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Annex V

Strategy for strengthening the engagement of the health sector in the implementation of the Strategic Approach to International Chemicals Management

I. Introduction

1. The Strategic Approach to International Chemicals Management is a global policy framework to guide efforts to attain the goal set out in the Plan of Implementation of the World Summit on Sustainable Development that, by 2020, chemicals will be produced and used in ways that minimize significant adverse effects on human health and the environment. The involvement of all relevant sectors and stakeholders is central to achieving the objectives of the Overarching Policy Strategy of the Strategic Approach.
2. The sound management of chemicals and human health are key issues in achieving sustainable development, including the eradication of poverty and disease and the elevation and maintenance of the standard of living in countries at all levels of development. The health sector is concerned with the impacts of all chemicals on human health irrespective of the economic sector involved (such as industry, agriculture or mining) and the point in the life cycle at which exposure takes place (production, use or disposal). The health sector can also contribute to sound chemicals management in its own health-care activities in order to prevent environmental, occupational and public health problems arising as a result of such activities.
3. In its resolution II/8, the International Conference on Chemicals Management requested the Strategic Approach secretariat to develop, in consultation with the World Health Organization (WHO) and within available resources, a strategy for strengthening the engagement of the health sector in the implementation of the Strategic Approach. The present strategy represents the first time that the Conference has considered sector-specific approaches to attaining its objectives.

II. Setting the scene

4. Chemicals and the chemical industry contribute significantly to the global economy, living standards and health. The global chemical industry is currently projected to continue to grow steadily until 2030 with a continuation of the trend for increased use and production of chemicals in developing countries and associated potential for greater impacts of those chemicals on human health. Strengthened engagement by the health sector is critical to the prevention of such impacts.

A. Impacts of chemicals on human health

5. The progress made in improving the sound management of chemicals over recent years notwithstanding, the health impacts of unsound chemicals management remain of concern in most countries. WHO estimates that more than 25 per cent of the global burden of human disease can be attributed to preventable environmental factors, including exposure to chemicals.¹ A recent systematic review of the burden of disease attributable to chemicals estimated that, in 2004, 8.3 per cent of the total or 4.9 million deaths and 86 million disability-adjusted life years (5.7 per cent of the total), were attributable to environmental and occupational exposures resulting from the unsound management of selected chemicals.² Unintentional poisonings kill an estimated 355,000 people every year and, in

¹ Annette Prüss-Ustün and Carlos Corvalán, *Preventing Disease through Healthy Environments: towards an estimate of the environmental burden of disease*, World Health Organization, 2006. Available from <http://apps.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codcol=15&codcch=680>.

² Annette Prüss-Ustün and others, "Knowns and unknowns on burden of disease due to chemicals: a systematic review", *Environmental Health*, vol. 10, No. 9 (2011). Available from www.ehjournal.net/content/10/1/9 Estimates of the burden of disease attributable to chemicals included estimates from the following sources: chemicals involved in unintentional acute poisonings; chemicals involved in unintentional occupational poisonings; pesticides involved in self-inflicted injuries; asbestos; occupational lung carcinogens; occupational leukaemogens; occupational particulates; outdoor air pollutants; indoor air pollutants from solid fuel combustion; second-hand smoke; lead; and arsenic in drinking water. This document is available to the Conference as SAICM/ICCM.3/INF/13.

developing countries where two thirds of those deaths occur, such poisonings are strongly associated with excessive exposure to, and inappropriate use of, toxic chemicals, including pesticides.³

6. The existing body of knowledge about chemicals of major public health concern notwithstanding,⁴ the health risks posed by such chemicals (including mercury and lead) have not yet been eliminated. It is estimated, for example, that exposure to lead results in 600,000 new cases of intellectual disability in children every year.⁵ Chemical-related incidents with potential international public health impacts continue to be reported regularly, including, in recent years, the dumping of toxic waste in Côte d'Ivoire, mass sodium bromide poisoning in Angola and significant lead poisoning of local populations from battery recycling operations in Senegal and from artisanal gold mining in Nigeria. In developing countries with fragile health-care systems such incidents can be overwhelming and have an impact on the functioning of the health sector itself.

B. Composition of the health sector

7. The health sector is the part of the economy dealing with health-related issues in society. It includes both preventive and curative medicine, regulation of health service provision, standard-setting, including for public, occupational, and environmental health, and the production and control of distribution of drugs. The sector comprises organizations with public, private, voluntary, traditional and informal components.

