

Strategic Approach to International Chemicals Management

Report by the Secretariat

1. The Sixty-second World Health Assembly deferred consideration of this agenda item to the Executive Board at its 126th session.¹ This report outlines the importance of the sound management of chemicals for the protection of human health and provides an update on implementation of the Strategic Approach to International Chemicals Management from a health-sector perspective, including further opportunities for action.

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

2. The production of chemicals continues to grow worldwide. For example, the growth in global output of chemicals between 1970 and 1998 was almost nine-fold. In this respect an important shift is being observed: chemical production continues to grow faster in non-OECD countries than in OECD countries, and this trend is expected to continue and even accelerate. OECD estimates that non-OECD countries, which produced around 17% of chemicals globally in 1970, will be producing 31% of a larger world production of chemicals by 2020, with, eventually, older and bulk-type chemicals being primarily produced in developing countries, and more “specialized” chemicals in OECD countries.

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

¹ See document WHA62/2009/REC/2, verbatim record of the second plenary meeting, section 2.

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

5. To counter the negative health impacts arising from exposure to hazardous chemicals, in addition to health-sector action, substantial health gains could result from cooperation with other sectors such as environment, transport and agriculture. The health impacts of chemicals are dealt with in multilateral environment agreements, including the Stockholm Convention on Persistent Organic Pollutants and the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade. The Conference of the Parties to the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal at its ninth meeting (Bali, Indonesia, 23–27 June 2008) adopted the Bali Declaration on Waste Management for Human Health and Livelihood. Decision 25/5 (“Chemicals management, including mercury”) of the UNEP Governing Council in February 2009 to prepare a global legally-binding instrument on mercury is intended to assist in resolving the health problems caused by mercury. Authorities in some developing countries use *The WHO recommended classification of pesticides by hazard and guidelines to classification 2004*¹ to regulate severely hazardous pesticides in agriculture.

6. Despite actions taken, chemical emergencies that affect human health and require a health-system response continue to occur, for instance: the dumping of toxic waste in Côte d’Ivoire in 2006 resulted in some 85 000 health-related consultations and eight deaths; mass poisoning with sodium bromide in Angola in 2007 affected 467 individuals; and 1000 people in Senegal were affected recently by lead poisoning from recycled batteries, with 18 children dying. Furthermore, the problem of stockpiles of obsolete pesticides remains unresolved in the developing world. These examples of mass exposures have been documented, but the extent and nature of undocumented exposures in many developing countries, including lower-level exposure to a variety of chemicals that may occur for prolonged periods of time in specific areas, are largely unknown. Such exposures occur despite the existence of many international instruments on chemicals management intended to protect human health. This gap between policy formulation and what happens in practice needs to be addressed at international and national levels.

IMPLEMENTATION OF THE STRATEGIC APPROACH TO INTERNATIONAL CHEMICALS MANAGEMENT BY MEMBER STATES

7. The Strategic Approach to International Chemical Management comprises three core texts: the Dubai Declaration on International Chemicals Management, the Overarching Policy Strategy and the Global Plan of Action.² The Strategic Approach responds to the need to assess and manage chemicals more effectively in order to achieve the 2020 goal, articulated in paragraph 23 of the Johannesburg Plan of Implementation,³ that chemicals should be used and produced in ways that lead to the

¹ World Health Organization. *The WHO recommended classification of pesticides by hazard and guidelines to classification 2004*. Geneva, World Health Organization, 2005.

² Document WHA59/2006/REC/1, Annex 1.

³ Adopted by the World Summit on Sustainable Development (Johannesburg, South Africa, September 2002) and reproduced in document WHA59/2006/REC/1, Annex 1, Appendix 2, Attachment.

minimization of significant adverse effects on human health and the environment. The Strategic Approach is not a legally-binding instrument.

8. In resolution WHA59.15 the Health Assembly urged Member States to take full account of the health aspects of chemical safety in national implementation of the Strategic Approach and to participate in national, regional and international efforts to implement it.

