

**PROVISIONAL SUMMARY RECORD OF THE TENTH MEETING**

**Palais des Nations, Geneva  
Friday, 27 May 2016, scheduled at 10:00**

**Chairman: Mr. M. BOWLES (Australia)  
later: Ms. T. KOIVISTO (Finland)**

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**COMMITTEE A**

**TENTH MEETING**

**Friday, 27 May 2016, at 10:20**

**Chairman:** Mr M. BOWLES (Australia)

**later:** Ms T. KOIVISTO (Finland)

**1. THIRD REPORT OF COMMITTEE A** (document A69/72)

The RAPPORTEUR read out the draft third report of Committee A.

**The report was adopted.**

**2. PROMOTING HEALTH THROUGH THE LIFE COURSE:** Item 13 of the agenda (continued)

**Health and the environment: draft road map for an enhanced global response to the adverse health effects of air pollution:** Item 13.5 of the agenda (document A69/18)

The CHAIRMAN drew attention to a draft decision proposed by the delegations of Colombia, France, Germany, Monaco, Norway, Panama and Uruguay which read:

The Sixty-ninth World Health Assembly, having considered the report of the Secretariat on health and the environment: draft road map for an enhanced global response to the adverse health effects of air pollution,<sup>1</sup> decided:

- (1) to endorse the road map for an enhanced global response to the adverse health effects of air pollution; and
- (2) request the Director-General to report regularly on progress towards an enhanced global response to the adverse health effects of air pollution to the Health Assembly.

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<sup>1</sup> Document A69/18.

The financial and administrative implications of the draft decision were:

<b>Decision:</b> Health and the environment: draft road map for an enhanced global response to the adverse health effects of air pollution			
<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 decision will contribute if adopted.</b></p> <p>Programme budget outcomes 2.1, 3.1 and 3.5 (outputs 3.5.1, 3.5.2 and 3.5.3.).</p> <p>General Programme of Work: decision is aligned with leadership priorities focused on addressing health-related development goals.</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 decision.</b></p> <p>Not applicable.</p>			
<p><b>3. What is the proposed timeline for implementation of this decision?</b></p> <p>Work on air pollution and health will continue beyond 2019. A review will be undertaken in parallel with the development of the next general programme of work, which may result in some modifications to the overall budget depending on changes to broader Organizational priorities</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 decision</b>			
<b>1. Current biennium: estimated budgetary requirements, in US\$ million</b>			
<b>Level</b>	<b>Staff</b>	<b>Activities</b>	<b>Total</b>
Country offices	0.68	1.26	1.94
Regional offices	2.99	5.87	8.86
Headquarters	2.33	1.94	4.27
<b>Total</b>	<b>6.00</b>	<b>9.07</b>	<b>15.07</b>
<p><b>1(a) Is the estimated budget requirement in respect of implementation of the decision fully included within the current programme budget? (Yes/No)</b></p> <p>Yes, there could be possibility within the approved Programme budget 2016–2017 to ensure the implementation of this decision.</p>			
<p><b>1(b) Financing implications for the budget in the current biennium:</b></p> <p>– <b>How much is financed in the current biennium?</b> US\$ 3.5 million</p> <p>– <b>What are the gaps?</b> US\$ 11.6 million</p>			

– **What action is proposed to close these gaps?**

The gap will be addressed through coordinated resource mobilization efforts, including the financing dialogue, for possible financing by voluntary contributions.

**2. Next biennium: estimated budgetary requirements, in US\$ million**

Level	Staff	Activities	Total
Country offices	0.68	1.26	1.94
Regional offices	2.99	5.87	8.86
Headquarters	2.33	2.59	4.92
Total	<b>6.00</b>	<b>9.72</b>	<b>15.72</b>

**2(a) Financing implications for the budget in the next biennium:**

– **How much is currently financed in the next biennium?**

0

– **What are the financing gaps?**

US\$ 15.7 million

– **What action is proposed to close these gaps?**

The gap will be addressed through coordinated resource mobilization efforts, including the financing dialogue, for possible financing by voluntary contributions.

**A video presentation was given on the topic of cooperation between UNEP and WHO.**

The representative of NORWAY said that the draft road map for an enhanced global response to the adverse health effects of air pollution provided for the scaling up of WHO capabilities at the central, regional and country levels by expanding the knowledge base, supporting monitoring and reporting and building global leadership and coordination. The Organization was strengthening its capacity to help Member States to combat the health effects of air pollution, including by accelerating its global monitoring of air pollution exposures and expanding advocacy on the associated health impacts. Of particular importance was the role of WHO with regard to the air pollution-related indicators introduced under the Sustainable Development Goal framework. The significance of health and climate actors had been emphasized jointly by the Director-General and the Foreign Minister of Norway in a recent article. The draft decision proposed by the Government of Norway and others affirmed the commitment of WHO to lead the global health response to air pollution.

The representative of MONACO said that it was essential that the road map should be widely disseminated and implemented by Member States and for this reason her country had cosponsored the draft decision.

The representative of GERMANY said that she supported the statement by the representative of Norway and the draft road map.

The representative of the UNITED STATES OF AMERICA said that she welcomed efforts to address the health impacts of air pollution. However, the proposal to hold a global conference on air pollution and health to agree on further action was a cause of concern, since the required action had been set out in previous Health Assembly resolutions on the topic. She would be in favour of holding a meeting that focused on assessing progress and identifying remaining gaps in implementation activities. It was important to move from discussion to action.