8. The health-sector workforce can be defined as all those engaged in activities whose primary intent is to enhance health.⁶ Occupations related to health include medical doctors, nursing and midwifery professionals, traditional and complementary medicine professionals, paramedical practitioners, dentists, pharmacists, environmental and occupational health and hygiene professionals, audiologists and speech therapists, social and community agents (or workers) and medical and pathology laboratory technicians. The health-sector workforce can also be found outside the traditional health-care industry in the form of, for example, physicians working for private companies or as university lecturers and researchers.

9. Professional associations are an important part of the non-governmental sector, representing the interests of health-sector employees such as nurses, midwives, occupational hygienists, general practitioners and medical specialists. Academic and teaching professionals are also significant, as they carry out research related to toxicology and occupational and public health in addition to training the future health-care workforce.

10. Ministries of health have a directing role and are key to policy formulation and setting standards for service delivery and the protection of public health. Specialized institutions and agencies for public and occupational health exist in many countries, carrying out research, laboratory monitoring and food, drug and chemical safety advisory functions, including risk assessment, as well as functions related to public and occupational health surveillance and the sound management of chemicals in the workplace and the surrounding environment.

11. WHO is the lead agency for health in the United Nations system. Several other international organizations have health-related portfolios and interests, including the International Labour Organization, for labour-related issues; FAO, for food security; the Organization for Economic Cooperation and Development, for health system performance; the United Nations Development Programme, for health and development; the United Nations Environment Programme, for health and environment linkages; the United Nations Children's Fund, for development and humanitarian issues relating to children; and the World Bank, for health-related development assistance. The World Health Assembly, which governs the operations of WHO, has considered chemicals-related issues and the Strategic Approach at a number of its annual sessions, adopting resolutions in 2010 relating to environmentally sound waste management and to obsolete pesticides and chemicals.⁷

³ World Health Organization, *The Global Burden of Disease: 2004 Update*. 2008. Available from www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf.

⁴ World Health Organization, *Preventing disease through healthy environments: action is needed on chemicals of major public health concern*, 2010. Available from www.who.int/ipcs/features/10chemicals_en.pdf.

⁵ Annette Prüss-Ustün and others, "Knowns and unknowns on burden of disease due to chemicals: a systematic review", *Environmental Health*, vol. 10, No. 9 (2011).

⁶ World Health Organization, *World Health Statistics 2010*. Available from www.who.int/whosis/whostat/2010/en/index.html.

⁷ Resolutions WHA.63.26 on improvement of health through sound management of obsolete pesticides and other obsolete chemicals, and WHA.63.25 on improvement of health through safe and environmentally sound waste management. Available from http://apps.who.int/gb/or/e/e_wha63r1.html.

C. Roles and responsibilities of the health sector in sound chemicals management

12. The key roles and responsibilities for the health sector in sound chemicals management can be summarized as:

- (a) Preventing and managing chemical emergencies, including by providing medical treatment for those affected;
- (b) Gathering clinical and research evidence about chemical risks and informing decision makers and the public;
- (c) Working with other sectors to advocate action on chemicals and safer alternatives;
- (d) Raising awareness of chemicals safety with special emphasis on protecting vulnerable populations;
- (e) Assessing the impact of chemicals management policies through monitoring and evaluation, including biomonitoring and health surveillance;
- (f) Sharing knowledge and participating in international mechanisms to solve chemicals-related problems.

13. In some of the above-mentioned roles, such as those relating to emergencies and poisonings, the preparedness and response of the health sector represents a highly visible component of national chemicals management arrangements. Less visible but equally important is the role of the health sector in preventing, diagnosing and treating diseases and using existing knowledge better to understand and deal with the impacts of exposure to chemicals. This is of particular importance as the consequences of exposure to chemicals may not immediately be apparent, e.g., in chronic exposures to some chemicals when a causal effect can often only be determined after epidemiological, clinical, toxicological or analytical investigations have been undertaken. Obsolete pesticides and other chemicals no longer in use pose a permanent and lingering threat of pollution. Assessing the health impacts of such situations through monitoring and evaluation, including biomonitoring and health surveillance, plays an important part in protecting vulnerable populations and future generations. The health sector also participates in observational and experimental research.

14. Knowledge alone does not suffice, however, and there is room for the sector to play a stronger role in advocating action on chemicals and safer alternatives, including through implementation of and compliance with legal instruments, standards and policies. In many countries, the effect of chemicals on health is a priority environmental concern for the general public. Given the position of trust held by doctors, nurses and other community health workers, the health-sector workforce is central to credible communications with the public.

