The third session of the International Conference on Chemicals Management (ICCM-3) met from 17-21 September 2012, in Nairobi, Kenya. Over 400 delegates, representing 122 governments, 19 international organizations, and 79 nongovernmental organizations and industry participated in the week-long Conference to consider recommendations from the Executive Board of the Quick Start Programme (QSP) on the future of the Programme, the addition of new activities for the Global Plan of Action (GPA), and emerging policy issues. Peter Orris, MD, MPH, Chair, Working Group on the Environment participated representing WFPHA. Other members of the Working Group who attended included Andrea Rother, PhD, from University of Cape town South Africa, and Jules F.M. de Kom, PhD, PharmD, Senior Policy Advisor to the Ministry of Health, Suriname.

The Conference adopted nine resolutions through long but constructive negotiation and the use of small drafting groups, the group managed to arrive at compromise resolutions. Participants discussed the collaboration and partnership between ICCM and the World Health Organization (WHO), and adopted a resolution on the budget containing reference to maintaining and strengthening the partnership. Discussions on finance proved contentious, and threatened to delay the closing of ICCM-3, however in the final hours the finance contact group managed to find a common ground on which to move forward, ending the week on a positive note.

Some principal results of ICCM3:

• Consensus decision that endocrine disrupters are a global emerging policy issue and the need for measures that could contribute to reductions in exposures to or the effects of endocrine-disrupting chemicals, in particular among vulnerable populations

• Highly hazardous pesticides emerged as an issue at the meeting when Kenya along with 20 countries, IPEN, PAN, ITUC and others proposed a resolution calling for their elimination, substitution, and addition to the FAO Code of Conduct. The effort will be part of the meeting report.

• A strengthened resolution on eliminating lead paint that includes promotion of national regulatory frameworks

• Continuation of work on providing information on chemicals in products including activities that seek to raise consumer awareness

• Addition of electronics to the Global Plan of Action and continued work including prioritizing reduction of exposure by eliminating or substituting the hazardous substances of concern

• Addition of nano to the Global Plan of Action and continued work including approaches to protect workers, the public and the environment from potential harm.

• Adopted a health sector strategy to increase the involvement of health professionals in chemical safety
• Extended the Quick Start Programme to support activities to enable initial capacity-building and implementation, though no commitments were made for contributions at the meeting

Health Sector Strategy

WFPHA and other health organizations have developed a Health Sector Strategy for SAICM with the leadership of the President of Slovenia who has been the President of SAICM during the past several years. This meeting adopted the proposed health sector strategy and requested WHO to report back on its implementation at ICCM4. The discussion was the most popular of the meeting with many delegates wishing to speak in support and some with amendments to strengthen the document. The strategy includes activities on awareness-raising; building on existing networks including making regional and national WHO offices more active; empowering Strategic Approach focal points and increasing collaboration between environment and health sectors; creating healthy healthcare settings including chemicals policies for healthcare settings; strengthening professional development including occupational and environmental health training; and increasing the number of joint actions by sectors including surveillance and monitoring. Full report on the debate attached in Appendix A.

This will energize our activities in the health sector both as to our procedures (e.g. Phase out of mercury) and in relation to the public health importance of the environment.

WFPHA involvement:
Dr. Orris participated in the caucus discussions of the NGOs and concentrated on work with the contact group on lead paint, and the Health Sector Strategy discussion. While the discussions of Endocrine Disruption and Nano materials are important, the WFPHA does not yet have policy related to these. Dr. Orris’ plenary intervention in the discussion of the Health Sector Strategy is attached in Appendix B. In addition WFPHA, WHO, WMA, and the Government of Slovenia, was organized and attended by close to 100 delegates.

Program:
1. Opening and welcome Maria Neira, WHO and Peter Orris, UIC, WFPHA
2. Healthy hospitals – the chemical dimension Faye Ferrer, HCWH Manila
3. Best practices in reducing healthcare wastes – GEF project Jamidu Katima, AGENDA, Tanzania
4. Toxicovigilance and preparedness for chemical accidents, Lucija Šarc, Slovenia
5. Building momentum from Libreville, Wilfred Ndegwa, WHO Country Office, Kenya
6 Discussion Maria Neira and Peter Orris

Finally, Dr. Orris was elected to serve as the Health Sector Representative on the Continuations Bureau for SAICM which is the interim decision making body of the process until the 2015 ICCM4.