The representative of FRANCE said that 2015 had been a significant year for action to combat air pollution and climate change with the adoption of the Sustainable Development Goals and the conclusion of the twenty-first session of the Conference of the Parties to the United Nations Framework Convention on Climate Change. He expressed support for the proposed draft decision and for the cross-sectoral approaches outlined in the road map with its monitoring and reporting framework. The synergies between pollution and climate had been well illustrated in the video presentation by the Executive Director of UNEP. Public health sector participation in combating climate change would be examined at the Second Global Conference on Health and Climate to be hosted by the Government of France in July 2016.

The representative of PANAMA, speaking as a cosponsor of the draft decision, noted that scientific evidence indicated the major challenges to managing air quality and pollution. Air pollution was a global issue which the international community must tackle together.

The representative of COLOMBIA supported the statement by the delegation of Norway.

The representative of INDIA took note of the draft road map, which included useful actions to prevent, contain and mitigate the impact of air pollution on health. His country was committed to taking appropriate action in that regard, under resolution WHA68.8. The draft road map had been prepared by the Secretariat, without the involvement of Member States. It was not usual practice to endorse such a document. He requested that the draft decision should be amended accordingly.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed support for the draft road map, which would enable the health sector to assist international, national and local initiatives to reduce the health impacts of air pollution. The normative and advocacy work of WHO on air pollution and health was appreciated. He supported resolution WHA68.8 and welcomed the progress made since its adoption. In response to the concern expressed by the representative of India, he suggested that in paragraph 2 of the draft decision, the word “endorse” should be replaced by “welcome”.

The representative of MONGOLIA welcomed the draft road map. Although the capital of her country was one of the world’s most polluted, air quality remained an underfunded area of public health. An expert consultation carried out by her country and the UNICEF Mongolia country office had highlighted the importance of enhancing capacity in environmental control, including early warning and response systems, environmental health impact assessments and investment in environmentally-friendly technology. She supported the endorsement of the draft road map.

The representative of SWITZERLAND welcomed the draft road map and supported the link established therein with the Paris Agreement on climate change and the 2030 Agenda for Sustainable Development. Synergy was essential to implementation of resolution WHA68.8 and would increase the effectiveness of measures taken to combat air pollution. Similarly, policies to combat climate change and air pollution would contribute to the achievement of other health goals, in particular those related to noncommunicable diseases. Her country wished to be added to the list of sponsors of the draft decision.

The representative of SOUTH AFRICA welcomed the report by the Secretariat and commended the theory of change summarized in Annex 2 to the report. She endorsed the draft road map.

The representative of PARAGUAY acknowledged the importance of the report by the Secretariat and of work on the adverse health effects of air pollution in all sectors, including public

health. Although she supported the draft road map, Member States would need technical and financial support to implement it.

The representative of SLOVENIA said that the 2030 Agenda for Sustainable Development included the issues of environmental protection, biodiversity, sustainable agriculture and food security. Due to the alarming decline in the bee population, she wished to raise global awareness of the importance of their role in food production as pollinators. Bees were an important indicator of a healthy environment and action to preserve the environment for bees would benefit humankind. In 2015, Slovenia had proposed that the United Nations should declare May 20 “World Bee Day” and it was expected that the first such day would be marked in 2018. She invited Member States and the Secretariat to support that initiative, since the conservation of bees was important to human life and health.

The representative of CHILE expressed support for the draft road map, which her country hoped to implement with WHO and other relevant agencies. Financial and technical assistance was required to implement the draft road map in her country.

The representative of BARBADOS said that many air pollutants were by-products of human activity and noted the impact of inefficient combustion of cooking and vehicle fuels and of seasonal Saharan dust, which affected his country. The green economy required a comprehensive approach on the part of Government and society. Small island States like his, however, had limited resources for economic and social development and to address health issues. He supported the draft road map.

The representative of IRAQ said that measures to deal with air pollution should take into account the impact of pollution on workers’ health, the role of educational health services, and school and university curricula. The implementation of the road map would require potential legislative amendments, intersectoral collaboration and health promotion activities.

The representative of VIET NAM said that her Government was aware of the many environmental health challenges experienced in developing countries as a result of fast industrialization and urbanization. While supporting the draft road map, she requested that a reference to strengthening information sharing should be reflected in figure 2 of annex 1 on monitoring and reporting, given that data exchange on air pollutants and air quality would inform activity planning in that area. The time frame for the achievement of outcomes could also be extended beyond 2019, in order to allow time to mobilize resources and intersectoral engagement. It would also be necessary to secure the resources and financial support required to implement the draft decision.

The representative of AUSTRIA said that intersectoral cooperation was essential to strengthen global data on air pollution. Given its mandate to promote sustainable development and its history of technical cooperation in initiatives to reduce air pollution, the United Nations Industrial Development Organization must be involved in efforts to improve databases.

The representative of COSTA RICA said that countries’ particular health contexts should form the basis for national policies and actions, and the links between climate change and ambient air pollution should be explored in formulating them. The synergistic and cumulative effects of pollutants should be incorporated in health indicators in order to develop robust air quality indexes. The support of regional and international organizations was essential to strengthen health and environment institutions, and to foster close cooperation between epidemiological monitoring and environmental agencies. The report should also encompass Member States’ observations.

The representative of NEPAL, speaking on behalf of the Member States of the South-East Asia Region, underlined the need for specific strategies to counter household and ambient air pollution. Household air pollution affected predominantly low-income households and had an impact on gender equality and development. Since over 60% of households in his Region depended on solid fuels for energy, the road map should focus on strengthening the role of the health sector in addressing household air pollution as well as on resource mobilization should be mobilization. Refined monitoring tools were also needed in rural areas. He proposed amending paragraph 2 of the draft decision to read: “request the Director-General to report progress towards an enhanced global response to the adverse health effects of air pollution to the Seventy-first World Health Assembly and the achievement to the Seventy-third World Health Assembly”.