15. In addition to dealing with the adverse impacts of chemicals arising from the activities of other economic sectors, the health sector is a substantial user of chemicals in health care and health-care facility management. Such chemicals may include biocides and other disinfectants and sterilizers, pesticides for controlling pests on site, cleaning agents, chemicals found in medical devices (e.g., thermometers and electronic devices), pharmaceuticals and pesticides used for controlling disease vectors such as malaria. Recent research has shown that health-sector employees may be more at risk than the general public from chemicals used in their own workplaces. For example, health-sector workers have been reported to have the highest rate of adult asthma among all major occupational groups and to be at a greater risk of developing chronic respiratory illnesses.⁸ By tackling chemical exposure in health-care settings the health sector can actively demonstrate sound chemicals management practices and take advantage of an important opportunity to be better engaged and lead by example.

III. Challenges and opportunities

16. Many factors that affect the level of engagement of the health sector in the implementation of the Strategic Approach appear to stem from a lack of a common language, appreciation of mutual gains and shared ownership of priority issues in sound chemicals management. While many positive examples of engagement do exist, a higher and more consistent level of engagement is possible. The Strategic Approach is predominantly felt by the health sector to be an environmental policy

⁸ Pia Markkanen and others, *Cleaning in healthcare facilities: reducing human health effects and environmental impacts*. April 2009. Health Care Research Collaborative. Available from www.noharm.org/us_canada/reports/2009/apr/rep2009-04-20.php.

framework, as substantiated by the fact that the environment sector is most strongly represented in the institutional arrangements for the Strategic Approach. To provide the context for the present strategy, the main challenges and opportunities faced by the health sector in this regard are set out below.

A. Current level of engagement in chemicals issues

17. While there is some engagement by a growing number of health-sector organizations in sound chemicals management, a much higher and more consistent level is both desirable and possible. Successful examples of engagement include: advocacy for the elimination of mercury from medical devices, the role of the health-care sector in improving health-care waste management and the involvement of paediatricians, general practitioners, nurses, midwives and health-related institutions in initiatives to tackle the potential adverse effects of environmental factors on children's health.

18. The health sector is primarily engaged in chemicals issues through traditional programmatic activities such as those related to food safety, occupational health, drinking water quality and air pollution. These are not, however, strongly perceived as being part of the international chemicals agenda, often having their own specialized frameworks for action. Most legislation controlling chemicals lies beyond the sector's purview. Furthermore, the numerous national, regional and international chemicals management frameworks and agreements have been implemented on a piecemeal basis, making it difficult for the sector to keep abreast of requirements and opportunities to contribute and creating the possibility of important issues being duplicated or overlooked.

19. Some influential parts of the sector have the potential to greatly improve their engagement. For example, professional groups such as doctors, nurses, occupational health professionals and industrial hygienists have prominent professional associations, carry considerable authority and are held in high esteem by the public, offering significant opportunities for promotion and understanding of the Strategic Approach.

B. Benefits of engagement

20. The International Conference on Chemicals Management is a credible international forum focusing on attaining the 2020 goal on chemicals set out in the Plan of Implementation of the World Summit on Sustainable Development. Attaining this goal remains a challenge for all countries. The breadth and complexity of chemicals issues, the potential for fragmentation of efforts at the national, regional and global levels and the identified need for capacity-building provide a strong argument for the full use of the Conference to build and reinforce a stronger level of intersectoral cooperation.

21. The potential benefits of such cooperation include enhanced awareness of the issues facing different sectors, improved dialogue, shared expertise and information, and the development of joint action and capacity. Improving joint access to available financial resources is central to promoting and strengthening cooperation. There is concern generally that the benefits of intersectoral cooperation need to be better documented and/or communicated to ensure that there is wider recognition, engagement and support. This is likely to be particularly relevant to sectors that are largely under-represented, such as the governmental health sector. Engagement is often constrained by a lack of awareness and understanding of the Strategic Approach as a voluntary framework for action. Several existing Strategic Approach initiatives, such as those aimed at mainstreaming chemicals into national development agendas and contributing to the attainment of the Millennium Development Goals and the Strategic Approach's Quick Start Programme, are yet to be fully exploited, their significant potential benefits for the health sector notwithstanding.

