
Member State Consultation

Draft Global Action Plan for lead mitigation

16 October 2026

World Health Assembly Resolution 78.27 (2025)

REQUESTS the WHO Director-General to develop, in consultation with Member States, relevant United Nations specialized agencies and relevant stakeholders, a **global action plan** on lead mitigation to the World Health Assembly in 2027 and technical guidance to Member States and stakeholders



Seventy-eighth World Health Assembly

Agenda item 18.1

27 May 2025

WHA78.27

Galvanizing global support for a lead-free future

The Seventy-eighth World Health Assembly,

Having considered the report by the Director-General;¹

Recalling the commitments of the 2002 World Summit on Sustainable Development to phase out lead in lead-based paints and in other sources of human exposure; to work to prevent children's exposure to lead in particular; and to strengthen monitoring, surveillance and treatment efforts;²

Recognizing that preventing and mitigating the health impacts caused by all sources of lead exposure aligns with WHO's Fourteenth General Programme of Work, 2025–2028, which emphasizes addressing health determinants and the root causes of ill health, including climate change and environmental degradation;

Recognizing also WHO's Chemicals road map,³ approved at the Seventieth World Health Assembly to help achieve the 2020 ("and beyond") goals of the Strategic Approach to International Chemicals Management,⁴ to enhance the global health sector's leadership role in the health-related components of exposure to harmful chemicals, including lead, and its important supporting role in multisectoral cooperation in the sound management of chemicals, including lead as one of the 10 chemicals of major public health concern;⁵

Objectives and Expected Outcomes of the Consultation

OBJECTIVES



Present the draft Global Action Plan

Provide an overview of the strategic framework, proposed actions and implementation approach.



Seek Member State feedback

Invite views on the proposed priorities, actions and overall direction of the draft Plan.



Inform finalization of the draft

Member State feedback will inform revisions before the draft advances through WHO governing body processes.

EXPECTED OUTCOME

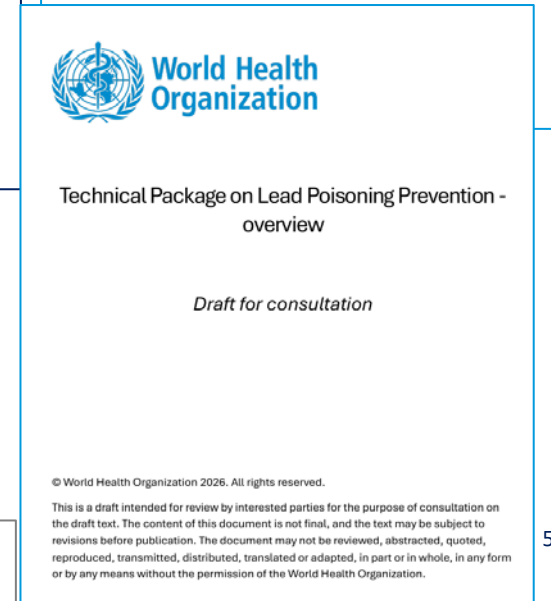
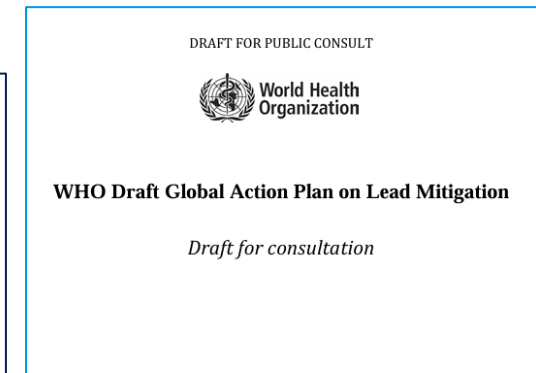
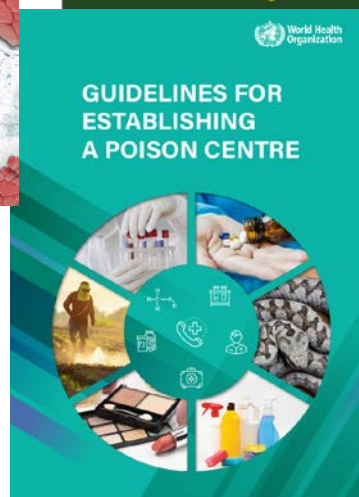
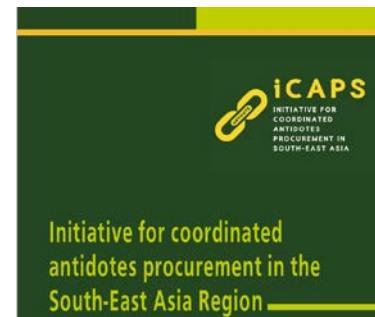
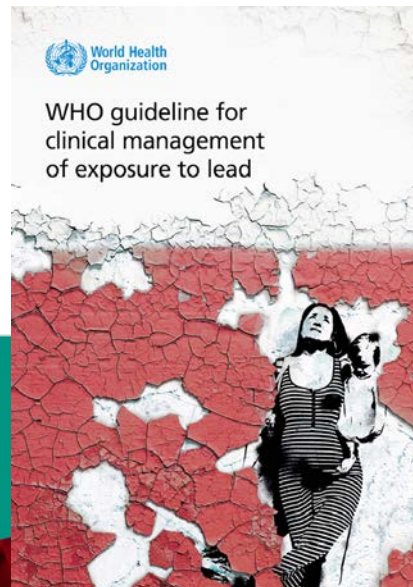
Consultation input will support revision of the draft Global Action Plan ahead of consideration through WHO governing body processes.