The representative of THAILAND said that the road map served to enhance health sector leadership at all levels, particularly at community level. Leadership in the area of surveillance was especially important. Successful implementation of the road map required collaborative policy-making. However, the design and application of policies to address air pollution remained a challenge in many countries owing to a lack of knowledge.

The representative of SAUDI ARABIA highlighted the importance of sound management in the development of measures to combat the adverse health effects of air pollution and of incorporating lessons learned from all sectors. More effective multisectoral cooperation was required in order to integrate health in all policies and develop actions relating to health and sustainable development. Additional resources were also necessary to design comprehensive air pollution reduction strategies.

The representative of MEXICO said that his Government had taken various measures to address the adverse health effects of air pollution. The road map should include more specific technical information regarding pollutants and air quality assessment criteria. It should also cover diseases related to oxidative stress and their additional negative repercussions, such as school and work absenteeism. The implementation of the road map required the participation of the environment and energy sectors, and civil society. Prevention strategies using early warning systems based on continuous epidemiological monitoring of the impact on health of air pollution should also be incorporated into the road map.

The representative of BRAZIL highlighted the need to include rural populations at risk of exposure to pesticides in policies and measures on public health and air quality control. Her Government had launched a national plan on air pollution. She expressed the hope that the road map would facilitate the establishment of health information networks to fill knowledge gaps in the health sector and increase technical support for other relevant sectors.

The representative of CANADA noted that increased awareness of the adverse health effects of air pollution would guide governmental and public actions to improve air quality and health. She commended WHO leadership regarding technical policy-making and best practices in that area. Her Government looked forward to contributing to the proposed road map in the light of knowledge gained from monitoring and reporting air pollutant levels and quantifying health benefits from improved air quality in Canada.

The representative of INDONESIA said that her Government participated in programmes to reduce household air pollution, such as Clean Stove Initiative Indonesia, with a view to decreasing the rate of child pneumonia. Successful air pollution control required effective public policies and business models, and their swift implementation at national levels. She underscored the importance of providing guidance to expand knowledge bases, improve monitoring mechanisms and strengthen institutional capacity.

The representative of SRI LANKA expressed concern at the annual death rate as a result of diseases caused by air pollution. Given that many low-income households depended on solid fuels for cooking, it was vital to introduce low-cost energy alternatives into households. Her Government appreciated WHO's commitment to respond to the adverse health effects of air pollution and appealed to the global community to support the Organization through a multisectoral approach.

The representative of CHINA expressed the hope that WHO would enhance cooperation with relevant environmental agencies for the effective promotion of national coordination mechanisms. She proposed that relevant core monitoring indicators should be developed with an eye to regularly updating the road map.

The representative of the UNITED REPUBLIC OF TANZANIA said that his Government had taken various multisectoral initiatives to address the issue of air pollution. Challenges to the implementation of measures to reduce air pollution included growing urbanization and poor urban planning, lack of data, limited institutional and technical capacity, and poor public awareness. His delegation supported the draft decision.

The representative of TOGO described measures adopted in Togo to reduce ambient air pollution by, inter alia, promoting other sources of energy and regulating air pollutants. Despite concerted efforts, many challenges remained, particularly in raising the awareness of stakeholders and designing targeted policies. He supported the draft decision.

The representative of MALAYSIA expressed appreciation for WHO's commitment to tackling air pollution. The road map addressed the challenges common to many countries. The proposed monitoring and reporting framework would serve as a guide and assist Member States in giving effect to the road map. The complexity of the issue required inter-agency cooperation and the participation of all stakeholders.

The representative of ECUADOR, drawing attention to the important synergies and linkages between the 2030 Agenda for Sustainable Development and the draft road map, particularly regarding the health impact of urban air pollution in large cities, said that it should be part of the new global urban agenda. He sought clarification on the time frame for achieving the outcomes of the draft road map: he understood the deadline was 2020, but one of the measures had a deadline of 2030. He supported the draft decision, but highlighted the need for financial support for developing countries such as Ecuador.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, said that statistics showed that annual deaths attributed to environmental pollution were significantly higher than deaths from serious illnesses, including HIV/AIDS, malaria and tuberculosis, and mostly affected in low- and middle-income countries. The African Region faced particular challenges in addressing air pollution and welcomed the draft road map as an opportunity to fast track implementation of the Sustainable Development Goals. It therefore encouraged Member States to endorse the draft road map as a springboard for the development of national strategies and action plans to reduce household and ambient air pollution health risks and as a framework for setting policies for air pollution mitigation.

The representative of the RUSSIAN FEDERATION, supporting the draft road map, said that her Government had noted the conclusions clearly drawn in the Secretariat's report pointing to the link between climate change and air pollution, but did not consider the adverse effects of air pollution to be a major climate factor. Further research was needed along the lines of the United Nations' work under



the United Nations Framework Convention on Climate Change on the added value of linking short-lived climate pollutants and climate change and the adverse effects of air pollution.

The representative of NIGER said that his Government aligned itself with the statement delivered by Liberia on behalf of the African Region. As a signatory to the Libreville Declaration on Health and Environment in Africa in 2008, it had drawn up an action plan to implement the commitments of the Declaration, including establishing a health-and-environment strategic alliance as the basis for plans of joint action. It therefore endorsed the draft decision.

The representative of TIMOR-LESTE said that his Government aligned itself with the statement delivered by Nepal on behalf of the Member States of the South-East Asia Region. Forest fires and the heavy use of solid fuel as a primary energy source were the major causes of air pollution in Timor-Leste, and the Government had adopted a range of measures to address the problem. It fully endorsed the draft road map.

