



# WORLD HEALTH ORGANIZATION

## Strategic approach to international chemicals management (SAICM)

Dubai, United Arab Emirates

4-6 February 2006

### World Health Organization Background Paper for the International Conference on Chemicals Management

1. This document provides information on the development of health sector priorities to date, and their incorporation into the SAICM text to be finalized and adopted at the ICCM.

#### Health Sector Mandate

2. The World Health Assembly (WHA) Resolution 56.22 on "SAICM: participation of global health partners" urged Member States to take full account of the health aspects of chemical safety in further development of SAICM. The WHO Secretariat was asked to contribute to SAICM and to participate in preparatory meetings and the final conference. The Assembly also called for a progress report on SAICM (before the estimated date of its completion) and for the completed SAICM to be submitted to the Health Assembly for consideration.

#### Summary of Health Sector Input to SAICM

3. The health sector developed a summary of its SAICM priorities through responding to two country questionnaires (administered by WHO in advance of PrepCom1 and PrepCom2) and participation in health sector meetings convened during the course of each of the three PrepComs. WHO has assisted this effort through the provision of information documents for the various meetings. This effort has produced the agreed summary of health sector input which appeared at Annex III of the PrepCom2 Meeting Report (reissued version) and at Annex 1 of this document. During the course of PrepCom2 and PrepCom3 and intersessional work, this health sector input has been incorporated into the SAICM itself, primarily in the Global Plan of Action (GPA), and also in the Overarching Policy Strategy (OPS).
4. As requested in the Health Assembly Resolution, a progress report on health sector engagement in SAICM was provided to the WHO Executive Board in January 2005 and to the World Health Assembly in May 2005. This report contained the health sector priorities developed to date. Strong support was expressed for health sector participation in SAICM implementation.

#### How the Health Sector Input is Reflected in the SAICM Documents

5. The draft High Level Declaration (HLD) emphasizes the central importance of **human health** and the need for the SAICM to be **multi-sectoral**, which will be important to engage the health sector in SAICM implementation. It highlights the contribution that the sound management of chemicals will make towards achievement of development goals set out in the Millennium Declaration (i.e. the Millennium Development Goals (MDGs)). This provides a solid platform for combined multi-sectoral activities, because of the established commitment of the health sector in working towards the health-related MDGs.
6. The draft Overarching Policy Strategy (OPS) again mentions the importance of **human health**, in a number of key places, including the introduction, the scope statement, the statement of needs and the objectives. The need to involve **all relevant sectors** is also stated in the introduction and reflected in the sections on: governance; and implementation and taking stock of progress. Health sector priorities relating to **improved availability of information, filling gaps in science, harmonized risk assessment methods, capacity building, need to protect vulnerable groups including children, worker health protection, promotion of safe alternatives and the need for prevention** are reflected in high-level wording in the OPS.
7. The GPA includes includes all of the health sector priorities in detail. In summary the health sector priorities included in the GPA are:
  - Actions to improve ability to access, interpret and apply scientific knowledge.
  - Filling of gaps in scientific knowledge.
  - Development of globally-harmonized methods for chemical risk assessment.
  - Development of better methods to determine impacts of chemicals on health, to set priorities for action and to monitor progress of SAICM.
  - Building capacities of countries to deal with poisonings and chemical incidents.
  - Strategies directed specifically at the health of children and workers.
  - Work to promote alternatives to highly-toxic and persistent chemicals.
  - Strategies aimed at prevention of ill-health and disease caused by chemicals.

Refer to Annex 1 for the full description of the health sector priorities.

### **Health Sector Role in the SAICM Institutional Arrangements and SAICM Implementation**

8. A strong consensus emerged from the SAICM negotiations for the **SAICM oversight body to be multi-sectoral in nature at international, regional and national levels**. This is reflected in statements in the draft HLD and in more detail in the draft OPS. At the national level, the OPS proposes that governments establish a central body for implementing SAICM on an inter-ministerial or inter-institutional basis. The OPS proposes that action plans be developed at the national and regional levels and by intergovernmental organizations. It is assumed that the national action plans would be developed by the national central body. At the regional and international levels, both IGOs and governments (as members of their respective governing bodies) will have roles to play. For the health sector, at the international level, this would be the World Health Assembly, which in addition has a network of regional and country offices. The draft GPA contains numerous areas of activity in which the health sector, including WHO, has

a long-standing track record of work. Hence this would need to be reflected in the action plans developed and in the sectoral representation in inter-sectoral national bodies.