AGENDA

Topic	Description	Speaker	Time
Opening and context setting	Mandate, consultation objectives and expected outcomes	Dr Bruce Aylward Assistant Director-General, Division of Health Promotion, Disease Prevention and Care	10 minutes
Presentation of the draft Global Action Plan	Draft Plan, Action Areas and implementation approach	Dr Virunya Bhat Technical Officer, Chemicals, Radiation, and Health Unit	15 minutes
Member State discussion and feedback	Moderated discussion - Member State comments, recommendations and questions	Dr Emilie Van Deventer Unit Head, Chemicals, Radiation, and Health Unit	50 minutes
Summary of comments and revision process	Key themes and approach to revising the draft	Dr Virunya Bhat Technical Officer, Chemicals, Radiation, and Health Unit	10 minutes
Next steps and closing	Next steps towards EB and WHA consideration	Bruce Gordon Director ai, Department of Environment, Climate Change, One Health and Migration	5 minutes

WHO Guidance Strengthening Lead Poisoning Prevention

WHO is moving from guidance development to implementation support through WHA78.27, a global action plan and technical package.



2010's

2021

2025 to present



RISK REDUCTION



Reduce population exposure to lead.

Objective A:
Strengthen and enforce policies to eliminate key sources.

KNOWLEDGE AND EVIDENCE



Strengthen data generation, research and monitoring.

Objective B:
Improve evidence on lead exposure sources, population impacts and actions to inform policy and programme decisions.

INSTITUTIONAL CAPACITY



Improve surveillance, clinical management and health-system readiness.

Objective C:
Strengthen national surveillance and health-sector response capacities.

LEADERSHIP AND COORDINATION



Strengthen multisectoral governance and cooperation.

Objective D:
Enhance multisectoral coordination and health sector leadership.



Global Action Plan → PREVENT Technical Package

- High-level strategic direction
- Proposed actions for Member States, WHO Secretariat, and stakeholders
- Global priorities
- Practical implementation guidance
- Prioritized interventions and technical considerations
- Operational actions for country implementation

*The Global Action Plan is WHAT countries should achieve;
the Technical Package is HOW countries can achieve it*

P	R	E	V	E	N	T
Prioritize sources and measure exposures	Respond to elevated blood lead and address ongoing exposures	Engage partners, private sector and the public to increase and sustain momentum	Verify that regulations align with best practices to protect health	Enforce regulations to ensure compliance		Track progress: evaluate im- plementation and impact on exposure

PREVENT Technical Package on Lead Poisoning Prevention

- Accompanies the global action plan to translate evidence into a practical, prioritized framework for action.
- Minimum suite of interventions required to make major progress, focusing government action on manageable goals.