The representative of the PHILIPPINES said that her Government welcomed all four categories of the draft road map. Since monitoring and reporting was one of those categories, it encouraged WHO to report regularly on the progress of its implementation to Member States. It therefore endorsed the draft road map.

The representative of TUNISIA endorsed the draft road map and urged WHO to disseminate it widely and Member States to implement it. She outlined action taken by her Government to combat the adverse effects of air pollution on health and requested WHO support for its efforts to implement integrated and intersectoral strategies, as set out in the draft road map.

The representative of MOROCCO said that, given the extent of the problems caused by poor air quality and climate change, her Government supported WHO efforts to prevent air pollution and welcomed the draft road map. It sought the support of WHO and other international organizations in building the country's public health technical capacity to enable it to determine true levels of public exposure to air pollutants and to set up effective monitoring and surveillance systems.

The representative of the DOMINICAN REPUBLIC endorsed the draft road map, but highlighted the need for technical and financial assistance to be provided to countries who struggled to implement their national legislation and regulations on pollution. He was of the opinion that most global pollution was caused by developed countries, and suggested that they should take responsibility and enforce their national legislation and regulations against transnational corporations from their countries that were violating legislation and regulations when operating in other countries.

The representative of UNEP said that the WHO's draft road map set the course for joint efforts across United Nations agencies and national and local governments to remove inefficient technologies and change policies that led to dangerous air pollution. Since 2012, there had been an international effort hosted by UNEP through the Climate and Clean Air Coalition, which was working to reduce emissions of short-lived climate pollutants that had a relatively short lifespan in the atmosphere and a warming influence on climate, with detrimental impacts to health and agricultural crop production. WHO was a crucial partner in the Climate and Clean Air Coalition – leading its Urban Health Initiative and global awareness-raising Breathe Life Campaign – which was currently developing a pilot approach to engaging at the city level in Accra, Ghana – a model to be scaled up for implementation in cities across Africa, Asia and Latin America. UNEP looked forward to working with WHO to reverse the growing trend in air pollution emissions and to reducing near-term global warming.

The observer of CHINESE TAIPEI welcomed and endorsed the draft road map and outlined action taken by her country to reduce environmental hazards. She emphasized the need for health professionals to lead the way; they should be the first and strongest to advocate, enable and mediate actions against environmental hazards and should practise what they preached.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that, as health professionals, the members of his association were deeply concerned by the health and environmental impacts of air pollution. Specific and targeted strategies to address air pollution were required, and they therefore supported increasing the profile of the problem and were committed to providing technical expertise where required. It was crucial to address the impact of air pollution on vulnerable populations. They supported engaging with existing post-2015 development processes and urged WHO and Member States to promote the effective engagement of the health sector in other venues such as the United Nations Framework Convention on Climate Change. Highlighting the Paris Agreement, they called on governments to address climate change in the light of their human rights obligations, including the right to health for all.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, noted the link between noncommunicable diseases and air pollution and stood ready to support implementation of the draft road map. To further strengthen the draft road map, WHO and Member States could: identify effective policy interventions based on criteria beyond the reduction of air pollution, including fully incorporating the public health advantages of solutions that simultaneously reduced exposure to air pollution and other noncommunicable disease risk factors; establish a comprehensive indicator framework, to be developed ahead of the Seventieth World Health Assembly, aligned with the commitments of the Paris Agreement and 2030 Agenda for Sustainable Development; and promote a multisectoral and intersectoral approach throughout implementation of the draft road map, including recognizing the role of civil society.

The representative of the WORLD COUNCIL OF CHURCHES, speaking at the invitation of the CHAIRMAN, welcomed the draft road map, but expressed concern at its portrayal of the new Paris Agreement as a panacea for the adverse effects of climate change, since the Agreement did not go beyond the legal framework of the United Nations Framework Convention on Climate Change adopted more than 20 years previously. The Paris Agreement did not contain an obligation for individual States to ensure adequate mitigation and it provided no concrete guarantee of sufficient finance, capacity-building or access to the technology that States required to protect their people. Moreover, the significant impact of climate change on air pollution was insufficiently considered in the draft road map. WHO had claimed that a work plan on health and climate change had been adopted in January 2015 but the work plan posted on the WHO website appeared to have been conceived without consultation with important partners and it was weak substantively, especially in relation to the concerns of developing countries.

The ASSISTANT DIRECTOR-GENERAL (Family, Women's and Children's Health) said that it was clear from the discussion that there was understanding that air pollution was the leading cause of avoidable deaths and diseases, including noncommunicable diseases. There was also a clear sense of urgency and of the need for intersectoral action. She reassured delegations that WHO would use the proposed global conference on air pollution and health to track progress on implementation activities. The Secretariat would work with Member States in seeking ways to further sharpen the indicators of the monitoring framework linked to the draft road map and to identify better ways to capture information and data that would enable them to develop effective policies. She welcomed the suggestion of further collaboration on strengthening information and data monitoring. She agreed on the importance of strengthening collaboration with WHO partners within the United Nations system

that were responsible for other sectoral actions such as UNEP, the United Nations Framework Convention on Climate Change and WMO, as well as implementing intersectoral actions. With regard to the many requests for technical and financial support and action at the country level to help Member States implement the ambitious draft road map, the Secretariat was looking to enhance that area of work in the Programme budget for 2018–2019.

At the invitation of the CHAIRMAN, the SECRETARY read out the proposed amendments to the draft decision: paragraph (1) would read: “to welcome the road map for an enhanced global response to the adverse health effects of air pollution”; and paragraph (2) would read: “request the Director-General to report the progress towards an enhanced global response to the adverse health effects of air pollution to the seventy-first Health Assembly and its achievement to the Seventy-third Health Assembly”.