C. Strategic Approach institutions

22. The government-related environment sector is the most strongly represented sector in the institutional framework for the Strategic Approach. It has been estimated by the secretariat that over 80 per cent of Strategic Approach national focal points are located in environment ministries and participants in Conference negotiations and regional meetings are also primarily from this sector.⁹ Effective national coordination arrangements, as envisaged in paragraph 23 of the Overarching Policy Strategy, are therefore of critical importance in enabling the participation of all relevant sectors, including the health sector; in obtaining a greater understanding of the roles and responsibilities of different sectors; in making use of their comparative strengths; and in facilitating the role of national focal points. In some countries, difficulties in identifying relevant contacts in the health sector have hindered the establishment of cross-sectoral linkages. In addition, there remain a number of key health-sector organizations, principally non-governmental and professional bodies, that have not yet nominated a Strategic Approach focal point.

⁹ SAICM/Health.1/INF/4. Available from www.saicm.org.

D. Health-related Strategic Approach priorities

23. As part of the development of the Strategic Approach, the WHO secretariat coordinated the identification of relevant health-sector priorities, including actions to: improve abilities to gain access to, interpret and apply scientific knowledge; fill gaps in scientific knowledge; develop and use harmonized methods for chemicals risk assessment; develop better methods for determining the impacts of chemicals on human health, setting priorities for action, detecting chemicals and for monitoring progress of the Strategic Approach; build capacities of countries to deal with poisonings and chemical incidents; develop strategies directed specifically at the health of children and workers; and promote alternatives to highly toxic and persistent chemicals. These priorities are among those included in the Global Plan of Action of the Strategic Approach in its work areas on human health protection, children and chemical safety and occupational health and safety.¹⁰ It is not known to what extent these priorities and others of interest to the health sector are being incorporated in Strategic Approach implementation plans.

E. Reform and development of the health sector

24. Health ministries are strongly committed to primary health care as a basis for sectoral reform and to the attainment of the Millennium Development Goals with their emphasis on the eradication of poverty and other health-related inequities. Health security and, in particular, a growing appreciation of the need for an effective response to international threats to public health, have underpinned efforts to implement the revised International Health Regulations.¹¹ The Regulations, which came into force in 2007 after the adoption of the Strategic Approach, are a legally binding international instrument of relevance to the sound management of chemicals. They deal not only with existing and emerging disease outbreaks but also with chemical events that cross national borders. Capacity-building activities are being undertaken by health ministries in the context of implementing the revised Regulations and ensuring that competencies exist in a number of core areas, including improving emergency preparedness, alert and response; strengthening laboratory capacities; better coordinating inspections at designated airports, ports and ground crossings; and enhancing national capacities for epidemiological surveillance, risk assessment and communication. Such activities offer the potential to strengthen coordination between the health sector and others engaged in the sound management of chemicals.

F. Regional health and environment initiatives

25. Many health and environment ministries are already committed to tackling jointly the environmental impacts on health. Actions to intensify collaboration between health and environment ministries, including to identify joint priority areas, implement national environment and health action plans, and agree on mutually supportive and specific activities, are a feature of a number of regional health and environment initiatives.

26. The Libreville Declaration on Health and Environment in Africa, adopted in 2008 at the first Inter-Ministerial Conference on Health and Environment in Africa, has provided an impetus for a renewed political commitment to the process for catalysing the policy, institutional and investment changes necessary to reduce environmental threats to health. In Europe and the Americas, regional health and environment initiatives have long been at the heart of the movement to tackle the negative effects of environmental factors on children's health. In South-East and East Asia, the relevant regional health and environment ministerial processes have focused on sharing information and data on chemical impacts and enhancing technical knowledge and skill among member countries to improve chemicals risk assessment and management. During the Fifth Ministerial Conference on Environment and Health, European ministers and representatives adopted the Parma Declaration on Environment and Health,¹² reiterating their commitment to tackling the key environment and health challenges and bringing new priorities to the fore. Linkages between the Strategic Approach and these regional health and environment initiatives have yet to be fully exploited.

G. Capacity in the health sector

27. WHO advocates the strengthening of health systems globally, particularly in response to health inequalities around the world. Chronic shortages of health-sector workers in many countries mean that

¹⁰ Global Plan of Action of the Strategic Approach: work areas on human health protection (activities 2–6), children and chemical safety (activities 7–10) and occupational health and safety (activities 11–21).

¹¹ World Health Organization, *International Health Regulations (2005)*. Available from www.who.int/ihr/9789241596664/en/index.html.

