives and in the identification of follow-up and implementation mechanisms that could be adapted to national contexts.

The representative of AUSTRALIA<sup>1</sup> suggested that if Member States did not propose a draft resolution on the life course approach to healthy ageing for submission to the World Health Assembly, a draft should be prepared by the Secretariat. He expressed satisfaction that the draft plan of action recognized all care settings, including the significant role of family as informal carers. He would appreciate more information from the Secretariat about budget space and resource mobilization for implementation of the draft global strategy. Existing global standards and indicators should be used where possible to monitor progress in implementation.

The representative of ZAMBIA<sup>1</sup> said that although caring for older generations was part of African extended family values and culture, changing demographics were placing increased pressure on health systems, and on the capacities of other sectors to attend to the needs of an ageing population. The African Region would therefore benefit from support from WHO and countries with experience in caring for ageing populations.

The representative of SPAIN<sup>1</sup> said that the strategic objectives of the draft global strategy and action plan were in line with the work under way in Spain to promote Healthy Ageing. Efforts were being made, given the rapidly ageing population, to raise awareness about frailty and the prevention of falls among older people. Emphasis was being placed on functional capacity, rather than illness, with a view to ensuring that older people remained independent for as long as possible. Spain acknowledged WHO as the world's leading organization on matters of ageing.

The representative of SWITZERLAND<sup>1</sup> said that the draft global strategy and plan of action would provide useful guidance to Member States in their efforts to promote good health and well-being for all, in line with the new Sustainable Development Goals. Steps taken to foster alignment with other WHO strategies were particularly welcome. Access to specific treatments, in particular palliative care, was important. Efforts must be made to respond to the urgent needs of populations, in particular with regard to Alzheimer's disease, and a resolution on that issue was essential, particularly since many countries did not recognize the disease. Care for elderly persons with dementia posed particular challenges and Switzerland intended to organize a ministerial panel on the issue in the margins of the forthcoming World Health Assembly.

The representative of VIET NAM<sup>1</sup> said that many countries in Asia lacked the experience and financial resources to meet the challenges of an ageing population. Technical cooperation and experience sharing with other countries would therefore be useful, particularly to assist Viet Nam in drafting a national action plan on Healthy Ageing.

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The representative of PANAMA<sup>1</sup> said that ageing in good health and dignity was a human right. Health systems must therefore be adapted to ensure that they had the capacity to deal with health throughout the life course. Age discrimination must be eliminated and efforts must be made to maintain the functional capacity of older people. Access to such services as palliative care must be ensured. Measuring, monitoring and research for Healthy Ageing should be enhanced to ensure an evidence-based approach, and short-, medium- and long-term plans should be implemented at the national level, with progress measured against indicators arising out of the draft global strategy and plan of action.

The representative of the UNITED NATIONS POPULATION FUND (UNFPA) said that UNFPA shared the vision of a world in which everyone could live a long and healthy life, in keeping with the principle of leaving no one behind, enshrined in the 2030 Agenda for Sustainable Development. Older people should no longer be regarded as welfare recipients but as active contributors to society. Age-friendly and affordable health care systems that met the needs of older people were particularly important. The sexual health of older persons must be addressed in the strategy, including prevention of sexually transmitted infections. Health systems had proven unable to keep up with dramatic demographic change; services must be adapted, and data on the health status of older persons would be crucial to ensuring an evidence-based approach. The voice of the elderly must be heard in decisions regarding their health and well-being.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES (IFRC) said that the IFRC welcomed the life course approach that focused on empowerment, dignity, and on combating discrimination, stigma and ageism. IFRC worked to promote healthy ageing and empower people in need of all ages, including through programmes and services to foster solidarity between generations. Many national Red Cross and Red Crescent societies promoted and created volunteering opportunities for experienced and skilled people over the age of 60. Specific action to address the needs of older people in the context of natural disasters, emergencies and large-scale migration was crucial, and the IFRC stood ready to work with WHO to meet the needs of older people in humanitarian settings.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed the acknowledgement that sexual health and rights were a key contributing factor to Healthy Ageing. Older people should be empowered to make decisions about their sexual health, and included in the prevention and treatment of sexually transmitted infections. A positive and open approach to sexuality through the life course should be fully integrated into the health system. The sexual health and rights of older lesbian, gay, bisexual, transgender and intersex people and those living with the HIV infection should also be considered within the context of Healthy Ageing. The Federation was committed to collecting and sharing data and experiences, which could contribute to an evidence-based approach to implementation.

The representative of THE WORLD MEDICAL ASSOCIATION, INC, speaking at the invitation of the CHAIRMAN, said that health care professionals played a major role in health promotion in an ageing population, and their education on ageing issues should begin at undergraduate level. Health care settings must be age friendly and accessible to the elderly. Physical activity should be promoted for its health benefits to older persons and as an economic benefit to society. The oral health of older persons, which was essential for their autonomy, must also be addressed. Responsible use of multiple medications, supported by collaborative practice, was essential. Given current

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demographic trends, the need for effective primary health care services and nursing home facilities and a health workforce capable of meeting the needs of older patients would only grow.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that healthy and functional dentition was a fundamental part of general health and well-being. With complete tooth loss among older adults declining, more oral health services, including preventive and restorative services, would have to be provided throughout the life course. Oral health and related health factors should be monitored using standardized epidemiological surveillance, and public health policies for healthy ageing should be encouraged to promote optimal general and oral health. Scientific research on the relation between noncommunicable diseases and oral diseases, and impact on general health and well-being should be enhanced. The dental workforce at all levels should be trained to meet the increasing needs of the elderly, since age-related changes in systemic health and medication use could impact oral health and function.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that draft global strategy and plan of action would provide a useful framework for the significant changes required in the design and delivery of health and care systems in order to meet the needs of the ageing population. The vision, goals and strategic objectives outlined were welcome, in particular a decade of Healthy Ageing, and the move towards an integrated, person-centred approach to health and care. Improved monitoring and research would be essential to fill the data gap on the health and well-being of older people. Use of the discriminatory term “premature mortality” in some policies and processes was a concern and could lead to the exclusion of older people and threaten the achievement of long and healthy lives for all.