**The draft decision, as amended, was approved.<sup>1</sup>**

**Role of the health sector in the sound management of chemicals:** Item 13.6 of the agenda (document A69/19)

The CHAIRMAN drew attention to a draft resolution proposed by the delegations of Argentina, Canada, Monaco, Panama, Thailand, United States of America, Uruguay, and European Union Member States, which read:

The Sixty-ninth World Health Assembly,

(PP1) Having considered the report on the role of the health sector in the sound management of chemicals;<sup>2</sup>

(PP2) Recalling resolution WHA59.15 (2006), in which the Health Assembly welcomed the Strategic Approach to International Chemicals Management adopted by the International Conference on Chemicals Management (Dubai, United Arab Emirates, 4–6 February 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 World Summit on Sustainable Development (Johannesburg, South Africa, 26 August–4 September 2002);

(PP3) Reaffirming its commitment to the outcome document of the Rio+20 Conference “The future we want”;

(PP4) Further recalling paragraph 213 of the outcome document “The future we want,” from the 2012 United Nations Conference on Sustainable Development which states “[w]e 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 effects on human health and the environment, as set out in the Johannesburg Plan of Implementation”;

(PP5) 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”;

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<sup>1</sup> Transmitted to the Health Assembly in the Committee’s fourth report and adopted as decision WHA69(11).

<sup>2</sup> Document A69/19.

(PP6) 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;

(PP7) 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;

(PP8) Noting that annually 12.6 million deaths (22.7% of all deaths) and 596 million disability-adjusted life-years (21.8% of all disease burden in disability-adjusted life-years) are thought to be linked to modifiable environmental factors, including chemical exposures and that in 2012, 1.3 million deaths (2.3% of all deaths) and 43 million disability-adjusted life-years (1.6% of all disease burden in disability-adjusted life-years) were attributable to exposures to a number of selected chemicals.<sup>1</sup> Among these, addressing lead exposure would prevent 9.8% of intellectual disability, 4% of ischaemic heart disease and 4.6% of stroke in the population and unintentional poisonings killed an estimated 193 000 people in 2012, 85% in developing countries where such poisonings are strongly associated with excessive exposure to, and inappropriate use of, toxic chemicals. Recognizing that due to the complex nature of the issue, disease burden information is only available for a very small number of chemical exposures and that people are exposed to many more chemicals in their daily lives;

(PP9) 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;

(PP10) Underlining the need to address the social, economic, and environmental determinants of health to improve health outcomes and achieve sustainable development;

(PP11) 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;

(PP12) Recalling WHO's longstanding recognition of the importance of sound chemicals management for human health, the key role of WHO 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 resolution WHA59.15 (2006) on the Strategic Approach to International Chemicals Management; resolution WHA63.25 (2010) on improvement of health through safe and environmentally sound waste management; resolution WHA63.26 on improvement of health through sound management of obsolete pesticides and other obsolete chemicals; resolution WHA67.11 (2014) on public health impacts of exposure to mercury and mercury compounds; and resolution WHA68.8 (2015) on health and the environment: addressing the health impact of air pollution;

(PP13) 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 the adoption of a Strategy for strengthening engagement of the health sector in the implementation of the Strategic

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<sup>1</sup> Prüss-Ustün A, et al. Preventing Disease through Healthy Environments: a global assessment of the environmental burden of disease. Geneva: World Health Organization; 2016 ([http://www.who.int/quantifying\\_ehimpacts/publications/preventing-disease/en/](http://www.who.int/quantifying_ehimpacts/publications/preventing-disease/en/), accessed 19 May 2016).

Approach<sup>1</sup> which details the key roles and responsibilities of the health sector in sound chemicals management;

(PP14) Recalling also paragraph 1 of International Conference on Chemicals Management 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”;

(PP15) Acknowledging with appreciation WHO’s extensive activities in this regard including, but not limited to, supporting countries to implement the International Health Regulations (2005) in relation to chemical incidents, the establishment in 2013 of the WHO 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;

(PP16) Also acknowledging initiatives undertaken at the national and regional levels, and through other bodies of the United Nations system and other relevant stakeholders, and the important contribution that these initiatives make to protecting health from hazardous chemicals and waste;

(PP17) Recalling the relevant chemicals- and waste-related multilateral agreements including, inter alia, the Stockholm Convention on Persistent Organic Pollutants (2004), the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade (2004, revised 2008), the Basel Convention on the Control of the Transboundary Movements of Hazardous Wastes and their Disposal (1989) and the Minamata Convention on Mercury (2013);

(PP18) 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 and waste, and recognizing that there is an urgent need to address existing gaps between the capacities of different countries;

(PP19) Recognizing the need for enhanced cooperation aimed at strengthening the capacities of developing countries for the sound management of chemicals and hazardous wastes and promoting adequate transfer of cleaner and safer technology to those countries;

(PP20) Emphasizing the importance of bringing into force the Minamata Convention on Mercury as soon as possible;

(PP21) Welcoming the outcome of WHO’s survey of the priorities of the health sector towards achievement of the 2020 goal of sound chemicals management,<sup>2</sup> which builds on the Strategy for strengthening the engagement of the health sector in the implementation of the Strategic Approach;

(PP22) Recognizing paragraph 1 of the Dubai Declaration on International Chemicals Management (2006), which states that “the sound management of chemicals is essential if we

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<sup>1</sup> See document SAICM/ICCM.3/20 for the strategy and document SAICM/ICCM.3/24, Annex 1 for resolution III/4.