¹² Available from www.euro.who.int/__data/assets/pdf_file/0011/78608/E93618.pdf.

capacity for work on chemicals management is not optimal. At the national level, ministries and other sectors outside the health sector can play an important part in calling for the strengthening of health-sector capacities in accordance with defined roles and responsibilities for chemicals safety. The capacity-building needs of the health sector in terms of taking on its designated roles and responsibilities relating to the sound management of chemicals could be further assessed. It is often assumed that the skills to take on such roles already exist, but evidence suggests otherwise. For example, although nurses make up the largest group of health professionals and the first and often only point of contact for many individuals with the health sector, most nurses have received no formal training in occupational or environmental health.¹³ The trust accorded by the public to the medical profession in answering questions concerning their health may also contrast with the paucity of training in occupational and environmental health included in the curricula of many medical schools. The well-documented lack of basic poison information centres and analytical laboratories in many regions are further indications that health-sector capacity in relation to chemicals management needs strengthening.

IV. Aims and objectives of the strategy

28. The principal aim of the strategy is to provide an agreed intergovernmental approach to strengthening the engagement of the health sector in the sound management of chemicals and thereby increase the likelihood that, by 2020, chemicals will be used and produced in ways that lead to the minimization of significant adverse effects on human health and the environment.

29. The strategy supports the Overarching Policy Strategy, in particular section VII on implementation and taking stock of progress, by increasing awareness of the challenges and opportunities facing the health sector in relation to sound chemicals management and by focusing on a number of actions that would serve to facilitate the greater engagement of the health sector in the implementation of the Strategic Approach.

30. The strategy has six specific objectives:

(a) To foster a deeper interest in and awareness of sound chemicals management among stakeholders in the health sector and to build their capacity to undertake preventive actions, especially by increasing the amount, quality and relevance of information disseminated to the sector on the human health aspects of chemicals management;

(b) To actively involve the health sector in increasing the amount and improving the quality and relevance of information available on the impacts of chemicals on human health, including through risk assessment;

(c) To strengthen the capacity of the health sector to fulfil its roles and responsibilities in chemicals management;

(d) To improve consultation, communication and coordination with other sectors and increase the number of joint actions at the national, regional and international levels;

(e) To ensure the effective use of existing resources, including organizations and funds, and to leverage additional resources where needed;

(f) To strengthen coordination, leadership and coherent action by international agencies, including United Nations agencies, relevant convention secretariats, multilateral funding agencies and regional development banks, with regard to the implementation by the health sector of the Strategic Approach.

V. Guiding principles

31. The term “engagement” is used in the strategy to convey a sense of the level of participation, ownership and involvement. Thus, engagement may be seen as a continuum along which individuals or groups move from a basic awareness to personal, professional and institutional involvement and actions. The highest level of multisectoral engagement may be characterized as joint action and decision-making with other Strategic Approach stakeholders. In general terms, partnerships, alliances and joint plans of action often emanate from such a level of engagement.

32. A number of guiding principles and considerations have assisted in the development of the strategy. Among the most important of these were the need to focus on preventing the human health

¹³ Leyla Erk McCurdy and others, “Incorporating environmental health into paediatric medical and nursing education”, *Environmental Health Perspectives*, vol. 112, No. 17 (2004), pp. 1755–1760.

impacts of existing or future chemicals use, the requirement for strategic actions to be firmly based on available evidence, using and contributing to the scientific understanding of the links between environmental exposure and human health impacts, and the need to ensure the participation and protection of vulnerable groups, such as women, children, older persons, indigenous populations and socially and economically disadvantaged groups, including through the equitable provision of comprehensible information.

33. Other guiding principles and considerations of importance in developing the strategy include the promotion of consistency and coherence, building upon and leveraging existing policies, commitments and processes and encouraging the ever-closer coordination and cooperation between stakeholders in a shared framework of action, and the need for the strategy to respect the experience, capacity, priorities and diversity of each implementing country, recognizing that stakeholders may have different missions, experiences, perspectives and capacities.

34. Given that the Strategic Approach includes provisions to protect human health and the Global Plan of Action includes all the health sector priorities identified during the development of the Strategic Approach, it is not the purpose of the present strategy to set out additional measures in that regard but rather to focus on actions that, if promoted, would bring about the greater involvement and participation of the health sector. To that end, the strategy builds on an understanding of the key roles and responsibilities of the health sector, the identification of underrepresented stakeholders, finding ways to enhance the natural strengths of the health sector and developing a common understanding of the benefits of the Strategic Approach.