The ASSISTANT DIRECTOR-GENERAL (Family, Women’s and Children’s Health) said that the endorsement of the draft strategy and plan of action would constitute a crucial step in setting the agenda for work over the forthcoming 15 years, including efforts to fill evidence gaps, and take action on ageing. Thanking the Executive Board for its valuable feedback, she said that efforts would be made to strengthen the emphasis on gender, equity and human rights, and enhance the inclusion of mental health, dementia and disability considerations in the draft strategy and plan of action. The Secretariat would work to draft a resolution for submission to the World Health Assembly, and would assess the resource requirements for implementation. Lastly, WHO’s resources in the area of Healthy Ageing were very limited, and she would welcome Member States’ support to expand the excellent work being undertaken.

**The Board noted the report.**

**Health and the environment: draft road map for an enhanced global response to the adverse health effects of air pollution:** Item 7.5 of the agenda (Document EB138/17)

The representative of NEPAL, speaking on behalf of the Member States of the WHO South-East Asia Region, welcomed the draft road map as a useful tool for scaling up actions to prevent and mitigate the impact of air pollution and its associated disease burden. The South East Asian Region faced the highest burden of ambient and household air pollution, with around 60% of households still depending on solid fuels for cooking. Indoor and outdoor pollution were distinct with regard to their causes and effects, and therefore must be addressed through distinct, focused and evidence-based strategies. Efforts must be made to strengthen the health sector role in setting indoor air policy. A multisectoral, integrated response was required to address ambient air pollution. The health sector had a key role to play in raising awareness of the benefits of reducing sources of pollutants. Enhanced capacity, adequate resources and cooperation with other sectors were essential. Incomplete information on the cost-benefit of interventions remained a challenge, and the public

health information tool was not adequately addressed in the draft road map. Greater consideration should be given to monitoring air quality in rural areas, including consideration of the use of clean energy, appropriate management of medical waste, and “greening” hospitals.

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the WHO Eastern Mediterranean Region, said that the serious health risks from air pollution called for a multisectoral response to the problem. The draft road map failed, however, to address a number of important matters, specifically: capacity-building and scientific research to tackle air pollution from natural events such as sandstorms; transfer of technical knowledge and expertise on air quality monitoring, the relationship between indoor and outdoor air pollution, and high temperature effects; support to least developed countries for implementation of the road map; and ongoing communication capacity-building in the health sector for public awareness purposes. More focus should also be placed on assessing the financial impact of the health effects of air pollution, as distinct from climate change; mitigation actions; the WHO indoor air quality guidelines; and improvements relating to the use of energy in the home. In all other respects, the draft road map was a welcome initiative.

The representative of ARGENTINA, speaking on behalf of the Member States of the WHO Region of the Americas, said that urgent action was needed on air pollution, which placed a heavy burden on health systems. The implementation of a health-in-all-policies approach would be highly beneficial. The actions provided for in the draft road map could enhance the role of the health sector and make it more able to identify interventions with the greatest health benefits and coordinate a more effective response. She called for WHO to build strategic partnerships within United Nations system and with other stakeholders, and trusted that the Secretariat would present a final proposal on the road map to the Sixty-ninth World Health Assembly for consideration.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, speaking on behalf of the Member States of the WHO African Region, said that the draft road map constituted an important tool to help countries reduce the harmful effects of air pollution, both indoors and outdoors. A health-in-all-policies was essential, as was intersectoral collaboration at all levels. He highlighted the importance of a number of elements, including monitoring and evaluation, the provision of technical assistance to developing countries, technology transfer, and a strong multisectoral response and international engagement in order to support those countries in need of assistance.

The representative of CANADA said that increased awareness of the health benefits of improving air quality could encourage action. Although expanding WHO’s role as a focal point for issues relating to air pollution and health would support Member States’ efforts to improve air quality, an analysis of the financial requirements for that work had yet to be provided. Canada’s expertise, including in monitoring and reporting air pollutant levels, could be useful.

The representative of CHINA endorsed the four categories proposed but considered that certain elements of the draft road map needed strengthening. She trusted that WHO would use its global platform on air quality and health to strengthen cooperation with other agencies in the area of monitoring and reporting, including on data harmonization. She hoped that further information on the relevant Sustainable Development Goal indicators would be provided, and that any necessary adjustments would be made to the road map, which should be submitted to the Sixty-ninth session of the World Health Assembly for adoption.

The representative of FRANCE supported the cross-cutting, multisectoral approach of the draft road map, recognizing the importance of involvement of the health sector. France welcomed the establishment of a monitoring and reporting framework, and the recognition of the role of cities, health professionals and health systems in reducing air pollution. The 2030 Agenda for Sustainable

Development and the Paris Agreement should feature in the road map, as should synergies between air pollution and climate. Her delegation looked forward to the development of indicators and objectives to track progress and to a detailed costing.

The representative of THAILAND said that WHO should, in collaboration with other United Nations agencies, provide more support to build the capacity of all Member States for health impact assessment, including through analysis of air quality and cost-benefit assessments of mitigation measures. She called for enhanced air quality monitoring, including establishing the related disease burden, and noted the relevance of monitoring and evaluation in the context of the Sustainable Development Goals for effective implementation.

