



SAICM/OEWG.3/INF/26



**Strategic Approach  
to International  
Chemicals Management**

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**Open-ended Working Group of the International Conference  
on Chemicals Management**

**Third meeting**

Montevideo, 2–4 April 2019

Item 4 (d) of the provisional agenda\*

**Progress towards the achievement of  
the 2020 overall objective of the sound management of chemicals:  
Implementation of the health sector strategy**

**World Health Organization  
Report on Progress in the Implementation of the Strategic  
Approach for the period 2014-2016**

**Note by the secretariat**

The secretariat has the honour to circulate, in the annex to the present note, a report received from the World Health Organization on the health sector progress in the implementation of the Strategic Approach for the period 2014-2016. The report is presented in the annex as received by the secretariat and has not been edited by the secretariat.

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\* SAICM/OEWG.3/1.

## Annex

### World Health Organization Report on Progress in the Implementation of the Strategic Approach for the period 2014-2016

#### Background

In accordance with paragraph 24 of the Overarching Policy Strategy of the Strategic Approach to International Chemicals Management,<sup>1</sup> the International Conference on Chemicals Management undertakes periodic reviews of the Strategic Approach. Two of the functions of the Conference in that regard are to receive reports from all relevant stakeholders on progress in the implementation of the Strategic Approach and to disseminate information as appropriate, and to evaluate the implementation of the Strategic Approach with a view to reviewing progress against the 2020 target and taking strategic decisions, programming, prioritizing and updating the approach as necessary.

In paragraph 18 of its resolution IV/1, the International Conference on Chemicals Management requested the secretariat to develop a progress report on the implementation of the Strategic Approach for the period 2014–2016 and an analysis of the 20 indicators of progress, for consideration by the Open-ended Working Group at its third meeting. The Conference also directed the Open-ended Working Group to consider the need for a report for the period 2017–2019 for consideration by the Conference at its fifth session, in 2020.

A full report containing a complete analysis of the progress made in the implementation of the Strategic Approach for the period 2014–2016 is available as an information document (SAICM/OEWG.3/INF/4) and a summary report is available as a meeting document (SAICM/OEWG.3/5).

The present report, prepared by the World Health Organization, focuses on the progress made in implementing the Strategy on strengthening the engagement of the health sector in the implementation of SAICM<sup>2</sup> adopted in 2012 at the third International Conference on Chemicals Management.

An online survey was used for collecting information on the progress made in the implementation of the SAICM. Throughout the survey, there were questions specific to the health sector engagement in certain activities. The questions in the survey that were specific to the engagement of the health sector were as follows:

1. \*B5.2B Please describe the engagement of the health sector in any of the monitoring or surveillance activities you identified in question B5.1
2. \*C2.2B Please describe the nature of involvement by the health sector in communicating with the groups you identified in question C2.1
3. \*C3.2B Please briefly describe the nature of involvement by the health sector institutions or professional bodies in the research you identified in question C3.1

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<sup>1</sup> Available from [www.saicm.org/Resources/Publications/tabid/5507/language/en-US/Default.aspx](http://www.saicm.org/Resources/Publications/tabid/5507/language/en-US/Default.aspx).

<sup>2</sup> [https://www.who.int/ipcs/capacity\\_building/chemicals\\_management/saicm\\_iccm3\\_en.pdf?ua=1](https://www.who.int/ipcs/capacity_building/chemicals_management/saicm_iccm3_en.pdf?ua=1) (last accessed 5 March, 2019)

4. \*C4.1.1 If any of the websites identified in question C4.1 are hosted by a health sector organization, please briefly describe below and provide web links
5. \*D2.2 In 2012, the International Conference on Chemicals Management adopted a strategy for strengthening the engagement of the health sector in chemicals management. Please briefly describe in the space that follows any activities undertaken by your government or organization over the 2014-2016 period to support implementation of this strategy.

Submissions were received from 54 Governments, 5 intergovernmental organizations, 3 non-governmental organizations and 1 civil society and 2 private sector bodies (see Appendix I).

The present report uses the SAICM regional groupings for much of the analysis: Africa (AFR), Asia-pacific (ASP), Central and Eastern European (CEE), Latin American and the Caribbean (LAC), and Western Europe and Others group (WEOG). In addition, a 'World' grouping represents the international organizations including United Nations Environment Programme (UNEP), the World Health Organization (WHO), United Nations Development Programme (UNDP), The United Nations Institute for Training and Research (UNITAR), and Organization for Economic Co-Operation and Development (OECD).

As noted in the full report, the response rate was lower for the most recent reporting cycle. The CEE and WEOG regions were highly represented in the overall survey responses. A subset of the respondents provided a response to the mandatory health sector specific questions.

