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**Consultation on the development of a strategy for strengthening the engagement of the health sector in implementation of the Strategic Approach to International Chemicals Management**  
Ljubljana, 4-5 February 2010

## **Report of the consultation on the development of a strategy for strengthening the engagement of the health sector in implementation of the Strategic Approach to International Chemicals Management**

### **I. Opening**

1. The consultation meeting on the development of a strategy for strengthening the engagement of the health sector in implementation of the Strategic Approach to International Chemicals Management was held at the Ministry of Health, Ljubljana. The meeting was opened at 10 a.m. on Thursday 4 February 2010 by Mr Ivan Eržen, State Secretary, Ministry of Health, Slovenia.

2. In his opening remarks, Mr Eržen spoke of the importance of ensuring the health of future generations and of the opportunity presented by the development of the Strategic Approach health strategy for ensuring cooperative engagement with different sectors of society. He spoke of the special knowledge and public trust held by the health sector and of the inherent responsibility of the health sector to recognize and prevent harm. He welcomed the opportunity that the consultation brought to bring together the views of different perspectives within the health sector including those of peak professional bodies some of which had not been previously engaged. Finally he reiterated his own personal commitment and that of the Government of Slovenia to ensure implementation of the Strategic Approach and wished the consultation success in advising on the direction that the strategy should take.

3. The representative of the secretariat expressed her gratitude to the Government of Slovenia for hosting the meeting and to the Government of Germany for financial support. Welcoming the participants she said that the consultation provided an important first step in the development of the strategy for greater engagement of the health sector in the Strategic Approach. She acknowledged and thanked participants for their active contribution to the meeting documents and for sharing their thoughts in writing ahead of the meeting. She also referred to recent regional meetings in Africa, in Asia and the Pacific and in Central and Eastern Europe and of regional coordinating entities in Africa, Latin America and the Caribbean and Central and Eastern Europe where discussion about the proposed strategy had been initiated. She said that the secretariat intended that consultation on the draft strategy would continue following the meeting and invited participants to suggest opportunities that might be used to extend the outreach. She indicated that the secretariat would present a draft strategy to the meeting of the open-ended working group, planned for August 2011 in preparation for formal adoption at the third session of the International Conference on Chemicals Management in May 2012. She encouraged participants to test possible forms of engagement ahead of this time so that case studies could be reported to the third session of the Conference.

## **II. Organizational matters**

### **A. Election of officers**

4. The meeting elected Mr. Ivan Eržen (Slovenia) and Mr. Jules de Kom (Suriname) to serve as co-chairs. Ms. Marta Ciraj (Slovenia) agreed to serve as rapporteur.

5. The secretariat introduced Mr. Paul Hohnen to the meeting and described his role in facilitating the discussions that would be held under agenda items 5 and 6. Mr. Hohnen had earlier served as the moderator of the high-level round table on public health, the environment and chemicals that formed part of the high-level segment of the second session of the Conference. The secretariat further informed the meeting that Mr. Hohnen had been engaged by the secretariat to prepare a draft annotated outline of a possible strategy for strengthening the engagement of the health sector. This would take into account, as a starting point, the discussions at the meeting.

6. The secretariat also introduced and welcomed representatives of the World Health Organization to the meeting and reminded participants that the second session of the Conference had requested that the health sector strategy would be developed in consultation with the World Health Organization.

### **B. Organization of work**

7. The meeting agreed to meet from 10 a.m. to 12.30 p.m. and from 2 p.m. to 7 p.m. on Thursday 4 February and from 9 a.m. to 12.30 p.m. and from 2 p.m. to 6 p.m. on Friday 5 February.

### **C. Attendance**

8. The meeting was attended by participants from the following countries: Bahrain, Belarus, Kenya, Panama, Slovenia, Suriname, Switzerland, Thailand, and the Republic of Tanzania together with a participant of the European Commission.

9. The meeting was also attended by participants from the World Health Organization and representatives from the following non-governmental organizations: Health Care Without Harm, the International Council of Chemical Associations, the International Council of Nurses, the International Society of Doctors for the Environment, the World Federation of Public Health Associations, and the World Medical Association.

## **III. Adoption of the agenda**

10. The agenda was adopted on the basis of the draft agenda set out in document SAICM/Health.1/1.

## **IV. Outcomes of the second session of the International Conference on Chemicals Management relating to health**

11. The secretariat referred to document SAICM/Health.1/INF/10 containing the report of the second session of the International Conference on Chemicals Management (ICCM2) held in Geneva from 11 to 15 May 2009. She summarized the relevant outcomes of the session notably resolution II/8 concerning the health aspects of the sound management of chemicals which provided the mandate for the development of the health sector strategy. Mr. Hohnen referred to annex V/B of the report of the second session which provided a summary of the high-level round table on public health, the environment and chemicals management.