The representative of the RUSSIAN FEDERATION noted the strategic nature of the draft road map, and welcomed the four categories of action. With regard to paragraph 3(a) on expanding the knowledge base, she suggested the addition of wording concerning the broad dissemination of scientific information and intensification of data exchange on risk factors and negative effects, including through the establishment of widely accessible databases on models of the relation between risk factors and responses to their impact. On building up WHO's internal technical and operational capacity (paragraph 14), she said that WHO should standardize country- and regional-level staff training methods in such areas as hygiene, epidemiology and the economics of health. The draft road map should also address strengthening the role of scientific research, in particular on the effects of air pollution on children's health, and provide guidance on research given new threats from materials such as nanomaterials and nanoparticles.

The representative of BRAZIL hoped that the road map would facilitate the establishment of a health information network to expand existing knowledge, and improve the technical support to the different sectors involved. Rural populations potentially exposed to air contaminated by pesticides should be covered by public health policies and air quality control measures.

The representative of the UNITED STATES OF AMERICA recognized the importance of a multisectoral approach, and stressed the need for increased monitoring of the health effects of air pollution. He did not support the convening of a global high-level intergovernmental conference; the framework provided by resolution WHA68.8 was sufficient for next steps, and the Secretariat should clarify the purpose of any such meeting. The draft road map should more clearly define the roles of WHO, UNEP and WMO and other multilateral organizations. The United States would welcome better reporting and information collection; WHO should fulfil its traditional role of gathering under-reported health information, including quantitative data on the relation between exposure to air pollution and specific health outcomes, and between air pollution and other risk factors.

The representative of NEW ZEALAND said that the draft road map should be strengthened to promote a greater research and advocacy role for WHO in its interactions with other organizations, in order to foster intersectoral collaboration to mitigate the damaging health effects of air pollution.

The representative of NORWAY<sup>1</sup> said that the significant scaling up of WHO's capacities envisaged in the draft road map would not only lead to improved technical support for Member States but would enable WHO to make a significant contribution to the implementation of relevant Sustainable Development Goals. Norway would welcome further clarification of the budget implications. The draft road map should indicate clearly how WHO's work on air pollution would

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advance the achievement of those Goals, and should also refer to the Paris Agreement. While Norway supported the convening of global high-level intergovernmental conference, the format should not be defined too narrowly at the present juncture. Lastly, WHO should develop strategic partnerships with UNEP and others.

The representative of SLOVENIA<sup>1</sup> said the draft road map would contribute significantly to raising global awareness of the health effects of air pollution. The results of relevant studies should be disseminated widely to enable an adequate response and encourage policy development. She called for intersectoral collaboration to develop the knowledge base, and recognized the importance of international collaboration for effective action. Slovenia was very active in studying the impact of air pollution and would be proposing that the United Nations declare May 20 as World Bee Day, which could serve as a platform for intersectoral consideration of environment as a determinant of health.

The representative of MONACO<sup>1</sup> said that WHO must step up efforts to play its role as leader of global action against the adverse health effects of air pollution. While her delegation would have preferred links to the 2030 Agenda for Sustainable Development and the Paris Agreement to have been more clearly reflected, the draft road map provided an effective framework for guiding actions to mitigate the adverse health effects of air pollution. The focus on institutional capacity strengthening was particularly welcome. Her delegation looked forward to receiving information on the budgetary implications, and hoped that the road map would be adopted at the Sixty-ninth World Health Assembly.

The representative of PANAMA<sup>1</sup> said that air pollution, which was a cause of noncommunicable diseases and yet had not been specifically covered in the Global Action Plan for the Prevention and Control of NCDs, required a rapid and effective response from WHO, Member States and other stakeholders. He highlighted the importance of technology transfer in that regard. The road map would provide a framework for strengthening the role of the health sector in responding to the adverse effects of air pollution, and he trusted that the proposed monitoring and reporting framework, with indicators and objectives to track progress, would be made clearer.

The representative of URUGUAY<sup>1</sup> said that the actions provided for in the draft road map would help to build the capacity of the health sector and facilitate the integration of health in all policies through a multisectoral approach. It would also promote a more effective role for the health sector in the achievement of the relevant Sustainable Development Goals. WHO should take the lead in the development of indicators to track progress. The Secretariat should finalize the road map for adoption at the Sixty-ninth World Health Assembly.

The representative of VENEZUELA<sup>1</sup> encouraged Member States and the Secretariat to work together to implement the first phase of the road map, in 2016–2019, and to provide for appropriate monitoring and comments in 2019. WHO could do more, notably to help developing countries design policies and interventions, particularly since a lack of information and evidence meant that the adverse effects of air pollution had not been considered a health priority. He hoped that the global platform on air quality and health would prove useful for all Member States, and encouraged WHO to foster technology transfer. Lastly, the road map should more clearly reflect the link between air pollution and climate change.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of SWITZERLAND,<sup>1</sup> emphasizing the importance of synergies, said that future collaboration to improve air quality should take into consideration initiatives stemming from the Paris Agreement, which linked climate change considerations and the right to health. Combining policies on air pollution and climate change would support the achievement of other health objectives, in particular concerning noncommunicable diseases. The global platform on air quality and health would also help to link the road map to existing initiatives. Implementation of the road map should be adequately resourced, and Switzerland would welcome a detailed costing.

The representative of ZAMBIA<sup>1</sup> said that the use of fossil fuels in Zambia was exacerbating indoor pollution and air pollution in cities. His country welcomed the draft road map and was keen to pilot its implementation with support from WHO and other Member States in mobilizing and coordinating the necessary resources.