9. At PrepCom3, OPS text was developed for the **SAICM Secretariat**, which states that UNEP and WHO will take lead roles in the Secretariat in their respective areas of expertise in relation to the Strategic Approach, with UNEP assuming overall administrative responsibility. This reflects the wishes of countries for a multi-sectoral approach including health.

### **Health Sector Considerations during the ICCM**

10. The main issue that is foreseen for the health sector (now that the health sector priorities have been incorporated into the SAICM documents) is ensuring implementation arrangements that enable full participation by the health sector at national, regional and international levels.

### **World Health Assembly Consideration of the Final SAICM**

11. After conclusion of the SAICM at the International Conference on Chemicals Management in February 2006, the final SAICM will be forwarded to the World Health Assembly for consideration (as requested in WHA 56.22).

### **Contact for Further Information**

12. For background and documents relating to Health Sector input to date, please visit the WHO SAICM Webpage: <http://www.who.int/ipcs/features/saicm/en/> or contact the WHO Secretariat: Dr Tim Meredith, email: [mereditht@who.int](mailto:mereditht@who.int) or Ms Carolyn Vickers, email: [vickersc@who.int](mailto:vickersc@who.int)

## SAICM health sector input

1. This summary provides input from the Health Sector to SAICM over the course of its development by the PrepCom.
2. In the context of coordination of Health Sector views, countries call strongly for a multi-sectoral, multi-stakeholder process for development, implementation and assessment of SAICM, to reflect the principle that human beings lie at the centre of concerns for sustainable development. The need for integration of chemicals into mainstream health policies is agreed, as is the contribution that the sound management of chemicals can make to achievement of the WSSD Plan of Implementation and the Millennium Development Goals.
3. The importance of establishment and strengthening of inter-sectoral processes and approaches at regional and country level is emphasized. Use of advocacy, community empowerment, participation and ownership is highlighted. Coordination at all levels should be improved, including at national, regional and international levels.
4. SAICM implementation should involve periodic follow-up and assessment of progress and include the use of indicators of human exposure and health. Mechanisms for ongoing Health Sector engagement in the process of implementation at all levels need to be agreed.
5. Currently, the following main areas of health input for SAICM are foreseen.
  - **Filling of gaps in abilities to access, interpret and apply knowledge** (e.g. improved availability of information on the hazards, risks and safe use of chemicals (including those in manufactured products), in forms relevant to end users, and improved use of existing risk assessments).
  - **Development and use of new and harmonized methods for risk assessment**, e.g. methods for assessment of dose-response relationships and risks to vulnerable groups, in particular children, pregnant women and fertile people, the elderly and the poor; new tools for risk assessment, making best use of (molecular) epidemiology, clinical and exposure data, and scientific advances in toxicogenomics; harmonized methods for risk assessment of carcinogens, mutagens, reproductive toxins, genotoxins and immunotoxins; and new risk assessment methods relevant to real-life exposures, e.g. aggregate/cumulative exposures, use of simple analytical methods for in-field exposure assessment.
  - **Development of better methods and criteria to determine the impact of chemicals on health (and thereby on economy and sustainable development) to set priorities for action, for the detection of chemicals, and to monitor progress of SAICM.** This will also assist with implementation of Millennium Development Goals and place chemicals and health on development assistance agenda. These methods should be able to be used at country level. Means of determining health impacts of policy decisions are required.
  - **Building capacities of countries to deal with poisonings and chemical incidents.** An integrated approach to establishment and strengthening of poisons centres and surveillance, alert and response mechanisms for chemical incidents is proposed. This would include technical cooperation on a regional basis.
  - **Filling of gaps in science** (e.g. gaps in understanding of endocrine disruptors).
  - In addition to risk assessment methods, broad **strategies specifically directed to the health of children and young families** are needed. These would include recommendations arising from Forum IV.
  - Inclusion of specific **actions for worker health protection**, including farmers and children, and linking of these to broader health policy and actions, in consultation with the labour sector.
  - Inclusion of a **range of preventive strategies**, education and awareness raising, and capacity building in risk communication.
  - As a priority, further **work to promote alternatives to highly-toxic, persistent and bioaccumulating chemicals**, taking into account the whole life-cycle of chemicals including waste. This would include using tools such as cleaner production and integrated pest and vector management.