



World Health Organization

WHO/AFRO SUB-REGIONAL WORKSHOP ON POISONS CENTRES AND THE MANAGEMENT OF POISONING

16-18 June 2010, Airport West Hotel, Accra, Ghana

Record of Meeting

Session 1: Toxicology and poisons centre training 16-17 June 2010

1. Opening ceremony and introductions

1. The meeting opened with a prayer followed by words of welcome by Dr Edith Clarke, Ghana Health Services, Dr George Kyeremeh, Chief Nursing Officer, Ghana Health Services, Dr Charles Fleischer-Djoletto, WHO Country Office speaking on behalf of the WHO Representative, and Ms Joanna Tempowski, WHO Geneva. Apologies were presented for Dr Thebe Pule from the WHO Regional Office for Africa (AFRO).
2. Ms Tempowski acknowledged financial support for the workshop from the Swedish Chemicals Agency (KemI) and the UK Department of Health.
3. The participants introduced themselves. They included representatives from poisons centres in Ghana, South Africa, Zimbabwe and the UK, also nursing and medical staff from the Ridge and Princess Marie-Louise hospitals in Accra. The list of invited participants is at Annex 1.

2. Teaching sessions

4. The remainder of the 16 June and part of the morning of the 17 June were devoted to teaching sessions on the following subjects:
 1. Managing poisonings of unknown origin
 2. Management of poisoning with methanol and ethylene glycol
 3. Management of poisoning with herbal medicines and plants
 4. Diagnosis and management of pesticide poisoning (cholinesterase inhibitors)
 5. Diagnosis and management of pesticide poisoning (other pesticides)
 6. Preparedness and response to chemical accidents (*WHO Manual on Public Health Management of Chemical Incidents*)
 7. Conducting research related to poisoning - methods and challenges
 8. Public health role of poisons centres
 9. WHO initiatives on snakebite
 10. Communication skills for poisons information specialists

5. Further details of the teaching programme are at Annex 2.
6. Participants discussed their own experiences. Reference was made to the lack of analytical toxicology facilities in most of the hospitals represented. Two papers describing low-cost methods for measuring blood paracetamol¹ and for methaemoglobin² concentrations were subsequently circulated.
7. Dr Eddleston briefly described TOXBASE, the online toxicology database used by poisons centres and medical practitioners in the UK. He suggested that access to the database by African poisons centres might be possible in return for the preparation of entries for the database. He would discuss this further with the database manager, Dr Nick Bateman.
8. In discussion about the public health role of poisons centres, attention was drawn to a need for training on risk assessment for poisons centre personnel. Ms Tempowski mentioned that WHO colleagues were developing a risk assessment toolkit that would form the basis of a training package on risk assessment. She would provide information on how to access the toolkit when it became available.

Session 2: Network of African Poisons Centres and Applied Toxicologists (NAPCAT)

1. Introduction to NAPCAT

9. The workshop was joined at this point by Mr David Kapindula, Zambia, and Dr Ernest Mashimba, Tanzania.
10. Mr Caesar Nyadedzor provided an overview of the history of NAPCAT. This network came into being following poisons centre workshops organized by WHO in Ghana in 2005 and, subsequently, in Tanzania in 2007. At the second workshop a constitution was developed and officers were elected. The objectives of the network were to promote the activities of poisons centres and toxicologists within and across individual African countries.

2. Future plans

11. There had been limited activity by NAPCAT owing to lack of resources, and the membership was still rather small. The possibility of putting forward a proposal for funding under the Strategic Approach to International Chemicals Management (SAICM) Quick Start Programme (QSP) to boost the activities of the network was discussed. An essential first step was to register the network as a not-for-profit association and to establish a bank account for

¹ Shihana F et al (2010). A modified low-cost colorimetric method for paracetamol (acetaminophen) measurement in plasma. *Clinical Toxicology*; 48:42–46

² Shihana F et al (2010) A Simple Quantitative Bedside Test to Determine Methemoglobin. *Annals of Emergency Medicine*; 55:184-189

members' dues. Mr Nyadedzor and Dr Roberts would find out the procedures for registering an association in Ghana and South Africa respectively.