12. The secretariat introduced document SAICM/Health.1/INF/2 which contained a copy of the concept note describing the proposed approach for developing the strategy. This document had been used to inform regional meetings and meetings of regional coordinating entities held since May 2009. These have included meetings of the following regional coordinating entities: the African Core Group (Nairobi, 20 and 21 August 2009), the Central and Eastern European region coordinating group (Brno, Czech Republic, 6 September 2009 and Lodz, Poland, December 2009) and the Latin American and Caribbean regional coordinating committee (Santiago, 15 and 16 September 2009) and the following full regional meetings: the third African regional meeting (Abidjan, 28 and 29 January 2010), the

second Asia-Pacific regional meeting (Beijing, 23 and 24 November 2009) and the third Central and Eastern European regional meeting (Lodz, 9 and 10 December 2009). Meeting reports containing summaries of relevant discussion from these meetings had been included in the document SAICM/Health.1/INF/4/Add.1. The secretariat drew the meeting's attention to the statement adopted at the third African regional meeting which set out some of the strategies and actions advocated by that region for consideration as part of the development of the health-sector strategy.

## V. Current level of engagement of the health sector in implementation of the Strategic Approach

13. The secretariat introduced documents SAICM/Health.1/INF/4 and SAICM/Health.1/INF/4/Add.1 and gave a short presentation and overview of the formal texts of the Strategic Approach and its key driving forces. She outlined the key arrangements that had been put in place to foster implementation of the Strategic Approach, notably, national, regional and organizational focal points, regional meetings and coordinating mechanisms, and the bureau of the Conference and the level of health sector participation. The environment sector was the predominant sector represented in all formal SAICM arrangements and with the exception of the Central and Eastern European region which had a higher engagement, there were generally two or three national focal points from the health sector in each region. The health sector was estimated to comprise approximately 24 % of applicants in the first seven rounds of the Quick Start Programme Trust Fund. The World Health Organization was involved as an Executing Agency in a number of projects. A range of capacity-building needs were illustrated by health sector applications which commonly addressed the second Quick Start Programme priority area on developing and strengthening national chemicals management institutions, plans and programmes and building upon work conducted to implement international chemicals-related agreements and initiatives. These initiatives included the International Health Regulations (2005) as well as the chemicals and wastes multi-lateral environment agreements. She referred to the upcoming mid-term evaluation of the Quick Start Programme and the opportunities of that evaluation for further formal consideration of health sector engagement. While a number of bodies had formally expressed their commitment to the implementation of the Strategic Approach a number of peak bodies in key areas of the health sector bodies were not yet formally engaged.

14. The representative of the World Health Organization introduced document SAICM/Health.1/INF/6 which described the technical activities carried out at by its staff at headquarters and at its six regional offices in Africa, the Americas, the Eastern Mediterranean, Europe, the Western Pacific and South-East Asia and also World Health Resolution 59.15 from 2006 which urges Member States to take full account of the health aspects of chemical safety in national implementation of the Strategic Approach and requests the Director-General of the World Health Organization to facilitate health sector implementation. She highlighted some of the projects being undertaken on capacity-building for risk assessment, for the risk management of chemicals of significant public health concern, for outbreak, alert and response operations for public health incidents, for further establishing the global burden of disease attributable to chemicals, and for improving children's environmental health and worker's health. She also introduced documents SAICM/Health.1/INF/6/Add.1 and SAICM/Health.1/INF/6/Add.2 containing a report on the Strategic Approach submitted to the Executive Board of the World Health Organization and the resolutions recommended by the Executive Board for consideration of the Sixty-third World Health Assembly to be held in May 2010. She informed participants of the discussions from the Executive Board and the wide range of ministries of health making interventions in support of the Strategic Approach. She noted that the two recommended resolutions on sound waste management and on obsolete pesticides and other obsolete chemicals, both referred to the linkages between environment and health and both contained references to the Strategic Approach. She encouraged further dialogue and communication between Strategic Approach focal points and ministries of health particularly in the lead-up to the May 2010 World Health Assembly meeting. Responding to questions from participants, the representative of the World Health Organization gave further information on how member countries determined the priorities of its work programme in accordance with its medium-term strategic plan. She explained that the activities of regional offices and headquarters were fully coordinated and reported upon using the medium-term strategic plan as a tool.

15. As part of preparations for the consultation, participants had responded to a questionnaire aimed at obtaining a clearer picture of how the Strategic Approach is seen by the health sector and ideas for how engagement might be improved. The representative of the secretariat introduced document SAICM/Health.1/INF/4/Add.1 which contained a compilation of the responses received from

participants on these matters as well as extracts of the reports of discussions of recent regional meetings and regional coordinating entities. The summary was presented using a series of slides which highlighted the perceived level of importance of chemicals management in general and the Strategic Approach in particular, where the greatest benefits of engagement might be obtained, which parts of the health sector might be most interested in engagement, where the greatest challenges might be faced and suggestions for specific measures to strengthen engagement of the health sector.