Modules →

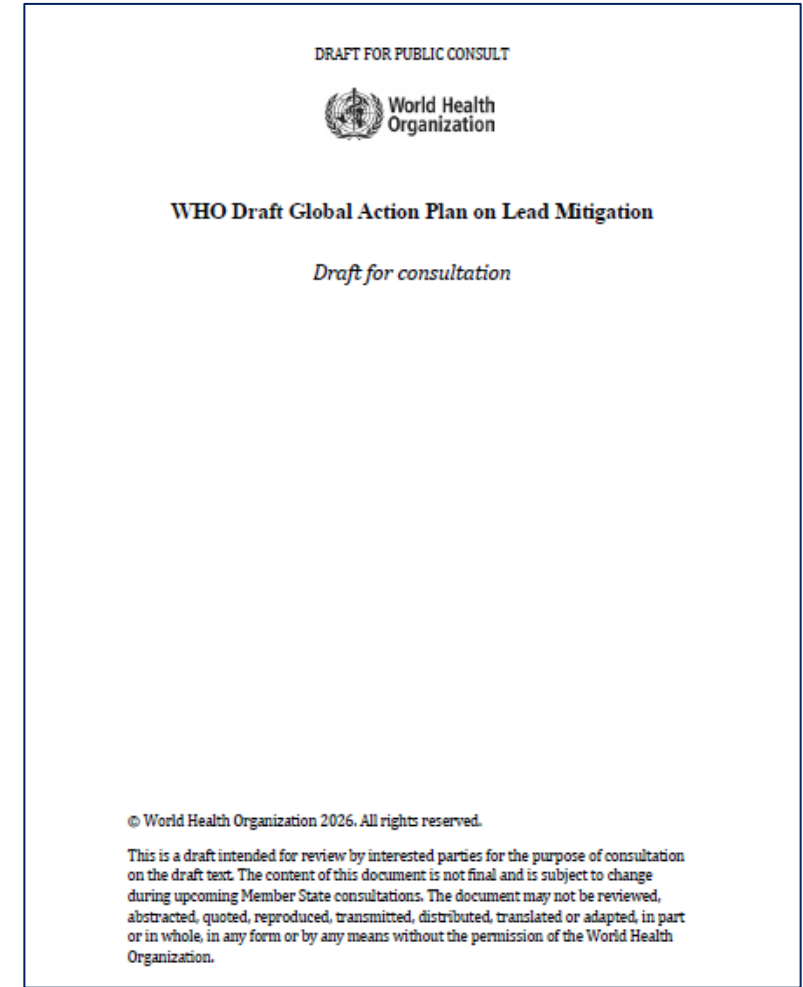
	Overview	Prioritize	Respond	Industrial	Consumer
Key actions of PREVENT					
Prioritize	●	●	○	○	○
Respond	●	○	●	○	○
Engage	●	○	○	●	●
Verify	●	○	○	●	●
Enforce	●	○	○	●	●
Track	●	●	●	●	●

● Present in module ○ Not present

The 6 key actions in PREVENT are spread across 5 technical package modules.

Developing the draft Global Action Plan

- WHO Secretariat developed an **initial draft** based on existing normative, technical and evidence-based guidance and consultations with subject matter experts, WHO Networks, WHO Collaborating Centres, partners and WHO staff
- Draft posted for **public consultation 16 July 2026** - received input from Member States, civil society, academia, labour representatives, UN partners and public health professionals across regions.
 - Feedback broadly supported the proposed strategic direction and action areas.
 - Recurring themes included surveillance and monitoring, coordination and accountability, and occupational exposure.
 - Many comments on implementation details are being considered, where appropriate, through the Technical Package.





Action Area 1 - RISK REDUCTION

Global Target - Reduce population exposure to lead.

Objective: Strengthen and enforce policies to eliminate or control key sources.



