



World Health Organization

## **STRATEGIC APPROACH TO INTERNATIONAL CHEMICALS MANAGEMENT (SAICM)**

### **HEALTH SECTOR UPDATE**

#### **WORLD HEALTH ORGANIZATION INFORMATION DOCUMENT FOR SAICM 2005 REGIONAL MEETINGS**

1. This SAICM Information Document provides an update for Regional Meetings on Health Sector input to SAICM, including preparations for PrepCom3.

#### **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 PrepCom1 and PrepCom2**

3. In support of the Health Assembly Resolution, WHO has facilitated Health Sector input through two country questionnaires (in advance of PrepCom1 and PrepCom2), submission of WHO Information Documents for each PrepCom and health sector meetings convened at each PrepCom. This has produced an agreed summary of health sector input (to date) for SAICM, which appears at Annex III of the PrepCom3 Meeting Report (reissued version) and at Annex 1 of this Information Document.

#### **Health Sector Intersessional Work and Input for PrepCom3**

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 (available at [http://www.who.int/gb/e/e\\_eb115.html](http://www.who.int/gb/e/e_eb115.html) paper EB115/31 Section F). The report, which included a summary of the high-level priorities expressed by the Health Sector to date, was noted by the Board and forwarded to the World Health Assembly for

consideration in May 2005. The importance of contributions from the health sector at country level was highlighted in the Board discussions.

5. WHO will provide input on various relevant documents released by the SAICM Secretariat for comment in the lead-up to PrepCom3. This will include the Concrete Measures, for example to ensure that the text reflects the most up-to-date health sector input summary.
6. A further WHO Information Document will be prepared for PrepCom3, which will reflect the WHA consideration of the SAICM Progress Report, and input on health sector issues from the SAICM Regional Meetings.
7. Health Sector meetings will be convened during PrepCom3, to facilitate further agreement on input for SAICM, focusing in particular on the priority areas being discussed at PrepCom3.

#### **Governing Body Consideration of the Final SAICM**

8. After conclusion of the SAICM at an ICCM 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**

9. 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: 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. 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.