The representative of THE WORLD MEDICAL ASSOCIATION, INC, speaking at the invitation of the CHAIRMAN, underlined the important co-benefits of action on air pollution from policies that benefitted individual health and addressed climate change. He called for specific and targeted strategies to respond to the adverse effects of air pollution and encouraged WHO to assist Member States in promoting and coordinating the effective engagement of the health sector in other areas such as the United Nations Framework Convention on Climate Change. Continued research should be conducted on the health effects of ultrafine particles. Lastly, he welcomed efforts to address health sector sources of air pollution.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that to strengthen the road map, the Secretariat should identify effective policy interventions based on criteria beyond the reduction of air pollution alone. The public health information tool might include a report and evaluation of global policy implementation, with guidelines similar to the MPOWER measures for tobacco control. WHO should fully incorporate the public health advantages of co-benefit solutions that not only reduced air pollution exposure, but also other noncommunicable disease risk factors. It should also provide specific guidelines for fostering multisectoral collaboration, including the establishment of platforms for multisectoral action from municipal to global level. Explicit focus on extending engagement beyond health and environment sectors was also required. Civil society and communities should be included in an intersectoral approach, and schemes should be introduced to raise public awareness and empower individuals to interpret data.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that significant knowledge gaps remained regarding the adverse health effects of air pollution and the effectiveness of specific sector policies. The co-benefits of policies concerning the environment and air quality that could have a positive impact on noncommunicable disease risk factors and promote healthy lifestyles must be considered. The collection and evaluation of data and coordination of national databases should be standardized to effectively monitor the health impact of air pollution. She also called for efforts to increase cooperation with civil society in raising awareness of the health effects of air pollution.

The representative of the WORLD COUNCIL OF CHURCHES, speaking at the invitation of the CHAIRMAN, encouraged WHO to increase its engagement on health and climate change. The very significant impact of climate change on human health should be a central part of the workplan on

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

climate change and health being prepared by the Secretariat. WHO should work inclusively and transparently to enable all stakeholders to provide their input to the final plan. WHO needed to use the acknowledgement of the right to health in the preamble to the Paris Agreement to build support for that right. She called for the provision of adequate resources to prevent millions of environment-related deaths in the African Region.

The representative of MEDICUS MUNDI INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the road map failed to recognize and address the link between air pollution and social and economic determinants. The critical issue of technology transfer should extend beyond indoor pollution. Intellectual property protection and the imposition of Trade-Related Aspects of Intellectual Property Rights-plus conditions must not prevent the technical innovation necessary for the introduction of clean technologies. The road map did not mention its relation to the technology facilitation mechanism created under the Doha Declaration on Financing for Development, or the need to regulate the private sector to protect Member States from corporate intimidation under investor-state dispute settlement provisions in trade and investment agreements.

The ASSISTANT DIRECTOR-GENERAL (Family, Women's and Children's Health) said that the discussion linked back to the Board's earlier consideration of the item on Health in the 2030 Agenda. As air pollution was clearly a risk factor for women, children and older persons, she welcomed the acknowledgement by Member States of the significance of addressing air pollution as a determinant of health, and recognized the need to update and strengthen the draft road map. Her team was very engaged in the process of developing indicators, including for measuring and tracking, within the context of the Sustainable Development Goals. Noting the calls for further information and clarity on the actions and indicators referred to in the road map, and the related financial aspects, she stressed that the document was not a strategy or action plan, and that the level of detail requested could not yet be provided. However, in February and March 2016, discussions would be organized and the suggestions made by Member States would be incorporated. The Secretariat would be pleased to work with Member States with relevant experience and would clearly explain the associated financial implications of the road map.

**The Board noted the report.**

**Dr Busuttil took the Chair.**

**Role of the health sector in the sound management of chemicals:** Item 7.6 of the Agenda (Document EB138/18)

The CHAIRMAN drew attention to a draft resolution proposed by the delegations of Canada, France, Germany, Thailand, United States of America and Uruguay.

The Executive Board,  
Having considered the report on the role of the health sector in the sound management of chemicals,<sup>1</sup>

RECOMMENDS to the Sixty-ninth World Health Assembly the adoption of the following resolution:

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<sup>1</sup> Document EB138/18.

The Sixty-ninth World Health Assembly,

(PP1) Recalling resolution WHA59.15 (2006) in which the World Health Organization welcomed the Strategic Approach to International Chemicals Management adopted by the International Conference on Chemicals Management in 2006 with its overall objective to achieve “the sound management of chemicals throughout their life cycle so that, by 2020, chemicals are used and produced in ways that lead to the minimization of significant adverse effects on human health and the environment,” as inspired by paragraph 23 of the Johannesburg Plan of Implementation of the 2002 World Summit on Sustainable Development;

[(PP1bis. bis.) Reaffirming its commitment to the outcome document of the Rio+20 Conference “The future we want”, in which all States Members of the United Nations committed to promoting sustainable development policies;]

[(PP1bis) Further recalling paragraph 213 of the outcome document “The future we want,” from the 2012 United Nations Conference on Sustainable Development which states “we reaffirm our aim to achieve by 2020 sound management of chemicals throughout their life cycle and of hazardous waste in ways that lead to minimization of significant adverse impact on human health and the environment as set out in the Johannesburg Plan of Implementation”];]

[(PP1ter) Recalling also, paragraph 214 of “The future we want” which calls for “the effective implementation and strengthening of the Strategic Approach to International Chemicals Management as part of a robust, coherent, effective and efficient system for the sound management of chemicals throughout their life cycle”];]