9. More than 100 Member States and other participants attended the second session of the International Conference on Chemicals Management (Geneva, 11–15 May 2009). The Conference provided a first opportunity for Member States to review progress in implementation of the Strategic Approach. The Conference included a high-level segment with a public health theme and a round-table discussion on public health, the environment and chemicals management. It adopted an omnibus resolution (resolution II/4, on emerging policy issues) covering the phasing-out of lead in paint, chemicals in products, electrical and electronic waste, and manufactured nanomaterials.¹

10. In resolution II/8 on health aspects of the sound management of chemicals, the International Conference welcomes the support of the World Health Assembly through resolution WHA59.15 and invites the Health Assembly to consider endorsing the outcomes of the second session of the International Conference regarding human health.² The Conference's resolution II/8 *inter alia* recognizes the fundamental importance of identifying effective interventions on chemicals of major public health concern and the critical importance of building capacity at the local level to mitigate the impacts of chemicals on human health, emphasizes the need to engage fully the health sector in Strategic Approach forums and the importance of regional health and environment interministerial processes as a springboard for intersectional actions. The Conference invites WHO to intensify its activities in the sound management of chemicals, particularly at regional and country levels, and invites the Strategic Approach secretariat to develop in consultation with WHO a strategy for strengthening the engagement of the health sector in the implementation of the Strategic Approach.

11. The health sector has substantive roles and responsibilities in chemicals management, which are reflected in the Strategic Approach health-sector priorities,³ and include:

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

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

¹ Document SAICM/ICCM.2/15, resolution II/4.

² Document SAICM/ICCM.2/15, resolution II/8.

³ See document WHA59/2006/REC/1, Annex 1.

- **collecting information to identify the hazardous chemicals to which their populations are exposed** in order to take action on the most important problems.
- **identifying effective interventions on chemicals of major public health concern such as lead, mercury, persistent organic pollutants and asbestos.** The health sector can make use of experience gained by countries that have successfully promoted effective action.
- **enhancing local arrangements for the public health management of chemical emergencies,** focusing on prevention and preparedness, early detection of events to avoid or minimize the impact on public health, rapid response to save lives and reduce suffering, and recovery. The International Health Regulations (2005) place a legal requirement on countries to develop improved capacities for the surveillance and detection of chemical-related outbreaks that could lead to the international spread of disease.
- **taking advantage of the Strategic Approach's institutional arrangements,** for example by including health priorities in national plans for implementing the Strategic Approach, coordinating work with other ministries on multisectoral problems, and using regional and international forums on the Strategic Approach to engage with other sectors in the sound management of chemicals.
- **accessing the Strategic Approach Quick Start Programme Trust Fund,** administered by UNEP, which funds projects aimed at strengthening capabilities and capacities for implementation by developing countries and countries with economies in transition. By April 2009, 82 projects had been approved totalling more than US\$ 16 million for implementation by 74 governments and 12 civil-society organizations, involving 76 countries of which 35 are least-developed countries and/or small island developing States. Fourteen health ministries and two health-sector civil-society groups have been awarded project funding.¹

FACILITATION OF STRATEGIC APPROACH IMPLEMENTATION BY THE SECRETARIAT

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

¹ Health Ministry projects: strengthening capacities for the Strategic Approach to International Chemicals Management implementation in Albania; mainstreaming chemicals management into development planning in Belarus; country support to Gabon and Kenya for the implementation of the Libreville Declaration on Health and Environment in Africa; updating a national chemicals management profile in Kazakhstan; management of priority industrial carcinogens in Indonesia, Sri Lanka and Thailand; recycling and disposal of long-lasting insecticide-treated bednets in Madagascar; management of public health pesticides in Morocco; a national pollutant release and transfer register in Panama; and strengthening chemicals management in Peru, the Philippines and Uruguay. Civil-society projects: regional project on minimization of domestic sources of mercury by the Argentinean Association of Physicians for the Environment; and development of distance learning materials in chemical risk assessment by the Chulabhorn Research Institute, Thailand.

14. WHO's Secretariat is contributing to regional and subregional meetings on the Strategic Approach and, with UNEP, convened the first Inter-Ministerial Conference on Health and Environment in Africa, (Libreville, 26–29 August 2008). WHO participates in the Quick Start Programme Trust Fund Executive Board and the Committee that considers applications for funding, and is the executing agency for four of the Quick Start programme projects. WHO is working with partners in the Inter-Organization Programme for the Sound Management of Chemicals¹ to produce capacity-building guidance and resource materials for countries.² In addition, WHO assisted in preparations for the second session of the International Conference on Chemicals Management.

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

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

ACTION BY THE EXECUTIVE BOARD

16. The Executive Board is invited to note the report.

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¹ ILO, FAO, UNEP, UNIDO, the United Nations Institute for Training and Research, and OECD, plus UNDP and the World Bank as observers.

² Details available on www.who.int/iomc.