World Health Organization

SEVENTY-FOURTH WORLD HEALTH ASSEMBLY **A74/42**
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The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond

Report by the Director General

1. In May 2017, the Seventieth World Health Assembly adopted decision WHA70(23) in which it approved the road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond. The Director-General was requested to report to the Seventy-second World Health Assembly on progress made in implementing the road map, and to the Seventy-fourth World Health Assembly on further progress and on actions undertaken by the Secretariat to update the road map in the light of the outcome of the intersessional process to prepare recommendations regarding the Strategic Approach and the sound management of chemicals and waste beyond 2020.

Implementing the chemicals road map

2. Since the progress report to the Seventy-second World Health Assembly in May 2019, the Secretariat has continued to facilitate implementation of the chemicals road map in collaboration with Member States and other health sector stakeholders. The WHO Global Chemicals and Health Network remains a key forum for information exchange and collaboration among Member States. A series of virtual Network events has enabled the sharing of country-developed road maps, case studies on implementation of activities, awareness-raising experience and risk communication on chemicals, and information about opportunities to engage in the intersessional process beyond 2020. Regional activities included a workshop for health ministries and other stakeholders in the European Region, three national workshops in the Eastern Mediterranean Region and one national workshop in the South-East Asian Region. The workshops aimed to increase knowledge about the road map and workbook, and to discuss road map implementation. The road map was promoted as part of training to strengthen the role of the health sector in chemicals management in Mali and Nigeria. The Region of the Americas launched an online training course on the road map, in Spanish. Member States that have not yet done so are encouraged to join the Network in order to facilitate exchange with the Secretariat and to benefit from mutual support and collaboration.

3. Country case studies on results achieved and lessons learned in implementing the road map are published on the WHO website. The case studies highlight the importance for health of sound chemicals management in varied settings, the different lead roles that the health sector can play, and the benefits of connecting with other sectors. They affirm the presence of multiple opportunities to better manage chemicals in order to strengthen the prevention of negative health impacts. Case studies developed as at January 2021 include: occupational health risks in metal artisanal workplaces in Bhutan; mainstreaming chemicals management into the sustainable development agenda in Belarus; the role of the chemicals management plan science committee in Canada; sound management of biocides in Georgia; fair environmental conditions in urban areas in Germany; a plan of action to implement the road map in

Jordan; a successful collaborative multi-agency approach to deliver on International Health Regulations (2005) core capacities for responding to chemical events in New Zealand; implementation of national guidelines on the establishment of poison information control and management centres in Nigeria; and chemical safety in schools in the Philippines. Member States are encouraged to submit further case studies.

4. The most recent estimates of the burden of disease attributable to chemicals indicate that in 2016, an estimated 1.6 million lives were lost due to exposures to selected chemicals.[1] However, data are available for only a small number of chemicals, and people are exposed to many more chemicals in their daily lives. Unintentional poisonings (Sustainable Development Goal indicator 3.9.3) caused over 84 000 deaths in 2019,[2] and in many countries are among the main causes of emergency attendance at hospitals, yet only 47% of countries had a poisons centre in 2019.[3] All countries should establish and strengthen poisons centres, as part of implementing the road map. In addition to providing emergency advice on the management of poisoning cases, poisons centres compile data on toxic exposures and on toxic substances. They have important roles in chemical safety and public health, which include: characterizing the epidemiology of poisoning to prioritize preventive efforts; advising on the management of the health impacts of chemical incidents; surveillance of chemical exposures; and acting as sentinels to detect chemical release. Through these roles, poisons centres also contribute to national capacities for implementation of the International Health Regulations (2005). Updated guidelines on establishing a poisons centre were published in 2021.

5. It is estimated that around 20% of global suicides are due to pesticide self-poisoning, most of which occur in rural agricultural areas in low- and middle-income countries.[4] National bans on highly hazardous pesticides can be a cost-effective and affordable intervention for reducing suicide deaths in countries with a high burden of suicides attributable to pesticides. Unintentional poisoning due to pesticides is also estimated to be a significant public health problem and requires stronger action. The WHO Recommended Classification of Pesticides by Hazard, updated in 2019, sets out a classification system to distinguish between the more and the less hazardous forms of selected pesticides based on acute risk to human health. Activities addressing highly hazardous pesticides are undertaken in close collaboration with FAO.