(PP2) Noting the limited time remaining to make progress toward the 2020 goal, and the urgent need for practical action and technical cooperation within the health sector, as well as with other sectors;

(PP3) Acknowledging that chemicals contribute significantly to the global economy, living standards and health but that unsound management of chemicals throughout their life cycle contributes significantly to the global burden of disease, and that much of this burden is borne by developing countries;

(PP4<sup>1</sup>) [Noting that 25% of the global burden of disease is thought to be linked to environmental factors, including chemicals exposures.<sup>2</sup>] Also noting that it has been estimated that in 2004, 4.9 million deaths and 86 million disability-adjusted life years were attributable to exposures to selected chemicals, such as lead exposure,<sup>3</sup> accounting worldwide for 143 000 deaths per year with the highest burden in developing regions, including an estimated 600 000 new cases of intellectual disability in children.<sup>2</sup> Recognizing due to the complex nature of the issue, disease burden information is only available for a very small number of chemical exposures and people are exposed to many more chemicals in their daily lives;

(PP5) Concerned about acute, chronic and combined adverse effects that can result from exposure to chemicals and waste and that the risks are often unequally distributed and can be more significant for some vulnerable populations, especially women, children, and, through them, future generations;

(PP6) Underlining the need to address the social, economic, and environmental determinants of health to improve health outcomes and achieve sustainable development;

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<sup>1</sup> Will be updated. New data expected in March 2016.

<sup>2</sup> Document EB138/18.

<sup>3</sup> Prüss-Ustün et al. *Environmental Health* 2011, 10:9. <http://www.ehjournal.net/content/10/1/9>.

(PP7) Underscoring the importance of protecting health and reducing health inequities, including by the reduction of adverse health impacts from chemicals and waste, by adopting health-in-all policies and whole-of-government approaches, as appropriate;

(PP8) Recalling the World Health Organization's long standing recognition of the importance of sound chemicals management for human health, the key role of the World Health Organization in providing leadership on the human-health aspects of the sound management of chemicals throughout their life cycle, and the necessity of health sector participation in and contribution to these efforts as set out in WHA59.15 on the Strategic Approach to International Chemicals Management; WHA63.25 (2010) on improvement of health through safe and environmentally sound waste management; WHA63.26 on improvement of health through sound management of obsolete pesticides and other obsolete chemicals; WHA67.11 (2014) on public health impacts of exposure to mercury and mercury compounds; and WHA68.8 (2015) on addressing the health impact of air pollution;

(PP9) Recalling further the health related outcomes of the Second, Third and Fourth sessions of the International Conference on Chemicals Management which drew attention to the need for greater involvement of the health sector and resulted in adoption of a Strategy for strengthening engagement of the health sector in the implementation of the Strategic Approach<sup>1</sup> which details the key roles and responsibilities of the health sector in sound chemicals management;

[(PP9bis) Recalling paragraph 1 of ICCM Resolution IV/1 adopted by the Fourth Session of the International Conference on Chemicals Management which endorsed the overall orientation and guidance for achieving the 2020 goal as a voluntary tool that will assist in the prioritization of efforts for the sound management of chemicals and waste as a contribution to the overall implementation of the Strategic Approach, and mindful of the invitation in paragraph 5 to "the organizations of the Inter-Organization Programme for the Sound Management of Chemicals and of the United Nations Environment Management Group that have not already done so to issue, where possible by 1 July 2016, a declaration signalling their commitment to promote the importance of the sound management of chemicals and waste both within and outside their organizations, including the actions planned within their own mandates to meet the 2020 goal";]

(PP10) Acknowledging with appreciation the World Health Organization's extensive activities in this regard including but not limited to supporting countries to implement the International Health Regulations in relation to chemical incidents, the establishment in 2013 of the Chemical Risk Assessment Network, participation in the development of the Inter-Organization Programme for the Sound Management of Chemicals (IOMC) Toolbox for Decision Making In Chemicals Management, joint leadership of the Global Alliance to Eliminate Lead Paint, and engagement with relevant chemicals and waste-related Multilateral Environmental Agreements;

(PP11) Also acknowledging initiatives undertaken at the national and regional level, and through other bodies of the United Nations system and other relevant stakeholders, as well as the [principles and provisions of the] relevant multilateral agreements including, but not limited to, the Stockholm Convention, the Rotterdam Convention, the Basel Convention and the Minamata Convention, and the important contribution that these initiatives make to protecting health from harmful chemicals and waste;

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<sup>1</sup> Strategy: SAICM/ICCM.3/20 and Resolution: SAICM/ICCM.3/III/4.

(PP12) Concerned that, despite these efforts, more progress has to be made towards minimizing the significant adverse effects on human health that may be associated with chemicals throughout their life cycle, including waste;

[(PP12bis) [Reaffirming the importance of] / [recognising the essential role that] provision[s] of adequate and sustainable financial resources, technical assistance and transfer of

[environmentally-sound alternative technologies] / [technology]  
from developed to developing countries

[in line with their commitments in the relevant provisions of the Chemicals conventions] / [plays in enabling them for sound management of chemicals];]

[(PP12ter) Emphasizing the importance of bringing into force the Minamata Convention as soon as possible;]

(PP13) Welcoming the outcome of the World Health Organization's survey of the Priorities of the health sector towards achievement of the 2020 goal of sound chemicals management<sup>1</sup> which builds on the Strategy for strengthening engagement of the health sector in the implementation of the Strategic Approach;