Prioritize high-risk lead sources

Review laws, standards and exposure data to target sources that are high risk and amenable to action.



Eliminate lead in products

Adopt and enforce measures on lead paint and non-essential uses; promote safer product design and reformulation.



Strengthen market controls

Set standards and surveillance for lead in consumer products, foods, cosmetics, medicines and food-contact materials.



Manage lead wastes safely

Regulate ULAB recycling and lead-containing wastes across collection, transport, recycling and disposal.



Protect workers and communities

Prevent occupational and take-home exposure; control emissions, industrial releases and contaminated sites.



Address environmental and community exposures

Prevent, mitigate or remediate lead exposure in water, housing and contaminated environments.

Action Area 2 - KNOWLEDGE AND EVIDENCE

Global Target - Strengthen data generation, research and monitoring

Objective: Improve evidence on lead exposure sources, population impacts and actions to inform policy and programme decisions.



Prioritize lead nationally

Identify lead as a priority chemical for national action.



Assess exposure sources

Identify major sources affecting children, pregnant women and workers, using health and environmental data.



Blood lead surveillance

Build capacity in blood lead testing, surveillance and laboratory systems to find populations at risk.



Strengthen monitoring and laboratory capacity

Build systems to generate evidence on priority exposure sources and track progress.



Quantify burden and cost

Produce national burden of disease and economic impact analyses to inform prioritization.



Collaborate and track progress

Share data, evidence and experience internationally to support monitoring of progress.

Action Area 3 - INSTITUTIONAL CAPACITY

Global Target - Improve surveillance, clinical management and health-system readiness

Objective: Strengthen national surveillance and health-sector response.



Expand blood lead surveillance

Establish or strengthen routine surveillance focused on priority populations.



Embed clinical guidance

Adopt WHO guidance and integrate screening, risk assessment, counselling and follow-up into relevant services.



Strengthen diagnostics

Build laboratory capability and external quality assurance for reliable testing.



Build clinical response capacity

Strengthen poison centres, referral pathways, case management procedures and health-worker capacity.



Secure essential treatment

Ensure chelators are reflected in essential medicines lists, procurement plans and supply chains.



Prepare for incidents

Strengthen capacity to respond to lead poisoning incidents and outbreaks.

Action Area 4 - LEADERSHIP AND COORDINATION

Global Target - Strengthen multisectoral governance and cooperation

Objective: Enhance multisectoral coordination and health sector leadership



Establish national programmes

Create or strengthen lead poisoning prevention programmes with governance, roadmaps and monitoring frameworks.



Include lead services in health coverage

Include blood lead testing, confirmatory diagnostics and chelation therapy in health benefit and reimbursement schemes.



Coordinate across sectors

Use interministerial platforms spanning health, environment, labour, industry, customs and other relevant actors.



Align policies with guidance

Assess government policies against the WHO Technical Package and address identified gaps.



Strengthen enforcement and awareness

Improve market surveillance and compliance reporting and promote public awareness and engagement.



Connect to global frameworks

Implement relevant chemicals and waste agreements and engage in regional and global lead-prevention partnerships.



Supporting implementation

WHO Secretariat and stakeholders support Member State action across all four Action Areas

WHO Secretariat



Technical guidance and country support

Develop implementation guidance and support countries to prioritize and address lead exposure risks.



Data, tools and capacity strengthening

Support surveillance, laboratory capacity, burden assessment, training and knowledge exchange.



Convening and coordination

Bring sectors and partners together, strengthen networks, and promote coherent implementation and communication.

Stakeholders



Implementation and safer practices

Support safer products, production, recycling, waste management and other measures that reduce exposure.



Evidence and technical capacity

Contribute research, data, technical expertise, laboratory networks and health-worker capacity strengthening.