6. Reducing lead exposure would prevent significant deaths and disabilities, particularly in children who are the most vulnerable to lead poisoning. WHO and UNEP are supporting the establishment of legally-binding controls on lead paint in 40 countries. Between May 2019 and 31 December 2020, seven more countries confirmed that they have such controls, bringing the total countries with controls to 78.[5] To encourage further action, the Secretariat has published technical and policy briefs on how and why

[1] The public health impact of chemicals: knowns and unknowns - data addendum for 2016. Geneva: World Health Organization; 2018 (https://www.who.int/publications/i/item/WHO-CED-PHE-EPE-18.09, accessed 4 April 2021).

[2] Global health estimates: leading causes of death. Cause-specific mortality, 2000–2019. In: Global Health Observatory (https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death, accessed 4 April 2021).

[3] World directory of poison centres (as of January 2021). In: Global Health Observatory (https://www.who.int/data/gho/data/themes/topics/indicator-groups/poison-control-and-unintentional-poisoning, accessed 12 April 2021).

[4] Suicide fact sheet, 2 September 2019 (https://www.who.int/news-room/fact-sheets/detail/suicide, accessed 4 April 2021).

[5] Legally binding controls on lead paint (as of December 2020). In: Global Health Observatory (https://www.who.int/data/gho/data/themes/topics/indicator-groups/legally-binding-controls-on-lead-paint, accessed 12 April 2021).

countries should take action to eliminate lead paint. Each year in October, WHO and partners coordinate International Lead Poisoning Prevention Week to draw attention to the health impacts of lead exposure, highlight efforts by countries and partners to prevent childhood lead exposure, and accelerate efforts to phase out the use of lead in paint. In 2020, campaign organizers registered 90 events in 53 countries through the WHO website. Guidelines on the management of lead poisoning and on the prevention of lead exposure are scheduled for release in the first half of 2021 and 2022, respectively.

7. The Secretariat is scaling up support to Member States for the implementation of resolution WHA67.11 (2014) on public health impacts of exposure to mercury and mercury compounds, and of the Minamata Convention on Mercury. Guidance on strategic planning for implementation of the health-related articles of the Convention has been published and support has been provided to a number of countries to implement the Guidance.

8. Of particular concern is the significant exposure to mercury and the resulting health impacts arising from artisanal and small-scale gold mining, which is practiced in over 70 countries with an estimated 14–19 million people directly involved in this activity[1]. Parties to the Minamata Convention with more than insignificant artisanal and small-scale gold mining using mercury are obliged to develop national action plans including a public health strategy. Guidance has been developed on addressing health when developing national action plans along with a step-by-step guide for developing the public health strategy, which includes a protocol and tools for conducting a rapid health assessment and an institutional capacity assessment. The step-by-step guide was pilot tested in Ghana, Mozambique and Nigeria, and their experiences were shared through country reports.

9. Interest in measuring mercury biomarkers in human hair, blood and urine has been increasing as a result of implementation of the Minamata Convention. The fetus is most vulnerable to the effects of mercury exposure, and an assessment of prenatal exposure is possible through maternal hair or cord blood.The Secretariat has developed guidance on ethical and scientific principles for conducting human biomonitoring in artisanal and small-scale gold mining as well as a protocol and standard operating procedures that countries can use to undertake human biomonitoring surveys to assess prenatal exposure to mercury in populations in any setting. The protocol was used successfully to guide surveys in China, Ghana, India, Kyrgyzstan, Mongolia and the Russian Federation. The generation of additional data will support local risk management measures as well as help to build a global picture to evaluate the effectiveness of the Minamata Convention in protecting human health from mercury exposures.