35. The strategy's intended audience comprises the Governments and intergovernmental and non-governmental organizations that collectively have a responsibility for the implementation of the Strategic Approach.

VI. Activities

36. Possible activities to be undertaken voluntarily to fulfil the objectives of the strategy are described below. They have been grouped around six themes of relevance to the Overarching Policy Strategy: awareness-raising; building on existing health sector networks; empowering Strategic Approach focal points; creating healthy health-care settings; strengthening professional training and development; and increasing joint actions between sectors.

A. Awareness-raising

37. Activities in this section emphasize the importance of the objectives of the Overarching Policy Strategy relating to knowledge and information, in particular paragraph 15 (b) (i), which aims to ensure that information on chemicals is available, accessible, user-friendly, adequate and appropriate. The diverse nature of the health sector is such that a number of specific activities would be of benefit in this regard.

1. Typology of the health sector

38. Given the diverse nature of potential health sector participants, further characterization of the typology of stakeholders in the health sector would enable information products to be tailored to different audiences. Those with little awareness of the Strategic Approach could be targeted more systematically and those with a high potential for engagement prioritized. Priority groups for awareness-raising emanating from the development of the present strategy include ministries of health and underrepresented professional groups such as nurses, midwives, doctors and occupational health professionals who have the potential to be important advocates of the Strategic Approach. A glossary of basic terms defining different health sector stakeholders could be compiled, drawing on existing WHO terminology, to further assist communication and outreach activities.

2. Range of information products

39. The nature of the Strategic Approach as a framework for concerted multisectoral action is not readily understood beyond international governance settings. It would be of benefit to develop information products that could focus on examples and benefits of and opportunities for health sector engagement in the Strategic Approach and on specific technical issues of interest to the health sector such as lead in paint, mercury in measuring devices, chemicals of major public health concern, the assessment and management of occupational hazards, the chemicals subject to international actions and children's environmental health. The relevance of each issue to a specific target health sector audience should be emphasized.

3. Strategic Approach health information portal

40. A Strategic Approach health information portal could facilitate access to useful information and activities as part of the secretariat's clearing-house activities. The portal would provide links to national awareness-raising campaigns and organizations working on chemicals and health issues. Branding the portal "SAICM health" and linking it to the WHO Global Health Observatory¹⁴ might further encourage broad recognition and lead to an improved understanding of the Strategic Approach as a forum for addressing health-related chemicals issues.

4. Journals

41. In order to capitalize on the most frequently read journals catering specifically to the health sector, efforts could be aimed at increasing the number of peer-reviewed articles on the Strategic Approach health-sector issues in health care, medical, toxicology and other related journals, including those of professional bodies.

B. Building on existing networks in the health sector

42. Information dissemination and participation in inter-ministerial or inter-institutional arrangements constitute a vital part of the Overarching Policy Strategy's provisions on implementation and taking stock of progress. Knowing whom to contact on any given issue is a basic minimum requirement for the effective implementation of the Strategic Approach.

1. Building on existing country and regional mechanisms that engage the health sector

43. In accordance with requests from the region of Latin America and the Caribbean, efforts should continue to enable Strategic Approach national focal points to cooperate and coordinate with health sector contact points making use of existing WHO country and regional office structures where possible. WHO should be invited to make relevant contact information available to enable a network of contacts to be swiftly established and linked to the Strategic Approach chemical information clearing house. The inclusion of existing institutions and centres for public and environmental health in the network would help to bolster technical capacities at the country and regional levels.

2. Specific interest networks

44. Interactive websites, discussion forums and networks should be fostered and supported on issues of specific interest to the health sector, to stimulate information flow and the exchange of learning and best practices between health professionals, academics and other stakeholders. Lessons learned and case studies on successful interventions and experiences with chemicals of major public health concern could be shared in this manner. The networks should continue to be developed and managed by stakeholders with increased visibility and accessibility at the international level. The selection of discussion groups would be guided by the identified key roles and responsibilities of the sector, such as risk assessment. With a view to ensuring their promotion and use wherever possible, efforts would be made to build on existing discussion groups and networks, such as the INTOX network for sharing information and mutual assistance on poisons and toxicological issues¹⁵ and the chemical risk assessment network to be established by WHO to provide a forum for the identification of gaps, needs and emerging issues, scientific exchange and collaboration on risk assessment activities.¹⁶

C. Empowering Strategic Approach focal points

45. At all levels, Strategic Approach focal points are the lynch-pin of successful Strategic Approach implementation and play a critical role in section VII of the Overarching Policy Strategy on implementation of the Strategic Approach.