<sup>2</sup> Document SAICM/ICCM.4/INF/11.

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”;

(PP23) Welcoming the 2030 Agenda for Sustainable Development, in particular Sustainable Development Goal 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 Goal target 12.4 to achieve, by 2020, the environmentally sound management of chemicals and all wastes throughout their life cycle, in accordance with agreed international frameworks, as well as other goals and targets relevant to health aspects of chemicals and waste management, such as Goal target 6.3 on the improvement of water quality;

(PP24) Convinced that the achievement of sound management of chemicals and waste 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;

(PP25) Stressing the responsibility of industry to make available to stakeholders such data and information on health and environmental effects of chemicals as are needed safely to use chemicals and the products made from them;

(PP26) Welcoming the integrated approach to financing the sound management of chemicals and wastes developed by UNEP,<sup>1</sup> which is applicable to the Strategic Approach and underscores that the three components of an integrated approach, namely mainstreaming, industry involvement and dedicated external financing, are mutually reinforcing and are all important for the financing of the sound management of chemicals and waste at all levels;

(PP27) Aware that strengthening of health systems and appropriately trained health work force is a key factor for facilitating the health sector to more effectively contribute to the sound management of chemicals and waste;

(PP28) 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 road map outlining concrete actions for the health sector,

(OP) 1. URGES Member States:<sup>2</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 levels in order 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 levels in order 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 overall orientation and guidance toward the 2020 goal, including the health sector priorities, as well as the Strategy for strengthening engagement of the health sector, and consider Emerging Policy Issues and

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<sup>1</sup> Sound management of chemicals: UNEP’s contribution to the achievement of the 2020 goal (<http://www.unep.org/chemicalsandwaste/Portals/9/Mainstreaming/Sound%20Management%20of%20Chemicals/SoundManagementofChemicals.pdf>, accessed 19 May 2016).

<sup>2</sup> And, where applicable, regional economic integration organizations.

Other Issues of Concern,<sup>1</sup> and to take immediate action where possible and where appropriate 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;

(5) to strengthen individual, institutional and networking capacities at the national and regional levels to ensure successful implementation of the Strategic Approach;

(6) to encourage health sector participation in the intersessional 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;

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

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

(9) to strengthen international cooperation to address health impacts of chemicals and waste, including through facilitating transfer of expertise, technologies and scientific data to implement the Strategic Approach, as well as exchanging good practices;

(OP) 2. REQUESTS the Director-General:

(1) to develop, in consultation with Member States,<sup>2</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 contributing to relevant targets of the 2030 Agenda for Sustainable Development, taking into account the overall orientation and guidance of SAICM, and the intersessional process to prepare recommendations regarding the Strategic Approach and the sound management of chemicals and waste beyond 2020 established through the fourth session of the International Conference on Chemicals Management, 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) supporting 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;

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<sup>1</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 and the transition to safer alternatives, and highly hazardous pesticides ([http://www.saicm.org/index.php?option=com\\_content&view=article&id=452&Itemid=685](http://www.saicm.org/index.php?option=com_content&view=article&id=452&Itemid=685), accessed 20 May 2016).

<sup>2</sup>And, where applicable, regional economic integration organizations.

- (c) strengthening 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, especially women, children, and through them, future generations;
  - (d) participating in bilateral, regional or international efforts to share knowledge and best practices for the sound management of chemicals, including the WHO Chemicals Risk Assessment Network;
  - (e) participating actively in ongoing work on the Strategic Approach's Emerging Policy Issues and Other Issues of Concern, as well as the intersessional 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;
  - (f) encouraging implementation of the Strategic Approach's Strategy for strengthening engagement of the health sector in the implementation of the Strategic Approach, including the review of the health sector's own role to the extent that it is a user of chemicals and a producer of hazardous waste;
  - (g) mainstreaming of 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 ensuring participation of women as agents of change in policy and decision making; and
  - (h) strengthening of efforts on implementation of the updated health sector priorities;
- (2) 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;
  - (3) 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;
  - (4) to support strengthening the capacities at all levels for the production, availability and analysis of quality, accessible, timely, reliable and appropriately disaggregated data for the adequate measurement of progress towards Target 3.9 of the 2030 Agenda for Sustainable Development and to improve, where appropriate, evidence-based data;
  - (5) 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 (2005);
  - (6) to support Member States by providing technical support, including at the regional and country levels, for strengthening the role of the health sector towards meeting the 2020 goal, including by enhancing capacities at individual, institutional and networking levels and by dissemination of evidence-based best practices;
  - (7) to support Member States to strengthen coordination for the health sector in responding to existing international efforts and, in so doing, avoid duplication;
  - (8) 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 call at the fourth session of the International Conference on Chemicals Management and the invitation conveyed at the first session of the United Nations Environment Assembly on support for the Strategic Approach; and to work in collaboration with the secretariat of the Strategic Approach to



find means to increase that secretariat's capacity to support activities related to the health sector;

- (9) to present to the Seventieth World Health Assembly:
  - (a) a road map outlining concrete actions to enhance health sector engagement towards meeting the 2020 goal and contributing to relevant targets of the 2030 Agenda for Sustainable Development, as requested in operative subparagraph 2(1) above; and
  - (b) a progress report on the preparation of the report requested in operative subparagraph 2(2) above;
- (10) to update the road map according to the outcome of the intersessional process to prepare recommendations regarding the Strategic Approach and the sound management of chemicals and waste beyond 2020.