(PP14alt) Recognizing paragraph 1 of the Dubai Declaration, which states that "the sound management of chemicals is essential if we are to achieve sustainable development, including the eradication of poverty and disease, the improvement of human health and the environment, and the elevation and maintenance of the standard of living in countries at all levels of development";

(PP15) Welcoming the 2030 Agenda for Sustainable Development, in particular Target 3.9 to substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination by 2030, and further recognizing Target 12.4 to achieve, by 2020, the environmentally sound management of chemicals and all wastes throughout their life cycle, in accordance with internationally agreed frameworks, as well as other goals and targets relevant to health aspects of chemicals and waste management, such as Target 6.3 on the improvement of water quality;

(PP16) Convinced that the achievement of sound chemicals and waste management throughout their life cycle requires a multisectoral approach within which the health sector has a critical role in achieving the 2020 goal and in setting priorities for chemicals and waste for the post-2020 period;

[(PP16bis) Stressing on the importance that chemical producers and suppliers should make information on chemical exposure, hazards and safer alternatives available to distributors, workers, consumers and users at all levels in the supply chain so that chemicals may be produced, used and discarded safely in an environmentally sound manner. Chemical producers should work with users and civil society organizations to identify chemical risks that can be managed by using safer alternatives and processes while still providing needed capabilities in a cost effective way;] (= para 68 of the SAICM Overall Orientation and Guidance document, SAICM/ICCM.4/6)

[(PP16ter) Recognizing that developing countries may experience greater challenges towards achieving the 2020 goal, and their progress will depend in part on the availability of financial resources from the private sector and bilateral, multilateral and global agencies or donors;] (= drawn from para 21 of the SAICM Overall Orientation and Guidance document, SAICM/ICCM.4/6)

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<sup>1</sup> SAICM/ICCM.4/INF/11.

[(PP16quad) Highlighting that relevant stakeholders should contribute to national institutional strengthening of the chemicals and waste cluster, taking steps in particular to implement the integrated approach to financing, including through mainstreaming and ensuring defined roles and responsibilities for industry. Stakeholders should also contribute by providing and accessing resources, where possible, under the Special Programme to support institutional strengthening at the national level to enhance the implementation of the Basel, Rotterdam and Stockholm Conventions, the Minamata Convention on Mercury and the Strategic Approach to International Chemicals Management, agreed upon by the United Nations Environment Assembly in June 2014;]

[(PP17) Aware of the need to strengthen the role of the health sector so as to ensure its contribution to multisectoral efforts to meet the 2020 goal and beyond, and that this would be facilitated by the development of a global road map outlining concrete actions for the health sector,]

(OP) 1. URGES Member States:<sup>1</sup>

(1) to engage proactively, including by strengthening the role of the health sector, in actions to soundly manage chemicals and waste at the national, regional and international level to minimize the risk of adverse health impacts of chemicals throughout their life cycle;

(2) to develop and strengthen, as appropriate, multisectoral cooperation at the national, regional and international level to minimize and prevent significant adverse impacts of chemicals and waste on health, including within the health sector itself;

(3) to take account of the Strategic Approach's orientation and guidance toward the 2020 goal, including the health sector priorities, as well as the Strategy for strengthening engagement of the health sector, [Emerging Policy Issues and Other Issues of Concern,<sup>2</sup> ] and to take immediate action where possible to accelerate progress toward the 2020 goal;

(4) to encourage all relevant stakeholders of the health sector to participate in the Strategic Approach and to ensure appropriate linkages with their national and regional Strategic Approach focal points, and to participate in the reports on progress for the Strategic Approach;

(OP1.4bis) [to strengthen individual, institutional and networking capacities at the national and regional levels to ensure successful implementation of the Strategic Approach;]

OR

[to strengthen networking capacities at national and regional levels;]

(5) to encourage health sector participation in the inter-sessional process established through the Fourth Session of the International Conference on Chemicals Management to prepare recommendations regarding the Strategic Approach and the sound management of chemicals and waste beyond 2020, including in the third meeting of the Open Ended Working Group;

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<sup>1</sup> And, where applicable, regional economic integration organizations.

<sup>2</sup> **Emerging Policy Issues:** lead in paint, chemicals in products, hazardous substances within the life cycle of electrical and electronic products, nanotechnologies and manufactured nanomaterials, endocrine-disrupting chemicals, and environmentally persistent pharmaceutical pollutants; **Other Issues of Concern:** Perfluorinated chemicals (PFCs) and the transition to safer alternatives, and highly hazardous pesticides.

(6) to continue and, where feasible increase support, including financial [or] / [and] in-kind scientific and logistical support to the WHO Secretariat's regional and global efforts on chemicals safety, as appropriate;

(7) to pursue additional initiatives aimed at mobilizing national and [DEL:, as appropriate,] international resources, including for the health sector, for the sound management of chemicals and waste;

(OP1.7bis) [to enhance cooperation aimed at strengthening the capacities of developing countries for the sound management of chemicals and hazardous wastes and transfer of cleaner and safer technologies to those countries;]

[(OP1.8.) to fulfil their commitments regarding providing new and additional financial resources, establish and enhance, as appropriate, arrangements for providing technical assistance and technology transfer and capacity building to developing countries, in line with relevant provisions under different chemicals conventions] (= para 12, 14 Stockholm, para 16 of Rotterdam, Preamble of Basel)

(OP) 2. REQUESTS the Director-General:

(1) [to develop, in consultation with Member States,<sup>1</sup> bodies of the United Nations system, and other relevant stakeholders, a road map for the health sector at the national, regional and international level towards achieving the 2020 goal and beyond, taking into account the overall orientation and guidance of SAICM and building on WHO's existing relevant work, as well as the SAICM Health Sector Strategy, and with particular emphasis on the following areas:]