(above with thanks to Dr. Joseph Digangi, Senior Science Advisor IPEN)
Appendix A:

Full debate on the Health Sector Strategy:
On Wednesday in plenary, the Secretariat introduced a proposed strategy for strengthening health sector engagement in SAICM implementation (SAICM/ICCM.3/20). The African Group, the EU, the CEE Group and others supported adopting the proposed health strategy, and Canada and the US said they welcomed the strategy. Thailand, supported by the World Federation of Public Health Associations, Bhutan and Ecuador, proposed, inter alia, designating national contact points for the health sector, and encouraging the WHO to establish SAICM focal points for the health strategy. Health Care Without Harm called for underlining the inherent hazards of chemicals, in addition to risk, and engaging the health sector to reduce the toxicity of chemicals used in healthcare throughout their life cycle. GRULAC (Latin American Group) called for prioritizing health-related projects in the QSP and in the long-term financial strategy of SAICM, urging the WHO to reconsider its decision to withdraw from the SAICM Secretariat in October 2012. China, supported by Brazil, said the strategy regarding the responsibilities of the health sector should not be too prescriptive, and called for including reference to “other health-related government bodies.” They also urged referencing the provision of “new and additional” funds, as well as joint access to current funding, to implement the strategy. The US said the strategy should not replace the SAICM Overarching Policy Strategy, calling for clarification of this in the strategy’s text. The EU proposed asking the WHO, in collaboration with the Secretariat, to report back on the implementation of the strategy at ICCM-4. The WHO emphasized its commitment to implementing the strategy and said it looked forward to addressing financing challenges.

On Friday in plenary, the Conference considered a draft resolution on the health strategy (SAICM/ICCM.3/CRP.9). China proposed inserting “in different countries” to a preambular paragraph that recognizes the diverse nature of the health sector. The EU suggested that the ICCM request the “WHO, in collaboration with the Secretariat,” rather than “the Secretariat, in collaboration with the WHO,” to report to ICCM-4 on the strategy’s implementation. Brazil suggested a new preambular paragraph noting the need for “new and additional resources” to implement the strategy. The Conference agreed to the proposed decision, as amended by China and the EU, and to include Brazil’s intervention in the ICCM-3 report.

Final Resolution: In the preamble of the resolution (SAICM/ICCM.3/CRP.9) on a “Strategy to strengthen the engagement of the health sector in the implementation of SAICM,” the ICCM, inter alia: notes that it is mindful of the importance of the health sector and its roles and responsibilities in helping to achieve sound chemicals management, and recognizes the diverse nature of the health sector in different countries. In the operative part of the resolution, the ICCM: agrees to adopt the strategy on strengthening the engagement of the health-care sector in the implementation of SAICM; and requests the WHO to report, in collaboration with the Secretariat, on implementing the strategy at ICCM-4.

(From Earth Negotiations Bulletin Report on ICCM3 SAICM)

Appendix B:

INTERVENTION HEALTH SECTOR STRATEGY
SAICM ICCM3, Nairobi Kenya, September 19, 2012

Peter Orris, MD, MPH Professor University of Illinois School of Public Health

Thank you President, let me congratulate you on your election and thank our hosts for their kind hospitality, my name is Peter Orris, I am representing the World Federation of Public Health Associations and observing as well for the World Medical Association due to the importance to the public’s health these professional groups see in controlling exposures to synthetic chemicals.
Prüss-Ustün, Vickers et al from WHO’s Chemicals Group reported in Environmental Health last year, that “4.9 million deaths ... and 86 million Disability-Adjusted Life Years (DALYs) ... were attributable to environmental exposure and management of selected chemicals in 2004...<and that>...The global estimates presented in this article undoubtedly underestimate the real burden attributable to chemicals. “

We understand the importance of primary prevention in reducing this burden of disease on our patients. Our organizations, and many others, in the health care sector are committed to sustainable planning for and operation of our patient care institutions. We have been involved in safer substitution of mercury in health care, climate change through reduction in energy demands and greener energy generation, as well as the identification and control of hazardous substances in our work places.

We would therefore support the proposal before the body entitled “Proposed strategy for strengthening the engagement of the health sector in the implementation of the Strategic Approach to Chemicals Management”. We note that this strategy has been created by an inclusive process within which both WFPHA and WMA have participated along with other groups representing stakeholders in health care and including WHO and governments foremost amongst them Slovenia.

Due to this involvement of health care providers in the creation of this strategy, it is both consistent with SAICM and practical in applicability. There are, in fact, several initiatives within the strategy that have already begun and have started to produce results. Health Care Without Harm, the global coalition to achieve a health care sector that promotes the health of people and the environment, reports current activities in the health care sector consistent with this strategy:

• In all countries activity to achieve virtual elimination of mercury-based thermometers and sphygmomanometers over the next decade.
• Over 10,000 hospitals from five continents through their organizations have joined a new global network of hospitals, health systems and organizations committed to achieving the Global Green and Healthy Hospitals Agenda’s goals.
• A global healthcare waste project assisting seven countries to develop and promote healthcare waste management best practices as examples.
• Technology development to create an autoclave for resource poor environments as well as a system to neutralize chemotherapeutic drugs through simple chemical reactions.
• Reduction of pharmaceutical wastes
• Reduction of toxic chemicals in products through environmentally preferable purchasing
• From our point of view, to continue and expand these activities it is important to pass the health care sector strategy.

Further we believe in the importance of a continuing public health role within the SAICM process. From this basis we are concerned about certain provisions within the budget that appear to put at risk WHO’s staff contribution to the Secretariat. We would strongly urge that resources be identified to assure WHO’s involvement in this important work. Finally, we welcomed WHO’s statement in plenary that their important report on Endocrine Disrupting Chemicals will appear shortly after the normal review process.

Thank you