The representative of CANADA, speaking on behalf of the Member States of the Region of the Americas, said that while the production and use of chemicals continued to grow, information on the disease burden was available for only a small number of chemical exposures despite the fact that people were exposed to an increasing number of chemicals in their daily lives and even before birth. The negative impact of the unsound management of chemicals and waste on health systems was therefore greater than estimated. The health sector had a crucial role to play in identifying risks and implementing effective interventions in order to achieve the 2020 goal of the Strategic Approach to International Chemicals Management and the related Sustainable Development Goals. The active engagement of the health sector would contribute to preventing ill-health and diseases linked to chemical exposures; raising awareness; elaborating methods for chemical risk assessment; filling gaps in scientific knowledge to support evidence-based policies; and coordinating joint activities through a Health in All Policies approach. Particular attention should be given to populations that were more vulnerable to chemicals and waste exposure. WHO was key to supporting health sector participation and should play an active role international fora. The Member States of the Region supported the adoption of the draft resolution. All regions were invited to consider the road map during their regional committee meetings in 2016.

Speaking on behalf of Canada, she said that her country would contribute a resource to develop the road map and assist in other chemical-related activities; she invited Member States to make similar contributions to further WHO's work.

The representative of IRAQ said that it was important to use environmentally-friendly chemicals; store chemicals safely; monitor and assess their use and impact. WHO could offer valuable support in the training of staff working with chemicals. Incorporating primary health care concepts, health, environment and other sectors must promote safe and efficient ways of handling chemicals.

The representative of SURINAME drew attention to the specific needs of small, developing countries with limited human and financial resources for the sound management of chemicals. Comparable regions and institutions should share information and resources to improve their ability to access, interpret, apply and adapt scientific knowledge to their local context.

The representative of PANAMA supported the draft resolution. Health ministries should guide global and regional work on chemicals and spur countries' actions with intersectoral and interagency support. A cost analysis – including data on poisonings and chemical exposures at the global, regional and national levels – should be carried out to determine how much it would cost the health sector if no actions were taken. WHO should conduct more research on endocrine disrupting chemicals and build countries' capacities in that area.

The representative of the PHILIPPINES supported implementation of the priority actions outlined in the draft road map. Member States must identify exposure assessment methodologies that could apply to a number of countries. She encouraged WHO, UNEP and other international organizations to facilitate an integrated financial approach to support the initiatives of the Strategic Approach. She expressed support for the draft resolution.

The representative of the NETHERLANDS, speaking on behalf of the European Union and its Member States, Turkey, the former Yugoslav Republic of Macedonia, Serbia, Albania, Bosnia and Herzegovina, Ukraine, the Republic of Moldova and Georgia, said that the draft resolution underlined the need to strengthen the role of WHO in implementing the 2020 goal of the Strategic Approach. He trusted that WHO's road map for the health sector would be coordinated with the overall orientation and guidance for achieving the 2020 goal. Multisectoral and multistakeholder engagement were important. The European Union and its Member States were cosponsors of the draft resolution and were committed to its full implementation.

The representative of GERMANY strongly encouraged the adoption of the draft resolution. Her Government was committed to its full implementation. She appreciated the initiative to develop a road map. WHO's commitment to the Strategic Approach in its areas of expertise with adequate resources and personnel was commendable.

The representative of BRAZIL highlighted the importance of close cooperation between the health sector and other sectors. WHO's technical support to countries in need was vital to strengthening institutional capacity, improving regulatory frameworks and training health workers. She welcomed the draft resolution and said that her Government was committed to further discussions on chemicals.

The representative of SENEGAL said that sound management of chemicals had been incorporated into the country's Emerging Senegal Plan. WHO should increase its support to the creation and strengthening of poison centres.

The representative of MAURITANIA highlighted a number of public health concerns in Africa, including the continued use of chemicals with adverse impacts on human health and the environment, particularly pesticides, and the illegal dumping of waste and recyclable materials. While progress had been made in the sound management of chemicals in the African Region, weak technical and institutional capacities were still a major obstacle.

The representative of the RUSSIAN FEDERATION said that chemical security was a priority in his country. International cooperation on the sound management of chemicals should take into account the human rights to life and health, evidence-based decision-making, the strengthening of legislation, fostering of intersectoral cooperation and adequate allocation of financial resources. Mechanisms for regulating harmful chemicals should be strengthened and WHO discussions should lead to a detailed analysis of the impact of chemicals on human health.

The representative of the UNITED REPUBLIC OF TANZANIA said that her country was participating fully in the implementation of the Strategic Approach and already had a number of laws and regulations on the management of chemicals. However, there were still gaps in capacities for chemical risk assessment and risk reduction, monitoring, and assessing the impact of chemicals on health and the environment. She looked forward to increasing core capacity-building. She supported the adoption of the draft resolution.

The representative of THAILAND supported the full implementation of the Strategic Approach and said that her country's fourth national strategic plan on chemical management was being implemented. It was important for WHO to support Member States by enhancing individual, institutional and network capacities and drawing lessons from evidenced-based best practices. She invited Member States to adopt the draft resolution, of which Thailand was a cosponsor.

The representative of the UNITED STATES OF AMERICA highlighted the importance of health sectors in the sound management of chemicals, the Strategic Approach and the Sustainable Development Goals. She supported the draft resolution and looked forward to working with other Member States to manage chemicals and protect human health.

The representative of SOUTH AFRICA, referring to policy and regulatory measures and multilateral agreements adopted by her Government, said that national coordinating efforts for the sound management of chemicals included the establishment of the Multi-stakeholder Committee on Chemicals Management. The countries continued to face numerous challenges and the involvement of the health sector was crucial.