10. By 2020, Parties to the Minamata Convention should have ceased the manufacture, import and export of mercury thermometers and sphygmomanometers for use in health care, as well as mercury-containing skin lightening products. The Secretariat is executing a project funded by the Global Environment Facility to support countries in phasing out the medical devices, with a particular focus on Albania, Burkina Faso, India, Montenegro and Uganda. A project to provide support to tackle mercury-containing skin lightening products is in preparation. Technical specifications for alternative blood pressure measuring devices was released in 2020 as was new information about mercury in skin-lightening products.

11. The WHO guidance on 10 chemicals of major public health concern was updated to reflect the latest evidence. The Chemical Risk Assessment Network now comprises 92 institutions in 52 countries engaged in a range of collaborative risk assessment activities. Work on the International Chemical Safety Cards continues to be a major point of collaboration with ILO. The cards are available for

[1] Steckling N, Tobollik M, Plass D, Hornberg C, Ericson B, Fuller R, Bose-O'Reilly S. Global burden of disease of mercury used in artisanal small-scale bold mining. Ann Glob Health. 2017;83(2):234–47. doi: 10.1016/j.aogh.2016.12.005.

approximately 1700 chemicals in 11 languages. New and updated cards were developed for a number of chemicals used in sanitizers or disinfectant products, due to their relevance to the COVID-19 response. The Global E-waste Monitor 2020 for the first time included a chapter contributed by WHO focusing on the health of children and workers. The Inter-organization Programme for the Sound Management of Chemicals, comprising FAO, ILO, UNDP, UNEP, UNIDO, United Nations Institute for Training and Research (UNITAR), WHO, World Bank and OECD, launched a new version of a toolbox providing in one place the guidance and tools of all the organizations on chemicals management. An entry point will be added to the toolbox in 2021 allowing users to easily identify relevant guidance and tools to support the implementation of action items in the road map.

12. These examples of implementation of the road map illustrate the cross-cutting nature of chemicals management, which is linked to universal health coverage, primary health care and healthy health care settings, occupational health, waste management, vector control and public health pesticides, mental health and suicide prevention, food safety and chemical contamination, oral health and dental amalgam, prevention and response to chemical incidents and emergencies, and more. Mainstreaming chemicals management into all health programmes will deliver significant benefits for health.

The intersessional process to prepare recommendations regarding the Strategic Approach and the sound management of chemicals and waste beyond 2020

13. The UNEP-led intersessional process is expected to culminate in adoption of the recommendations at the fifth International Conference on Chemicals Management. The Conference was initially scheduled for October 2020, in Bonn, Germany, but has been postponed pending the feasibility of holding a face-to-face meeting. Between October 2020 and February 2021, virtual working groups further progressed text in the areas of governance and mechanisms to support implementation, targets and indicators, issues of concern and financial arrangements. Intergovernmental organizations are participants in this process. In order to inform WHO's participation, the Secretariat shared information with health ministries and sought their views through the Global Chemicals and Health Network. A number of health ministries participated in the virtual working groups, however participation was overwhelmingly from other ministries in particular environment ministries. Health ministries are encouraged to engage in the process, as called for in resolution WHA69.4 (2016), in order for the outcome to meet the needs and expectations of the health sector for a useful and inclusive multisectoral forum to address the sound management of chemicals and waste beyond 2020. The Secretariat welcomes additional feedback on how the future arrangements could best serve the needs of Member States, and it will continue to provide opportunities for exchange through the Global Chemicals and Health Network. Due to the delay in the intersessional process, it is not yet possible to report as requested in decision WHA70(23) on actions undertaken by the Secretariat to update the road map in the light of the outcome of the intersessional process to prepare recommendations regarding the Strategic Approach and the sound management of chemicals and waste beyond 2020.

ACTION BY THE HEALTH ASSEMBLY

14. The Health Assembly is invited to note this report and to consider the following draft decision:

> The Seventy-fourth World Health Assembly, having considered the report on the role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond,[1] decided:
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> (1) to request the Director-General to report to the Seventy-sixth World Health Assembly on progress made in implementing the road map, as well as on actions undertaken by the Secretariat to update the road map in the light of the outcome of the intersessional process to prepare recommendations regarding the Strategic Approach and the sound management of chemicals and waste beyond 2020.

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[1] Document A74/42.