The report by the World Health Organization on the engagement of the health sector in the Strategic Approach to International Chemicals Management 2012–2014 for the OEWG and the update in the documents for this Meeting has well characterized the multiple meetings and materials organized and produced by WHO, SAICM Secretariat and other international agencies with respect to consciousness raising and scientific coordination of information for the Health Sector. I will not repeat these but note both their extensive reach in terms of regions as well as topics and express appreciation for this important work relevant to these issues. I will concentrate instead on developments within the health provider sector itself.
A major development since last ICCM has been the global movement within the health sector to eliminate the use of Mercury products in the provision of health care. This global trend, stimulated by collaboration between WHO and the NGO Health Care Without Harm, and confirmed by the Minamata Convention with specific phase out dates for major uses, a detailed phase down approach for dental usage, and a specific section devoted to health and health care. Many of the delegates at this meeting were active participants in the treaty process including the World Medical and Public Health Associations, International Society of Doctors for the Environment, IPEN, Zero Mercury, World Dental Federation, and the World Alliance for Mercury Free Dentistry.

Within the provider community, primarily centered in Hospitals, more sustainable and safer use, or substitution, of chemicals in products has become a concern at institutions throughout the world. This trend has
spread quickly, though often as yet as an aspiration at many institutions, yet major medical centers globally have adopted SAICM concerns within their construction, purchasing and operational decision making.

They and others attempting to implement these goals are helped by the development of Data bases designed to provide independent scientific based comparisons of products based on their chemical composition and use. A number of these have been developed in the last several years.

A good start has been made in our sector on chemicals in products - as always too slow but appearing steady and gaining momentum. Many of the tools to translate the scientific evidence into usable information for health care institutions, lacking at the last ICCM are now in place, and some of our collective consciousness has been raised. This is particularly true with respect to the development of our understanding of the environmental impact of our use of pharmaceuticals. This next decade will hopefully be
one of rapid expansion and planning for making these concerns routine, universal, and capable of handling each new chemical introduced. It is obvious that a SAICM international process remains critical to this development till 2020 and beyond.