The representative of SRI LANKA said that the increasing use of agrochemicals, food preservatives and other chemicals, and the resulting accumulation of toxic chemicals in human bodies, had played a major role in the increase of cancer and other serious diseases. Member States, manufacturers and consumers must work together to minimize those adverse effects. WHO should support developing countries in building relevant capacities.

The representative of CHINA supported the draft resolution. The Chinese environment and agriculture sectors cooperated closely. The production and use of high-risk chemicals was restricted, strictly regulated and gradually being substituted by other products.

The representative of JORDAN supported the draft resolution. The import of hazardous chemicals must be regulated, including by adopting relevant customs control legislation. The preparation of a list of hazardous chemicals, strict control of all sectors using chemicals, and sound management of toxic waste were also crucial.

The representative of ARGENTINA supported the draft resolution. In the light of rising mortality rates associated with chemicals, the involvement of the health sectors in chemicals management was essential. The work of the Intergovernmental Forum on Chemical Safety had been particularly useful for low- and middle income countries; the inclusion of a reference to the Forum in the draft resolution to give recognition to its important work.

The representative of INDONESIA said that measures taken by her Government to manage chemicals soundly and to protect the population from hazardous substances included the introduction of non-incineration technologies for medical waste treatment to reduce the production of dioxin and the development of a national action plan to eliminate the use of mercury in small scale gold mining. The establishment of a poison centre was in the pipeline.

The representative of MEXICO, supporting the draft resolution, agreed that health sector participation was crucial. His Government had taken a range of legislative measures to enhance the sound management of chemicals, including the adoption of a law whereby the cost of registering pesticides and plant nutrients was commensurate with their toxicity. He welcomed the report's focus on action and the proposal to develop globally-harmonized methods for chemical risk assessment,

reduce duplication of effort, and improve the ability to access, interpret and apply scientific knowledge.

The representative of MOROCCO said that, despite progress made, the sound management of pesticides used in hygiene and public health remained a challenge. Furthermore, Morocco needed to build health sector capacities for chemical risk assessment, control and prevention and diagnosis and treatment capacities with respect to chemicals poisoning.

**Ms Koivisto took the Chair.**

The representative of URUGUAY said that the production and use of chemicals was projected to grow further, with the attendant environmental and health risks. Health must therefore be incorporated into policy-making across sectors. The health sector must be strengthened to help protect the most vulnerable segments of the population. The Government of Uruguay had undertaken a range of intersectoral coordination initiatives to reduce the adverse effects of chemicals on people's health. As a cosponsor, her delegation urged Member States to adopt the draft resolution.

The representative of CHAD deplored the recurring chemical spills, in particular oil spills, which caused illness and death and destroyed flora and fauna. Health authorities in Chad had conducted a survey on natural environmental risk and risk associated with human activity. That information would be used as a basis for formulating a joint action plan for the health and environment sectors. WHO support for the implementation of the plan would be greatly appreciated.

The representative of PARAGUAY supported adoption of the draft resolution. The health sector must be given appropriate instruments to prevent and control the risks associated with chemicals and take part in decision-making on chemicals management. It must be involved in assessing the health and environmental impact of chemicals and decision-making on their market release and use. Health must be mainstreamed into all policies and strong WHO support was crucial.

The representative of MALAYSIA drew attention to legislative and other measures adopted by his Government to ensure sound chemicals management and protect workers' health. Malaysia's National Poison Centre provided crucial information for professionals and the public on detection and treatment of chemicals poisoning. Regulatory authorities, industry, retailers, research institutions and users were major stakeholders must play an important role in accelerating better chemicals management.

The representative of MALDIVES said that his country lacked the capacity to monitor the use and disposal of chemicals and assess their adverse health effects. In order to attain the Sustainable Development Goals, the country must minimize the adverse impacts of chemicals on human health and support from WHO, Member States and others was vital.

The representative of UNEP said that urgent action was required by all stakeholders to attain the 2020 goal. She recalled that the International Conference on Chemicals Management, at its fourth session, had called on WHO to "continue supporting the work of the secretariat in its areas of expertise by reassigning a staff member to the secretariat at the earliest date possible". Similar calls had been made by UNEP Member States at the Second Meeting of the United Nations Environment Assembly. The Sixty-ninth session of the World Health Assembly provided a timely opportunity for WHO Member States to respond to those calls. Given the challenges ahead, an adequately-resourced Strategic Approach secretariat was vital. Policy deliberation on sound chemicals management would remain topical beyond 2020 and the health sector must remain involved.

The observer of CHINESE TAIPEI briefed the Committee on measures and bodies established in Chinese Taipei to regulate hazardous chemicals and share relevant information. The impact of toxic chemicals on humans and the environment could affect generations and more sophisticated chemical management was crucial to ensure future well-being.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that there was growing evidence that exposure to harmful chemicals increased the likelihood of noncommunicable diseases and noncommunicable diseases should therefore be taken into account in the development of the proposed road map. WHO should invest in research and sharing of data on links between noncommunicable diseases and chemicals exposure in order to support an informed and coordinated responses. Civil society had unique and valuable competencies and should be brought on board in the development and implementation of the road map.

The ASSISTANT DIRECTOR-GENERAL (Family, Women's and Children's Health) said that the sound management of chemicals brought substantial health benefits. Member States had emphasized the link between health and other sectors and the importance of collaboration between the United Nations agencies since human exposure to chemicals throughout the life cycle involved many sectors such as agriculture, energy and transportation; in that context she emphasized the need to look beyond goal 3 of the 2030 Agenda for Sustainable Development to other goals that addressed essential determinants of health. WHO looked forward to working with Member States and other stakeholders on the development of the proposed road map.

**The draft resolution was approved.<sup>1</sup>**

**The meeting rose at 12:55.**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA69.4.