12. It was important to increase the visibility of NAPCAT in order to increase its membership and to gain support. Potential new members might include personnel from national chemical and pesticide regulatory agencies. A leaflet about the network would be prepared by Dr Veale to raise awareness. Assistance in meeting printing costs would be provided by WHO HQ. The leaflet would be distributed at forthcoming scientific and regional meetings. The possibility of setting up a website would also be explored.
13. Ms Tempowski would provide a link with another new regional network, the Middle East and North African network of clinical toxicologists (MENA) so that experiences in this activity could be shared.
14. There would be insufficient time to complete registration formalities and put forward a QSP proposal for the next round in August, however, it was planned that a proposal would be submitted for the following round in February/March 2011.

Session 3: Workshop on Subregional Poisons Centres, 17-18 June 2010

1. Opening ceremony and introductions

15. Words of welcome were given by Dr Edith Clarke, Ghana Health Services, Mr Joseph Edmund, Ghana Environment Protection Agency speaking on behalf of Mr John Allotey, Dr Charles Fleischer-Djoleto, speaking on behalf of the WHO Representative, and Ms Joanna Tempowski, WHO Geneva. Apologies were presented for Dr Thebe Pule from the WHO Regional Office for Africa (AFRO).
16. Ms Tempowski acknowledged the financial support of the Swedish Chemicals Agency (KemI) for the workshop.
17. The participants introduced themselves. They included representatives from poisons centres in Ghana, South Africa, Zimbabwe and the UK, and also SAICM regional and national focal points, or their representatives from Zambia, Tanzania and Ghana. The list of participants is in Annex 1.

2. Background and objectives

18. Ms Tempowski drew attention to the recent African Regional SAICM meeting where the lack of progress in developing poisons centres was noted. The concept of a subregional poisons centre has been discussed at a number of African regional and subregional meetings in different contexts, but there had been no consideration of how such a centre could be established. The purpose of the current workshop was to bring together representatives from poisons centres in Anglophone African countries to discuss the practicalities of this

concept and the possibility of putting forward a project proposal on the issue under the SAICM QSP.

3. SAICM Implementation and Regional Priorities

19. Mr Kapindula briefly explained the history of SAICM, its driving forces and its relevance to the health sector.
20. SAICM is a voluntary international agreement providing a policy framework to support efforts to achieve the Johannesburg Plan of Implementation (World Summit on Sustainable Development) in regard to sound chemicals management. It aims to streamline, integrate and build on existing efforts for the safe management of hazardous chemicals and wastes.
21. The health sector is an equal partner in SAICM, and this was reconfirmed by resolution II/8 on the health aspects of chemicals management adopted by the second meeting of the International Conference on Chemicals Management (ICCM2) in May 2009. WHO and UNEP together provide the SAICM Secretariat.
22. Work carried out under SAICM is coordinated by focal points at national and regional level and within non-governmental and intergovernmental organizations (NGOs and IGOs). Most African countries (48 out of 53) have a national focal point. Mr Kapindula is the current Regional Focal Point. There is also a regional coordinating group (the African Core Group). There have been three African regional meetings to date. The most recent was in Abidjan on 25-29 January 2010, where progress (or lack of it) on regional priorities, including the establishment of a subregional poisons centre, was discussed. It was agreed that the involvement of interested countries in the development of proposals to address poisons centres should be facilitated by the Regional Focal Point.
23. The SAICM Quick Start Programme (QSP) aims to fund initial enabling activities in countries in support of the strategic objectives laid out in the SAICM Overarching Policy Strategy. Funding is available for developing countries, least developed countries, small island developing states and countries with economies in transition. Governments and, under exceptional circumstances, NGOs can receive support for projects of a maximum of 2 years duration and with a value from \$50,000 to \$250,000. Each eligible country may have three projects: a national, a multi-country and a civil society project. All project proposals need the endorsement of the SAICM National Focal Point. Details about the application process and requirements are on the QSP website <http://www.chem.unep.ch/saicm/qsp.htm>. Information about a successful poisons centre-related QSP project in the South Pacific Island States was provided as a background paper for the workshop.

4. Subregional poisons centre

24. Ms Tempowski introduced this topic. The purpose of this session was to agree on a QSP proposal that could be submitted either for the next round of projects

(deadline 29 August 2010) or the one after (deadline February/March 2011). It was first necessary to clarify what was meant by a sub-regional poisons centre, and to identify some of the issues that would need to be considered in establishing such a centre, and therefore what kind of project proposal could be submitted. .

