

Strategic approach to international chemicals management (SAICM)

CRP Submitted by the World Health Organization to SAICM PrepCom3

Health Sector elements in the draft SAICM, and considerations for health sector engagement in SAICM implementation and SAICM institutional arrangements

1. This document discusses how the health sector priorities developed to date in the SAICM negotiations are reflected in the SAICM documents. It discusses considerations for health sector engagement in SAICM implementation and institutional arrangements, including the SAICM oversight body and the secretariat, and health sector engagement generally at the national, regional and international levels.

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

2. The draft High Level Declaration (HLD) (SAICM/PREPCOM.3/2) 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.
3. The draft Overarching Policy Strategy (OPS) (SAICM/PREPCOM.3/3) 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.
4. As a result of health sector input at PrepCom2 and the ensuing intersessional consultations, the draft Global Programme of Action (GPA) includes all of the health sector priorities (reproduced in attachment 1), although in a few instances the exact wording is not included because the priority area is treated in more detail (e.g. occupational safety and health). In summary form the health sector priorities included in the GPA, and their location in the SAICM/PREPCOM.3/4 are:
 - Actions to improve ability to access, interpret and apply scientific knowledge. (GPA Item No. 141, 145).
 - Filling of gaps in scientific knowledge. (GPA Item No. 2, 98)
 - Development of globally-harmonized methods for chemical risk assessment. (GPA Item No. 3, 140, 141).
 - Development of better methods to determine impacts of chemicals on health, to set priorities for action and to monitor progress of SAICM. (GPA Item No. 4).

- Building capacities of countries to deal with poisonings and chemical incidents. (GPA Item No. 5).
- Strategies directed specifically at the health of children (GPA Item No. 163) and workers (Covered in detail in Objective 2).
- Work to promote alternatives to highly-toxic and persistent chemicals. (GPA Item No. 62).
- Strategies aimed at prevention of ill-health and disease caused by chemicals. (GPA Item No. 6).

Health Sector Role in the SAICM Institutional Arrangements and SAICM Implementation

5. A strong consensus has 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 (in particular, Section VII Implementation and Taking Stock of Progress). At the national level, OPS Section VII 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 Organization, which 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.
6. Discussions to date on the nature of the **SAICM Secretariat**, including the collective views of the regional groups, have been summarized in the IOMC Paper on the performance of the secretariat functions for SAICM (SAICM/PREPCOM.3/INF/16). This includes the point that "ideally, the SAICM secretariat should be multisectoral in its character and should include staff seconded to it from two or more intergovernmental organizations". The IOMC paper suggests that, if so requested by PrepCom3, IOMC could prepare proposals for practical arrangements for performing SAICM secretariat functions, for submission to the ICCM.
7. To assist discussions at PrepCom3, the current thinking of the World Health Organization on its possible role in the provision of secretariat functions for SAICM, following its formal adoption by governments is provided below. The view of WHO has been guided by the following:
 - i. The World Health Assembly Resolution on SAICM (WHA56.22) supports the development of SAICM and calls for the completed SAICM to be referred to the Assembly for consideration. This indicates an expectation of the Assembly that it would have an interest in the final SAICM.

- ii. A review of the concrete measures (work activities) currently included in the SAICM indicates numerous areas of activity in which WHO, and the health sector generally, have a long-standing track record of work.
 - iii. WHO notes the growing consensus that SAICM needs to be effectively multi-sectoral, including its secretariat, an expectation that has been highlighted in a number of SAICM regional meeting reports.
 - iv. The UNEP PrepCom3 paper "Contribution of the United Nations Environment Programme (UNEP) to Implementation and Oversight of SAICM" (SAICM/PREPCOM.3/INF/21) states that the activities offered by UNEP in support of SAICM implementation would be "both [at] the general level, leading initial SAICM implementation while other sector-specific IGOs readied themselves, and at the level of UNEP's own sectoral area of responsibility, that is the environment". This indicates that inter-sectoral institutional arrangements are needed to deliver a multi-sectoral approach.
 - v. WHO is the administering agency for the Secretariat of the IOMC, the vision of which is to be the pre-eminent mechanism for initiating, facilitating and coordinating international action to achieve the WSSD 2020 goal for the sound management of chemicals. All seven Participating Organizations of the IOMC and two Observer organizations have committed to this vision. Linkages between the IOMC Secretariat and the SAICM process would reflect, and facilitate the advancement of, their common purpose in the sound management of chemicals.
- 8. All of the above leads WHO to the view that its participation in the SAICM secretariat function, hand-in-hand with the necessary links to governing bodies, would be desirable, and WHO looks forward to further discussions on this subject.**

SAICM health sector input

1. This summary provides input from the Health Sector to SAICM. It is based on input from a total of 78 countries (56 countries provided input to SAICM PrepCom1 and of the 22 additional country submissions received prior to PrepCom2, seven were from countries that had not previously provided input; an additional 15 countries provided input during the course of PrepCom2).
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.