1. Role of Strategic Approach focal points

46. Paragraph 23 of the Overarching Policy Strategy states that the role of a Strategic Approach national focal point is to act as an effective conduit for communication on Strategic Approach matters. Given that the level of implementation of the Strategic Approach has increased and deepened, this communication role may require clarification. Guidance, such as that proposed by the African region at the second session of the Conference,¹⁷ could be developed to provide additional information to Strategic Approach focal points on the need to engage with colleagues in other sectors, including the

¹⁴ <http://apps.who.int/ghodata/>.

¹⁵ www.who.int/ipcs/poisons/network/en/index.html.

¹⁶ www.who.int/ipcs/about_ipcs/networks/gra_report/en/index.html.

¹⁷ SAICM/ICCM.2/15, annex IV.

health sector. A specific standing item could be established on the agendas of regional meetings of the Strategic Approach to provide an opportunity to discuss issues relating to the health sector and the implementation of the Strategic Approach and to highlight issues of mutual importance for health and environment. Such a mechanism would emphasize the importance of contact with the health sector in preparation for meetings and would build upon the use of existing networks of health sector contacts, increasing their familiarity with matters being discussed in the context of the Strategic Approach thereby facilitating their inputs in Strategic Approach meetings. When nominated Strategic Approach focal points are unable to participate in meetings, nominated contact points from other sectors, such as the health sector, could be encouraged to do so rather than the role being delegated within the same ministry. This approach would further promote and secure the inter-ministerial coordination envisaged in the Overarching Policy Strategy.

2. Monitoring Strategic Approach implementation plans

47. A clearer and more formal understanding of the implementation of the key health-related activities expressed in the Global Plan of Action might be obtained by reviewing existing and future Strategic Approach implementation plans in conjunction with planning tools for health-sector development. Efforts to link such work with WHO initiatives at the country level, for example WHO cooperation strategies that set out the priorities jointly agreed upon by WHO and national Governments, could foster closer links between strategic agendas. Such approaches would enable aspects of chemicals management related to the health sector to be identified more readily and information on specific chemicals and health issues, including environmental disease burdens, to be taken into account. Information could be gathered on the implementation status of health-related elements of the Global Plan of Action to enable updating of the plan over time.

3. High-level health-related briefing sessions

48. High-level briefing sessions on health for politicians and senior officials at the national, regional and international levels should be conducted. Such briefings could be incorporated into regional meetings on the Strategic Approach and would serve to provide decision makers with clear and up-to-date advice and evidence on the burden of disease and associated costs, to promote dialogue between sectors and to raise the policy profile of health aspects of sound chemicals management. Host countries of regional meetings could be encouraged to take the lead in organizing such sessions involving the health secretary or other senior health ministry representatives in their country.

D. Creating healthy health-care settings

49. Risk reduction, a key objective of the Overarching Policy Strategy, is intended to minimize the risks that chemicals may pose to human health and the environment, with particular focus on risks affecting vulnerable groups. Activities under this part of the health sector strategy are aimed at increasing actions pertaining to the management of chemicals within the health sector, thereby stimulating interest and building capacity for broader action within the sector to contribute to the sound management of chemicals.

1. Mobilizing the interest and awareness of the health-care workforce

50. The health-care industry is a major consumer of chemicals, including those that are known to have serious impacts on health and the environment. Thus, a sector whose mission it is to protect human health may also be contributing to the burden of disease. Chemicals in products that are used in health care affect human health throughout the life cycle of those products. Vulnerable populations include patients, health-care workers who are exposed to chemicals on a daily basis, factory workers involved in the manufacture of health-care products, workers in waste disposal facilities and people who live near manufacturing plants or waste disposal sites. Mobilizing health-care workers' interest in and awareness of sound chemicals management could lead to greater awareness of and engagement in chemicals management and more generally a reduction in the burden of chemicals-related occupational diseases and other forms of work-related ill-health within health-care settings.

2. Chemicals policy for health-care settings

51. A framework for a chemicals policy for health-care settings should be established on the basis of best practices. One approach might be to initiate the development of a report on the use, disposal and environmental health impacts of chemical constituents of products used in health-care settings. The report could include best practice case studies in hospitals and other health-care settings where safer alternatives to selected uses have been introduced, to identify possible actions for the health sector to reduce the use of hazardous chemicals. The report could identify those who might be engaged in decision-making to introduce safer alternatives into such settings, including planners, builders, systems managers, suppliers, operators and stakeholders representing inpatients, outpatients and local

communities. The application of simple approaches that are often used in low-resource settings, such as control banding,¹⁸ to chemicals used in the health sector could serve to engage health-care professionals in the sound management of chemicals in their workplaces.