25. A sub-regional poisons centre is a poisons centre based in one country that provides services to one or more geographically-close countries. There are some precedents for international poisons information provision, for example the Scottish Poisons Information Bureau answers out-of-hours calls from Ireland, and for a period of time the London Poisons Information Service answered out-of-hours calls from New Zealand. In these cases, however, the poisons centres were filling gaps in existing poisons centre services, rather than providing the entire service. The establishment of a Pacific Islands poisons centre network backed up by the New Zealand National Poisons Centre, a QSP-funded project due to start later in 2010, would be a new model for poisons information provision. It was noted that it is relatively common for poisons centres to answer enquiries from other countries on an *ad hoc* basis, e.g. the Tygerberg centre receives a small number of enquiries from Namibia, and the Ghana centre takes some calls from Nigeria.
26. It was agreed that that a subregional poisons centre should be based on an existing centre rather than being established as a completely new service. The decision about which country would provide the service, and which countries would be served should be based on common language e.g. English, French, Swahili and could also be based on an existing economic grouping e.g. ECOWAS where some collaborative mechanisms already existed.
27. The sub-regional poisons centre would need to be adequately resourced to provide services to other countries since there would be an increase in workload. Currently the existing poisons centres in the region struggle to find adequate funding to provide a national service. This was felt to reflect lack of government recognition and support for the centres in the countries concerned. A pre-requisite for the establishment of a robust and reliable sub-regional centre was secure funding and this required strong political support both in the provider and the beneficiary countries. The beneficiary countries should pay towards the services provided. The possibility of funding being provided by other sectors that would benefit from the centre, e.g. agriculture, could also be explored.
28. It was noted that for some beneficiary countries, access to the sub-regional service might be a short term measure while those countries established their own centres. The sub-regional centre could help that process by providing training and back-up.
29. The minimum requirements for a sub-regional centre needed to be determined. It was also necessary to define what kind of services would be provided. The core services would be information and advice over the telephone about the diagnosis, assessment and management of poisoning or suspected poisoning, and data collection on cases for surveillance and toxicovigilance purposes.

Other services could include training, outreach activities e.g. on poisons prevention, production of epidemiological reports on exposures, and maintaining antidote stocks or an inventory of stocks. These services could be offered and priced as various packages.

5. Development of an outline proposal or a QSP project to address African regional priorities on poisoning and poisons centres

30. It was agreed that at this stage it was more appropriate to seek QSP funding for a feasibility study into sub-regional poisons centres rather than for starting up a centre. There were still many unknowns about this concept, as highlighted by the previous day's discussions.
31. The feasibility study would aim to find out which countries were interested in either providing or receiving the service and prepared to make a financial or other commitment to this, i.e. whether this actually was a viable proposition. The study would also review what existing services were available and what the needs were for poisons centre services, also possible sources of funding. A more detailed list of questions that the study should address is given at Annex 3.
32. A consultant would be required to carry out this work. The methodology used would involve multi-stakeholder consultations in countries and one or more surveys. A proposed methodology is outlined in Annex 4. Since strong support for making progress on this issue was given by participants at the Third SAICM African Regional Meeting it was anticipated that SAICM national focal points would facilitate information gathering in countries.
33. The eligibility of countries to be partners in a QSP proposal was determined by the number and kind of projects that had already been funded. A table showing the eligibility of African countries as of May 2010 was provided as a background paper for the workshop. The feasibility study would be considered a multi-country project and the only eligible countries represented at the workshop were Zimbabwe, Zambia and S Africa. Other eligible countries that might be interested in participating (i.e. they had expressed a desire to establish a poisons centre) included Nigeria, Botswana and Mauritius. It was possible, however, that the eligibility criteria might be revised since some countries had projects that were considerably less than the \$250,000 maximum value.
34. WHO was prepared to be the executing agency for this QSP project. Advice would be taken from the SAICM Secretariat about the number and selection of partner countries.

6. Next steps

35. A QSP proposal would be put together for submission in the next round of funding. This would require support to be obtained in partner countries by the national focal points and by relevant ministerial stakeholders, particularly ministries of health.

36. In the meantime, Mr Kapindula would inform the Africa Core Group and the national focal points of this workshop and the plans for a QSP project. The meeting report would be an important means of awareness-raising and Ms Tempowski would circulate this as quickly as possible.

7. Closure of meeting

37. In closing the meeting Ms Tempowski thanked all of the workshop participants for their focus and engagement with the topics under discussion. She also thanked the WHO Country Office in Ghana for making the local arrangements and providing excellent administrative and logistical support for the workshop. The meeting participants thanked WHO for organizing the workshop.