(a) health sector participation in and support for the establishment and strengthening of relevant national legislative and regulatory frameworks;

(b) to support the establishment or strengthening of national, regional or international coordinating mechanisms as appropriate for multisectoral cooperation, and in particular enhancing engagement of all relevant health sector stakeholders;

(c) to strengthen communication and access to relevant, understandable and up-to-date information to increase interest in and awareness of the importance to health of the sound management of chemicals and waste, particularly [for vulnerable populations] / [the most [affected] / [exposed] populations, particularly] [women, children, and through them, future generations];

(d) to participate in bilateral, regional or international efforts to share knowledge and best practices [and technological information] for the sound management of chemicals, including the World Health Organization's Chemicals Risk Assessment Network;

(e) to participate actively in ongoing work on the Strategic Approach's Emerging Policy Issues and Other Issues of Concern;

(f) to encourage implementation of the Strategic Approach's Strategy for strengthening engagement of the health sector, including review of its own role to the extent that it is a user of chemicals and a producer of hazardous waste;

(g) to mainstream gender as a component in all policies, strategies and plans for the sound management of chemicals and waste, considering gender differences in exposure to and health effects of toxic chemicals while

<sup>1</sup> And, where applicable, regional economic integration organizations.

ensuring participation of women as agents of change in policy and decision making; and

(h) to strengthen efforts on implementation of the updated health sector priorities, such as those identified in the recent WHO health sector survey:

- (i) devising better and standardized methods to determine impacts of chemicals on health, to set priorities for action and to evaluate the effectiveness of policies and progress of the Strategic Approach;
- (ii) formulating strategies aimed at prevention of ill-health and disease caused throughout the life course by chemicals, including strategies directed specifically at the health of children and workers;
- (iii) building capabilities of countries to deal with poisonings and chemical incidents and emergencies;
- (iv) promoting alternatives to highly toxic and persistent chemicals;
- (v) filling of gaps in scientific knowledge;
- (vi) elaborating globally harmonized methods for chemical risk assessment;
- (vii) actions to improve ability to access, interpret and apply scientific knowledge.]<sup>1</sup>

(OP2.1.1bis) to build on and enhance implementation of actions pursuant to resolution WHA63.25 on improvement of health through safe and environmentally sound waste management and to develop a report on the impacts of waste on health, the current work of the WHO in this area, and possible further actions that the health sector, including WHO, could take to protect health;

(2) to continue to exercise and enhance the leading role of WHO in the Strategic Approach to foster the sound management of chemicals throughout their life cycle with the objective of minimizing and, where possible, preventing significant adverse effects on health [and to continue supporting the work of the [SAICM] secretariat in WHO areas of expertise];

[(2ter alt) to work to improve available data to complement the proposed indicators for Target 3.9 of the 2030 Sustainable Development Agenda;]

(3) to continue current efforts to engage the health sector in chemicals management and make progress in chemical safety in particular in the implementation of the International Health Regulations;

(4) to support Member States by providing technical support, including at the regional and country level, for strengthening the role of the health sector towards meeting the 2020 goal, including by enhancing capacities at individual, institutional and networking levels and dissemination of evidence-based best practices;

(OP2.4bis) [to foster dissemination of alternatives to highly toxic and persistent chemicals on the condition that there is sound scientific proof that those alternatives significantly minimize health risks throughout the life cycle;]

(5) to set aside adequate resources and personnel for the work of the Secretariat, in line with the Programme Budget 2016–2017 and the Twelfth General Programme of Work 2014–2019 [and taking into account the recent calls at ICCM4 and UNEA1 on staffing support for SAICM];

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<sup>1</sup> As per SAICM/ICCM.4/INF/11.

- (6) [to present to the Seventieth World Health Assembly a road map outlining concrete actions to enhance health sector [engagement] / [contribution] towards meeting the 2020 goal and beyond as well as a progress report on the preparation of the report requested in 2.1bis.]

The financial and administrative implications for the Secretariat were:

<b>Resolution:</b> The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond
<b>A. Link to the general programme of work and the programme budget</b>
<p><b>1. Please indicate to which impact and outcome in the Twelfth General Programme of Work, 2014–2019 and which output in the Programme budget 2016–2017 this draft resolution will contribute if adopted.</b></p> <p>Twelfth General Programme of Work, 2014–2019: Impact goals: Reduce premature mortality from noncommunicable diseases; and Prevention of death, illness and disability arising from emergencies; and Outcome: Reduced environmental threats to health.</p> <p>Programme budget 2016–2017: Output 3.5.1 Countries enabled to assess health risks and develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks;</p> <p>Output 3.5.2 Norms and standards established and guidelines developed for environmental and occupational health risks and benefits associated with, for example, air and noise pollution, chemicals, waste, water and sanitation, radiation, nanotechnologies and climate change; and</p> <p>Output 3.5.3 Public health objectives addressed in implementation of multilateral agreements and conventions on the environment and in relation to the proposed sustainable development goals and the post-2015 development agenda.</p>
<p><b>2. If there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017, please provide a justification for giving consideration to the draft resolution.</b></p> <p>Not applicable.</p>
<p><b>3. What is the proposed timeline for implementation of this resolution?</b></p> <p>A road map, to be developed in consultation with Member States and others, will be presented to the Seventieth World Health Assembly, in 2017, and a report on waste produced within the current biennium.</p> <p><i>If the timeline stretches to future programme budgets, please ensure that further information is provided in the costing section.</i></p>
<b>B. Budgetary implications of implementation of the resolution</b>
<p>The budgetary implications are largely driven by the process used for consultation on the road map. Options include: (a) electronic consultation; (b) inclusion in the agenda of planned regional events; (c) purpose-specific regional meetings. The cost calculated for the report on waste is included in each of the three options.</p>