E. Strengthening professional training and development

1. Environmental and occupational health training

52. Professional training and development in environmental health has yet to be optimally strengthened, particularly for the sound management of chemicals that affect specific vulnerable groups, including children, older persons, highly exposed populations, such as workers in certain industries, and indigenous peoples. The development and delivery of professional training is shared between a wide range of organizations. Governments and relevant professional bodies should consider working together to share and optimize the use of existing training materials and possibly extending or adapting them for use in teaching curricula on chemicals and health as part of undergraduate and postgraduate nursing and medical training to foster the further development of a cadre of medical and nursing professionals qualified in environmental health. Training modules produced by WHO for health professionals and paediatricians in the context of its initiatives on children's environmental health hold considerable potential in this regard.¹⁹ Consideration should be given by medical schools to residencies and fellowships or specializations in environmental health with an emphasis on toxicology and occupational and public health.

2. Pilot projects linking professional associations

53. Pilot projects could be initiated to link professional medical and nursing associations with key academic environmental health or risk analysis groups and institutions to strengthen engagement on chemicals management issues.

F. Increasing the number of joint actions by sectors

1. Health protection as a cross-cutting issue

(a) Multilateral environmental agreements, including the International Health Regulations

54. Given that all multilateral environmental agreements aim to protect human health, common cross-cutting actions involving the health sector could be jointly pursued and coordinated with the Strategic Approach as part of the implementation of the present strategy. In view of the priority accorded to the implementation of the revised International Health Regulations (2005) and the finding in reviews of implementation that relatively low core capacities of preparedness for chemical and radiological events exist in most regions,²⁰ a closer level of cooperation between international instruments could be beneficial. Capacity-building initiatives such as strengthening national capacities for laboratory analysis; emergency preparedness, alert and response; better coordinating inspections at ports and land crossings; and enhancing epidemiological surveillance, risk assessment and communication; have applications under several international chemicals instruments. The Strategic Approach could be used to foster and monitor improved cooperation in this regard. Such an approach could increase leverage and resources, particularly for capacity-building projects where significant investment is needed. Surveillance and biomonitoring activities, for example, would be of value to a number of national, regional and international instruments and engage the health sector specifically.

(b) Toxicovigilance

55. Toxicovigilance and toxicosurveillance are analogous terms for a systematic approach to the identification and prevention of the adverse effects of chemicals largely based on the collection of observational information from human experience. Successful toxicovigilance approaches rely on effective coordination and relations between ministries, health-care establishments and poison information centres, among others, and provide an opportunity for engaging the health sector and other stakeholders while promoting the sound management of chemicals.

2. Regional health and environmental processes

56. The strengthening of regional health and environmental ministerial processes affords an opportunity to stimulate the engagement of the health sector with chemicals issues. Several existing initiatives have the potential to draw further attention to implementation of the Strategic Approach. In Africa, for example, chemicals management was recently identified as one of 10 joint environment

¹⁸ www.ilo.org/legacy/english/protection/safework/ctrl_banding/index.htm.

¹⁹ www.who.int/ceh/capacity/training_modules/en/index.html.

²⁰ A65/17 and A65/17/Add.1. Available from http://apps.who.int/gb/e/e_wha65.html.

and health priorities for implementation of the Libreville Declaration. Links between such processes and the implementation of the Strategic Approach should be formalized as part of the present strategy.

VII. Means of implementation

57. The present strategy was conceived to be implemented through existing institutional arrangements to strengthen engagement in the implementation of the Strategic Approach. Such existing institutional arrangements include those for national and regional coordination processes, Strategic Approach implementation plans, the Strategic Approach Quick Start Programme and long-term financial arrangements. Information on health sector engagement should be collected through the Strategic Approach periodic reporting mechanisms, with relevant health sector stakeholders being invited to provide additional information to complement that gathered through the secretariat's online reporting tool.

58. Progress will be reviewed at regional meetings held during intersessional periods. The secretariat, in consultation with WHO, should prepare a formal report on progress in strengthening health sector engagement in implementation of the Strategic Approach for consideration at sessions of the Conference, commencing at its fourth session.