Annex 1

WHO/AFRO Sub-Regional Workshop on Poisons Centres and Management of Poisoning

16-18 June 2010, Airport West Hotel, Accra, Ghana

List of invited participants

**invited but unable to attend*

Participants & Address	Phone No./ Email Address	Dates attended
Vivian AFOKO Nursing Officer Ridge Hospital Accra Ghana	Tel. + 233 244 464942 Email. vipema2007@yahoo.com	16 June
Mr Jonathan A. ALLOTEY* Executive Director Environmental Protection Agency PO Box MB 326 Accra Ghana	Tel: +233 21 662693 Fax: +233 21 66 26 90 Email: support@epaghana.org	
Dr Edith CLARKE Programme Manager, Occupational & Environmental Health Unit Ghana Health Service/Ministry of Health Private Mail Bag Accra Ghana	Tel: +233 (21) 660693 Fax: +233 (21) 668556 E-mail: ochealth@ghana.com / essieclarke@yahoo.com	16-18 June
Mr Joseph C. EDMUND Acting Deputy Director Environmental Protection Agency P.O Box MB 326 Accra Ghana	Tel: +233 21 662693 Fax: +233 21 66 26 90 Email: jedmund@epaghana.org	17-18 June
Dr Alla GAIDEL MENSAH Physician Specialist Ridge Hospital Accra Ghana	Tel. + 233 244 404061 Email. alla_gm@yahoo.com	16 June

Participants & Address	Phone No./ Email Address	Dates attended
Victoria GANAGODO Nursing Administration Princess Marie Louis Children's Hospital Accra Ghana	Tel. + 233 244 543165	16 June
Mr David KAPINDULA Principal Inspector Pesticides and Toxic Substances Environmental Council of Zambia P.O. Box 35131 Corner Church and Suez Roads Lusaka Zambia	Tel: (+260 211) 254 023 / 254 130 Fax: (+260 211) 254 164 Email: dkapindula@necz.org.zm	17-18 June
Mr George KYEREMEH Chief Nursing Officer Ghana Health Services PMB Ministries Accra Ghana		
Dr Ernest MASHIMBA Chief Government Chemist Government Chemist Laboratory Agency Ministry of Health P.O. Box 164 Dar-es-Salaam United Republic of Tanzania	Tel: (+255 22) 211 3320 / 3383-4 Fax: (+255 22) 211 3320 Email: emashimba@yahoo.co.uk	17-18 June
Mr Caesar NYADEDZOR Poisons Information Centre Occupational & Environmental Health Unit Ghana Health Service/ Ministry of Health Private Mail Bag Accra Ghana	Tel: +233 21 244773 Fax: +233 21 244773 Email: cnyadedzor@yahoo.com	16-18 June
Dr Robert NYARANGO* Gertrude's Garden Children's Hospital P.O. BOX 7195-00200, Nairobi, Kenya	Tel: +254-20-2775000 Ext.239/240 Cell: +254-722-325211 Fax: +254-20-3763281 Email: rnyarango@gerties.org	

Participants & Address	Phone No./ Email Address	Dates attended
Dr John PWAMANG* Director Chemical Control and Management Centre, Environmental Protection Agency P.O Box M326, Accra Ghana	Tel: (+233 21) 664 697-98 /662 465 Fax: (+233 21) 662 690 / 667 374 Email: jawep@hotmail.com jpwamang@epaghana.org	
Dr. Sudha RAO Paediatric Specialist Princess Marie Louis Children's Hospital Accra Ghana	Tel. + 233 244 5352488 Email. sdhmahesh@yahoo.co.uk	16 June
Dr J. Clare ROBERTS Poisons Information Centre Red Cross Children's Hospital University of Cape Town Rondebosch, 7700 Cape Town South Africa	Tel: +27 (0)21 658 5308 Fax: +27 (0)21 6504492 Email: clare.roberts@uct.ac.za	16-18 June
Dr. Nana SEREBOE Paediatrician Ridge Hospital Accra Ghana	Tel. + 233 20 8136797 Email. nana.sereboe@yahoo.com	16 June
Dr. Sari SOGHOIAN Assistant Professor Emergency Medicine/Medical Toxicology New York University/NYC Poison Centre New York USA	Tel. +233 27 433 7076 (US) 718 501 7104 Email. sarisoghoian@yahoo.com	17-18 June
Dr Dexter TAGWIREYI Drug & Toxicology Information Service College of Health Sciences University of Zimbabwe P.O. Box A 178, Avondale Harare, Zimbabwe	Tel/Fax: +263 4 790 233 +263 4 307 148 Cell: +263 733 701 264 +263 916 401 468 Email: dtagwireyi@medsch.uz.ac.zw dextag@yahoo.co.uk	16-18 June