## Progress Results

### **Engagement of the health sector in monitoring or surveillance activities on selected environmental and human health priority substances.**

Ninety-two percent of the respondents reported they have an environmental monitoring programme, followed by food and/or drinking water (82%), chemical incidents (80%), cases of human poisoning (80%), cases of occupational-related diseases (77%), human monitoring (77%)<sup>3</sup> and some have consumer products monitoring programmes. Many countries noted that there have been significant changes or new developments in their environmental monitoring, human poisoning monitoring, and human biomonitoring programmes. Most respondents reported that the environmental sector is the most involved in monitoring and surveillance activities, followed by health.

Thirty-seven respondents provided additional information on their monitoring and surveillance programmes. The health sector responses show that the health sector mainly focuses on human biomonitoring, food and/or drinking water, and human poisoning monitoring and/or surveillance activities.

Multiple countries, mostly in the CEE and LAC regions responded that their health sector is engaged in monitoring human poisoning and/or poison centres. Fifty-seven percent of government respondents (14 countries) indicated that they have identified a need for institutional-strengthening in regard to poison centres<sup>4</sup>.

In the CEE region, three respondents reported that their health sector is involved in environmental monitoring and one responded that that their health sector is not involved in any monitoring or

<sup>3</sup> para 46 in SAICM 2014-2016 Full Progress Report.

<sup>4</sup> para 107 *ibid*

surveillance activity as they do not have the capacity to do so. In the LAC region, respondents reported that their health sector is engaged in monitoring stack emissions from boilers to ovens and that they have specific regulations for cement kilns.

In the WEOG region, one respondent has a specific programme targeting the north that works toward reducing contaminants in traditional food to ensure that chemicals are not present in foods at levels that would pose an unacceptable risk for health.

Three respondents from non-governmental organizations stated that they are engaged in monitoring and/or surveillance activities related to drinking water and environmental monitoring, in particular spray drift monitoring.

### **Involvement by the health sector in communicating with vulnerable groups**

More than 80 percent of respondents selected at least five vulnerable groups that they communicate with. Workers, the general public, children, consumers and women were the five most frequently selected vulnerable groups; having received between 82 to 94 percent response rates.<sup>5</sup> Indigenous people were the least selected vulnerable group.

All regions responded that the communication from the health sector to vulnerable groups is done through publishing materials (e.g. fact sheets, guidelines) online and/or printed media, public awareness campaign, social media, and organized training. Some participate in prevention weeks (e.g. lead poisoning week), or host information days. One respondent from CEE reported that the health sector uses interviews on radio and television with relevant government officials and scientists as way to engage vulnerable groups.

Most communications from the health sector that target vulnerable groups are focused on chemicals (including toxic metals such as lead and mercury) and pesticides. This appears to be correlated with “workers” being identified as the top vulnerable group as they are most exposed to chemicals and pesticides through their work. One respondent in WEOG reported that they communicate recalls of various consumer products when they are found to be non-compliant under respective legislations.

Some respondents reported that their health sector collaborates with regional offices, or through inter-sectoral working groups to communicate information to the vulnerable groups. One respondent reported that they cooperate and coordinate with national institutions for chemical authorities to meet biannually.

Indigenous people are identified as one of the main vulnerable groups in one country and communication to this group is done through partnerships with public health and medical practitioners to develop culturally appropriate health information.

Respondents in the ‘World’ category reported involvement in the communications around lead in paint, chemicals in products, and mercury in products (e.g. dental amalgam), and how information is communicated by WHO to its Member States and subsequently to their ministries of health.

### **Involvement by health sector institutions or professional bodies in chemical safety related research**

Seventy-five percent of respondents selected the environment and 72 percent indicated the health sector as the two most common sectors involved in research programmes.<sup>6</sup>

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<sup>5</sup> Para 65 ibid

<sup>6</sup> Para 71 ibid

Thirty-three respondents provided additional information on the nature of involvement by health sector institutions or professional bodies in chemical safety related research. Some (mostly in AFR and a few in LAC) responded that their health sector has no involvement or the health sector involvement is unknown. Few respondents provided the name of the institutions involved and did not describe the nature of their health sector involvement.

In the WOE region, some respondents reported that it is common for the health sector to: collaborate with other governmental departments and institutions (universities, labs, hospitals) to design, conduct and analyse the outcome of the study, as well as collaborating with other countries; receive funding for studies for decision making and implementation of existing legislation; providing funding for biomonitoring studies.

A couple of respondents from the CEE region described their health sector being involved in almost all chemical safety related research programmes, involved in preparing of documents, or initiated and implementing projects to address health issues.

A couple of respondents from the ASP region reported they are involved in different types of research including environment and children's study; development of tolerable daily intake and acceptable daily intake for various chemicals; health surveillance; and disease investigations.

Non-government organizations responded that they are involved through OECD's work, through IUPAC Chemistry and Human Health Division, and cooperating with WHO.