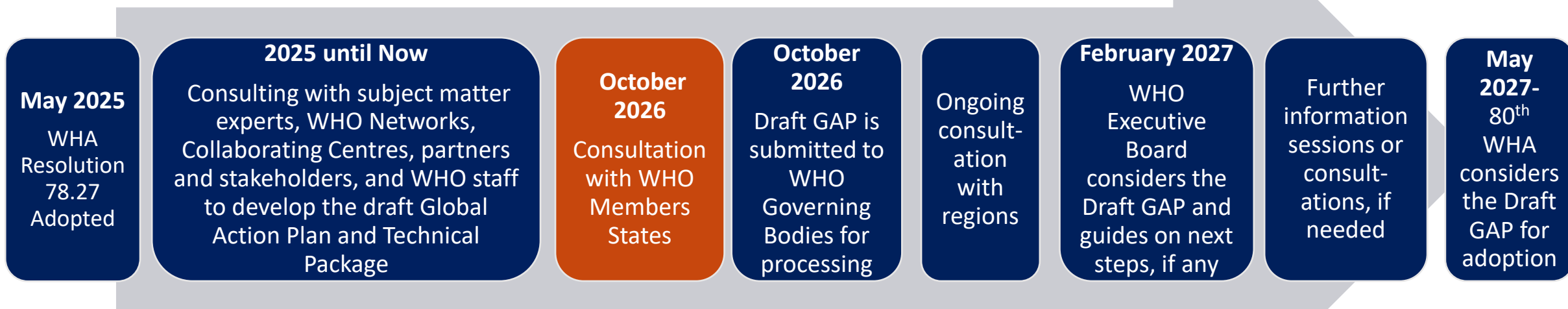


Partnerships and engagement

Support community engagement, policy uptake, awareness, partnerships and resource mobilization.

Specific proposed actions for the WHO Secretariat and stakeholders are set out under each Action Area in the draft Global Action Plan.

Next steps



- Secretariat will revise the draft global action plan considering the input received from Member States
- Deadline to submit comments to the Secretariat (bhatv@who.int) is 26th October 2026
- Access the draft global action plan: <https://www.who.int/publications/m/item/who-draft-global-action-plan-on-lead-mitigation>

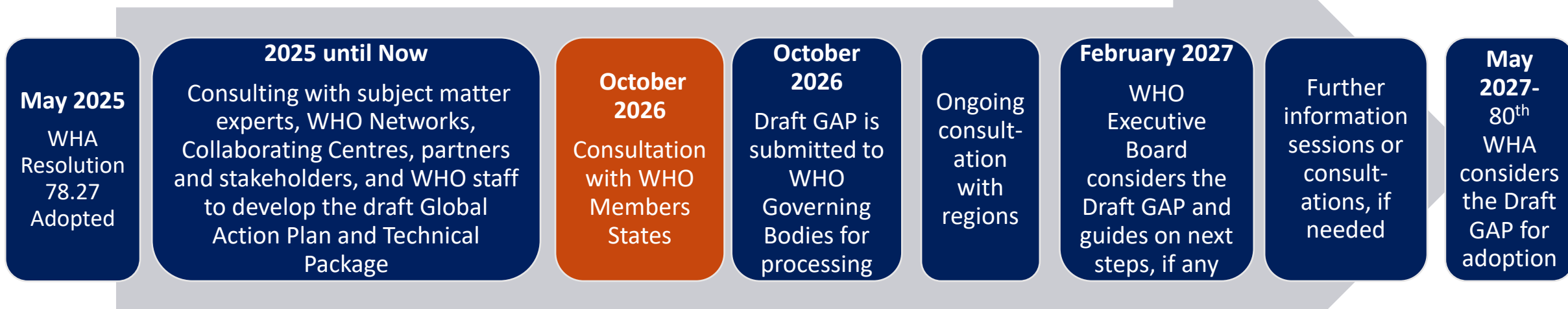
Member State discussion and feedback

We welcome Member State views on:

1. **Strategic direction** - Does the draft reflect the priorities needed for global action on lead mitigation?
2. **Proposed actions** - Are the proposed actions for Member States clear, relevant and feasible across different national contexts?
3. **Roles and implementation** - Are the respective roles of Member States, the WHO Secretariat and stakeholders sufficiently clear?
4. **Gaps or changes** - Are there important gaps, or specific actions that should be added, removed or revised?

Summary of comments and revision process - Secretariat

Closing



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