Participants & Address	Phone No./ Email Address	Dates attended
Dr Joy VEALE Tygerberg Poison Information Centre Division of Pharmacology Department of Medicine Faculty of Health Sciences University of Stellenbosch PO Box 19063 Tygerberg 7505 South Africa	Tel: +27 (21) 938 9596 Fax: +27 (21) 938 9122 e-mail: veale@sun.ac.za	16-18 June
Resource person		
Dr Michael EDDLESTON Senior Clinical Research Fellow & Honorary Consultant University of Edinburgh 47 Little France Crescent Edinburgh EH16 4TJ UK	Tel: +44-131-242-9214 Email: eddlestonm@yahoo.com	16-17June
Secretariat		
Joanna TEMPOWSKI Evidence & Policy on Environmental Health World Health Organization 20, Avenue Appia CH-1211 Geneva 27 Switzerland	Tel: +41 22 791 3571 Email: tempowskij@who.int	16-18 June
Dr Charles FLEISCHER-DJOLETO Ghana Country Office World Health Organization 29 Volta Street Airport Residential Area Accra Ghana	Tel: +233 (20) 8169664 Email: fleischer- djoleto@gh.afro.who.int	16-18 June

Annex 2

WHO/AFRO Sub-Regional Workshop on Poisons Centres and Management of Poisoning

16-18 June 2010, Airport West Hotel, Accra, Ghana

Adopted Agenda

Wednesday 16 June		
Session 1: Toxicology and poisons centre training		
9:00-9:30	1. Opening ceremony and introductions	
9:30-10:15	2. Managing poisonings of unknown origin	Michael Eddleston
10:15-10:30	Coffee	
10:30-11:00	3. Management of poisoning with methanol and ethylene glycol	Joy Veale
11:00-11:45	4. Management of poisoning with herbal medicines and plants	Dexter Tagwireyi
11:45-12:30	5. Diagnosis and management of pesticide poisoning (cholinesterase inhibitors)	Michael Eddleston
12:30-14:00	Lunch	
14:00-14:30	6. Diagnosis and management of pesticide poisoning (other pesticides)	Michael Eddleston
14:30-15:00	7. Preparedness and response to chemical accidents (<i>WHO Manual on Public Health Management of Chemical Incidents</i>)	Joanna Tempowski
15:00-15:30	Coffee	
15:30-16:15	8. Conducting research related to poisoning - methods and challenges (illustrated by examples): <ul style="list-style-type: none">• Pesticide poisoning• Using poisons centre data	Michael Eddleston Joy Veale
16:15-16:30	9. Public health role of poisons centres	Joanna Tempowski
16:30-17:00	10. WHO initiatives on snakebite	Joanna Tempowski
Thursday 17 June		
Session 1 continued: Poisons centre training		
8:30-10:00	11. Communication skills for poisons information specialists	Joanna Tempowski
10:00-10:30	Coffee	

Thursday 17 June		
Session 2: Network of African Poisons Centres and Applied Toxicologists		
10:30-11:00	1. Introduction to NAPCAT	Caesar Nyadedzor
11:00-12:30	2. Future plans for NAPCAT	Caesar Nyadedzor
12:30-14:00	Lunch	

Thursday 17 June		
Session 3: Sub-regional poisons centre		
14:00-14:30	1. Opening ceremony and Introductions	
14:30-14:45	2. Background and Objectives	Joanna Tempowski
14:45-15:00	3. SAICM implementation and regional priorities	David Kapindula
15:00-15:30	Coffee	
15:30-17:00	4. Sub-regional poisons centres: discussion of the concept	Joanna Tempowski
Friday 18 June		
Session 3 continued: Sub-regional poisons centre		
8:30-10:00	5. Development of an outline proposal or a QSP project to address African regional priorities on poisoning and poisons centres	Joanna Tempowski
10:00-10:30	Coffee	
10:30-12:30	5. cont'd	
12:30-14:00	Lunch	
14:00-15:00	5. cont'd	
15:00-15:30	Coffee	
15:30-16:15	6. Next steps	
16:15-16:30	7. Closure of meeting	