<b>1. Current biennium: estimated budgetary requirements, in US\$</b>			
<b>Level</b>	<b>Staff</b>	<b>Activities</b>	<b>Total</b>
Country offices	n/a	n/a	n/a
Regional offices	Option A: 40 000 Option B: 90 000 Option C: 180 000	Option A: 60 000 Option B: 70 000 Option C: 600 000	Option A: 100 000 Option B: 160 000 Option C: 780 000
Headquarters	Option A: 120 000 Option B: 120 000 Option C: 120 000	Option A: 210 000 Option B: 260 000 Option C: 260 000	Option A: 330 000 Option B: 380 000 Option C: 380 000
Total	Option A: 160 000 Option B: 210 000 Option C: 300 000	Option A: 270 000 Option B: 330 000 Option C: 860 000	Option A: 430 000 Option B: 540 000 Option C: 1 160 000
<p><b>1(a) Is the estimated budget requirement in respect of implementation of the resolution fully included within the current programme budget? (Yes/No)</b></p> <p>The resolution calls for new work that was not anticipated when the programme budget was developed. While budget space for the amount indicated can be managed within the programme budget, the technical programme does not have the required funds. Securing financing for work on chemical safety remains a challenge.</p>			
<p><b>1(b) Financing implications for the budget in the current biennium:</b></p> <ul style="list-style-type: none"> <li>– <b>How much is financed in the current biennium?</b> Staff costs will have to be covered within current workplans by reordering priorities because of the short-term nature of the work.</li> <li>– <b>What are the gaps?</b> Activity costs.</li> <li>– <b>What action is proposed to close these gaps?</b> If no donor emerges, the funds will need to be found from core voluntary contributions. The road map will be prioritized in order to meet the deadline for reports scheduled for presentation to the Seventieth World Health Assembly, with the report on waste (staff costs plus US\$ 150 000 activity costs at headquarters) to follow, as funds become available.</li> </ul>			
<b>2. Next biennium: estimated budgetary requirements, in US\$</b>			
<b>Level</b>	<b>Staff</b>	<b>Activities</b>	<b>Total</b>
Country offices	n/a	n/a	n/a
Regional offices	n/a	n/a	n/a
Headquarters	n/a	n/a	n/a
Total	n/a	n/a	n/a
<p><b>2(a) Financing implications for the budget in the next biennium:</b></p> <ul style="list-style-type: none"> <li>– <b>How much is currently financed in the next biennium?</b> Not applicable.</li> <li>– <b>What are the financing gaps?</b> Not applicable.</li> <li>– <b>What action is proposed to close these gaps?</b> Not applicable.</li> </ul>			

The SECRETARY said that the square brackets should be removed from around the second, third, fourth and thirteenth preambular paragraphs in the version under discussion. She made minor editorial amendments to the beginning of operative subparagraphs 2(1)(b–h).

The representative of EGYPT, speaking on behalf of the Member States of the WHO Eastern Mediterranean Region, welcomed WHO's increasing role in dealing with issues related to health and the environment. Health sector representatives should participate in meetings under the umbrella of relevant multilateral agreements on chemicals. In light of the expected surge in chemical production in the near future, chemical producers and suppliers should provide sufficient information on exposure, hazards and safer alternatives for distributors, workers, consumers and users at all levels in the supply chain, to guarantee the safe and environmentally-sound production, use and disposal of chemicals. Technical, scientific, institutional and financial assistance should be extended to developing countries to enable them to effectively achieve the 2020 goal of the Strategic Approach to International Chemicals Management.

The representative of CANADA, speaking on behalf of the Member States of the WHO Region of the Americas, said that health sector participation in the sound management of chemicals should be strengthened to achieve key international commitments, such as the 2020 goal of the Strategic Approach and the related Sustainable Development Goals. Health sector engagement was crucial to identify risks and to implement effective interventions promoting health-in-all-policies or whole-of-government approaches. Particular attention should be given to populations that were more vulnerable to chemical exposure, particularly workers, women and children. The health sector had an important role to play in preventing ill-health and diseases linked to chemical exposure, including by raising awareness and disseminating information, and coordinating joint activities on chemical management with other sectors. Consideration by WHO of a road map could help to consolidate priority actions for the health sector.

Speaking on behalf of his own country, he said that the draft resolution was calling for the development of a road map providing technical guidance to give impetus to the health sector's contribution to the achievement of the 2020 goal of the Strategic Approach and beyond. It requested the Director-General develop a report on the impacts of waste on health, which would be useful for future work. Argentina and Spain had requested to be added to the list of sponsors.

The representative of LIBERIA, speaking on behalf of the Member States of the WHO African Region, said that the lack of necessary regulatory and policy frameworks and institutional capacity to assess and mitigate the adverse health impact of chemicals was a serious problem in countries. WHO should therefore support Member States to develop policy frameworks for chemical management. In several regions, particularly the African Region, concerted efforts were required to strengthen regulatory authorities. Work under the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property should be strengthened and include regulatory guidance on chemical management.

The representative of the RUSSIAN FEDERATION outlined the action on chemical management undertaken by his country, including the development of a new government policy in that regard. All individuals had the right to health protection when handling chemicals. Decisions on chemical management should only be made on the basis of scientific evidence. The implementation of decisions required multisectoral cooperation, adequate financing and an appropriate legislative framework. He hoped that those points would be reflected in the resolution.

**The meeting rose at 17:30.**

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