### **Involvement of the health sector in maintaining websites that provide public information related to chemical safety**

The topic of chemical safety laws, hazards and risks associated with chemicals, and chemicals in use were covered in the websites of 83, 82 and 78 percent of the stakeholders.<sup>7</sup>

Thirty respondents from all regions, the 'World', and non-governmental organizations provided links to websites where the public can find information related to chemical safety laws, hazards and risks associated with chemicals, and chemicals in use. Most provided multiple links that lead to a site maintained by the health sector followed by the environment sector and in some cases agriculture, nature, and/or occupational health and safety sector websites. A few respondents provided links that lead to blogs that are maintained by the government.

The LAC region provided specific links to the diagnosis and treatment of mercury poisoning, and lead.

### **Implementation of the strategy for strengthening the engagement of the health sector in chemicals management for the period of 2014-2016**

Thirty-two respondents noted the work undertaken by the health ministry to support the strategy. Some respondents reported that they collaborate with the environment ministry to carry out the work.

One respondent in the WEOG region championed the World Health Assembly Resolution 69.4 on enhancing health sector participation in SAICM and international chemicals management towards the 2020 goal and beyond. This respondent also provided assistance to the WHO in the form of an employee

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<sup>7</sup> Para 73 ibid

on secondment to assist with the development and implementation of the “Road map to enhance health sector engagement in the SAICM towards the 2020 goal and beyond”.

One respondent in the WEOG region also noted that their health sector is: supporting the ministerial conferences of the European Environment and Health Process that provides a unique intersectoral policy platform bringing together relevant sectors and partners to shape policies and actions on environment and health; participated in the European Human Bio monitoring Initiative; and continues with the implementation of the Action Programme Environment and Health (APUG).

In the LAC region, respondents reported the implementation of the different conventions, and the “Development and Implementation of a Sustainable Management Mechanism for POPs in the Caribbean” project funded through the Global Environment Facility (GEF).

One respondent in the AFR region reported that their ministry of health and ministry of environment established a strategic alliance for the implementation of the Libreville Declaration at the national level.

One respondent from the ASP region reported they are strengthening the governance of chemicals management by including health sector into chemicals management.

One respondent in the CEE region reported their health sector was involved in the development of their strategy for chemicals management and they are now in the process of drafting a new strategy for chemicals management for 2019-2022. Another respondent in CEE responded that the health ministry is undertaking multiple activities including: registration of chemicals product and pesticides; risk reduction programmes for persistent organic pollutants; and research links between environmental pollution and public health.

Some of the responses from non-governmental organizations include: involvement in the Health Care Waster Management project; raising awareness of health risks from chemicals, heavy metals (e.g, lead, mercury); working with health care workers on issues related to pesticides; and helping stakeholders to put capacity in place for sound management of chemicals.

## **Discussion and Conclusion**

The progress on the International Health Regulations (2005) and the Health Risk Assessment tool can be found in the full report.

Each region is at different stages of implementation, they each have different challenges, priorities and approaches in how they implement the strategic approach. In general, the health sector continues to make progress in their involvement and engagement in the strategic approach.

## **Future Work**

The seventieth World Health Assembly approved the Road map to enhance health sector engagement in the strategic approach to international chemicals management towards the 2020 goal and beyond. The road map identifies concrete actions where the health sector has a lead or an important supporting role to play in the sound management of chemicals, recognizing the need for multi-sectoral cooperation. As a companion to the road map, WHO developed the WHO chemicals road map workbook (the workbook) which offers a structured way to work through the road map, choose priorities, and plan activities. The health sector in all areas (government, civil society, NGOs, and IGOs) are encouraged to use the WHO chemicals roadmap to develop their own implementation plans to achieve the sound management of chemicals throughout their lifecycle.

Appendix I:

## **List of stakeholders submitting information for the report through the online questionnaire**

The following 54 Governments submitted a complete report: Argentina, Austria, Barbados, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Canada, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Guyana, Honduras, Hungary, Ireland, Italy, Japan, Latvia, Lesotho, Lithuania, Luxembourg, Madagascar, Malaysia, Malta, Monaco, Montenegro, Netherlands, Peru, Poland, Portugal, Republic of Korea, Romania, Russian Federation, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Thailand, the former Yugoslav Republic of Macedonia, Trinidad and Tobago, United Kingdom of Great Britain and Northern Ireland, United Arab Emirates and Yemen.

The following five intergovernmental organizations submitted a complete report: the Organization for Economic Cooperation and Development (OECD), the United Nations Development Programme (UNDP), the United Nations Environment Programme (UNEP), the United Nations Institute for Training and Research (UNITAR) and the World Health Organization (WHO).

Six non-governmental organizations submitted complete reports, of which four were civil society organizations (Armenian Women for Health and Healthy Environment, Pesticide Action Network, Society for Ecological Restoration, and Central American Institute for Studies on Toxic Substances) and two were private-sector organizations (International Council of Chemical Associations and American Petroleum Institute).

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