Background papers:

1. Report submitted by WHO to the Third African Regional Meeting on SAICM, Abidjan, 27–28 January 2010 on African regional priorities – subregional poisons centres
2. SAICM QSP Trust Fund: Funding Application Guidelines
3. SAICM QSP Trust Fund: Eligibility for funds
4. SAICM QSP: Example of successful poisons centre proposal - Poison information network for the Pacific

Annex 3

Issues to be considered in a feasibility study into sub-regional poisons centres

1. Information gathering:

- Who will be approached for this information - range of potential stakeholders
- How many out-of-country calls are already taken by existing poisons centres
- Assessment of existing capacities (e.g. skills, labs, financial resources, human resources, training) in interested countries
 - What is the 'ideal' centre and how do existing centres compare
- Assessment of existing needs in interested countries e.g. incidence of poisoning
 - How are data collected, what indicators are used
- How might existing regional or subregional policies/initiatives influence set up of a centre (e.g. ECOWAS, AMCEN, SADC, EAC, W African Health community)
- How do countries determine that they need a poisons centre service (stakeholder opinion, evidence of gaps)
- How health services are structured and funded in the country where the poisons centre is located and in the countries that would be served by the poisons centre
- What might be the medico-legal considerations
- What kind of services would be of interest to recipient countries
- How much would recipient countries be prepared or able to pay (NB who will answer the question: different responses at different levels in country)
- What other stakeholders have an interest in, and would be prepared to contribute to, the service
- Cost/benefit analysis - cost of setting up PC in a country as opposed to buying in a service

2. Possible models for operation

- Infrastructural needs at poisons centre and in recipient countries
- Institutional needs at poisons centre and in recipient countries
- Office/focal point (health-based with policy links) in each receiving country performing liaison/admin role
- Group (national or international) offering services to other countries
- Estimated costs for different models

3. Functional issues

Reporting back to recipient country

Annex 4

Proposed activities for the feasibility study

1. Appointment of consultant
2. Inception & Planning workshop - 2 meetings back-to-back:

Meeting 1

Participants: Core project group, i.e. consultant, Regional Focal Point, SAICM National Focal Points (NFPs) & poisons centres from project partner countries (plus Ghana, Kenya, S Africa, Zimbabwe as appropriate)

Purpose: To plan project e.g. discuss questionnaire, organize literature search (epidemiology of poisoning in the region, cost/benefit analyses for poisons centres, models for cross-boundary institutions & policies)

Meeting 2

Participants: Core group plus SAICM NFPs from African region (see list below)

Purpose: Launch of project to inform NFPs and ask them to organize small stakeholder consultations in their countries

3. Questionnaire
 - Developed by Consultant.
 - Letter to be sent to NFPs to prime them, followed by the questionnaire
 - Data to be collected by NFPs e.g. through national meetings (give NFPs a small budget).
 - NFPs send results to Consultant
 - Consultant to follow-up any queries and also to fill gaps in stakeholder consultation
4. Literature review (data on poisoning, cost-benefit of PCs...)
5. Data analysis and interpretation by Consultant.
6. Preparation of report:
 - 1st draft report sent to Core Group for comment
 - Revision by consultant
 - 2nd draft report sent to NFPs for national consultation: comments channelled through NFPs to consultant
 - Further revision
 - Large group workshop for validation of report
 - Final report

Partner country tasks:

1. Organize meetings
2. Planning committee
3. Review the reports

Executing agency tasks

1. Secretariat (channels info to core group)
2. Supervise consultant

Countries to be consulted:

Ghana, Kenya, S Africa, Zimbabwe (core group)
Botswana, Burundi, Cote D'Ivoire, Gabon, Liberia, Madagascar, Malawi, Mauritius,
Niger, Nigeria, Rwanda, Sierra Leone, Tanzania, Togo, Zambia i.e. countries that
have expressed interest in the concept or that want to set up poisons centres or that
have poisons centres.

Other potential stakeholders:

Convention secretariats (Basel, Rotterdam etc)
International Trade Union Association
Consumer protection societies
AGENDA (Kenya, Tanzania)
CropLife Africa
Association of Veterinary and Crop Associations of South Africa (AVCASA)
PAN Africa
Chemical trade associations
Chemical societies
Medical associations
Paediatric medical associations