16. In addition participants also had available document SAICM/Health.1/INF/8 containing information on the current status of financial considerations for the Strategic Approach and document SAICM/Health.1/INF/9 providing information on the current status of regional health and environment initiatives.

17. To supplement the information contained in the questionnaire responses and other information provided by the secretariat, participants from Slovenia, Thailand, Health Care Without Harm, the International Society of Doctors, the World Medical Association and the World Health Organization gave short presentations which illustrated some of the experience in engaging the health sector in environmental and chemicals management issues.

18. A participant from Slovenia introduced her experience with education and awareness-raising in the health sector particularly in the use of label information, safety data sheets and the chemical safety reports which formed part of the European Unions REACH system. This experience came from the practical efforts being undertaken by the Ministry of Health, Slovenia to engage poisons control centres, medical doctors and other public health institutes in chemicals safety initiatives. Another participant from Slovenia presented her experience working on the development of a National Strategy on Childrens's Chemicals Safety and discussed the role of health professionals in this regard. It was reported that a successful approach had been to engage health professionals in identifying how, where and when children in Slovenia are exposed to chemicals. In Slovenia it was reported that particular efforts had been made to adopt a multi-sectoral approach by involving a wide range of governmental organizations and by establishing an intersectoral commission for chemical safety.

19. The participant from Thailand spoke of the experience gained with Thailand's National Coordinating Committee on Chemicals Management, now in its third five year planning cycle. He spoke of the Strategic Approach providing a focus for integrating efforts nationally on all relevant international conventions and agreements with one of the key strategies being that of empowerment of civil society and communities with the objective of stronger public participation.

20. The representative of Health Care Without Harm gave an introduction to a range of projects campaigning for environmentally responsible health care. These projects focused on making the link between the environment and health, evoking the Hippocratic Oath, implementing a disease prevention agenda, activating health messengers for broader societal transformation and leveraging the purchasing power of health care. She drew attention to current work on health care waste management, elimination of mercury from medical devices, in partnership with the World Health Organization, efforts to substitute safer chemical products in health care settings, and research initiatives for advancing patient, worker, and environmental health and safety in the health care sector. She highlighted some of the on-line tools, forums and conferences which focused on environmental improvements in the health care sector and suggested that these might also be used to bring the Strategic Approach to the attention of health professionals.

21. The representative of the International Society of Doctors for the Environment used the example of the activities and approaches of the Argentinian Association of Doctors for the Environment to highlight the significant involvement of pediatricians and family doctors in that region, particularly with work on improving children's environmental health and the elimination of mercury in domestic products. She argued that there was a need to improve access to existing sources of funding for example from regional development banks and gave the example of the web-portal known as HENVINET<sup>1</sup>, as something that was helping to make a bridge between environment and health professionals. She advocated that the Strategic Approach health strategy should focus on selected and targeted partners and on key priorities which took into account high priority interests of the health sector such as children's health and safety.

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<sup>1</sup> <http://www.henvinet.eu/>

22. A representative of the World Health Organization presented work being undertaken on climate change and health which demonstrated the success that could be gained through the health sector learning more about the health impacts of an issue in order to prepare, recognize and care for patients suffering ill effects. She emphasised the need to put health at the forefront of chemicals management discussions and negotiations and the role of the health sector in leading by example. She said for example that work on climate change had identified a large number of case studies of what the health care sector was already doing and that these had proved useful in making the issue more relevant to the sector overall. She suggested a similar approach could also be beneficial for raising awareness of the health sector about chemicals management in order to engage them more actively in implementation of the Strategic Approach.

23. The representative of the World Medical Association drew on his experience in toxicological risk assessment in Korea and the evolution of approaches over the years to a more integrated risk assessment and management framework. He emphasized the need for a firm evidence-based policy approach and the role of the medical professionals in this regard. He referred to the growing awareness of the World Medical Association about environment and health.

## **VI. Development of a strategy for strengthening the engagement of the health sector in implementation of the Strategic Approach**

24. Mr. Paul Hohnen introduced document SAICM/Health.1/2 which contained information a number of elements which might be considered as part of the strategy such as: information relevance, availability and awareness; organizational and institutional priority and capacity; human capacity; policy development, coordination and implementation processes; networking and outreach processes and capacity; transparency and access to financial resources and funding options; monitoring, reporting and evaluation; and incentives, inspiration and recognition.

25. Participants agreed that for the purposes of the discussion at the meeting term “strategy” was essentially a term for inspiring plan of integrated action aimed at achieving desired goals by the efficient use of all resources.

26. In the first segment of the discussion participants began to discuss their views about possible drivers of enhanced engagement, what the health sector would need to engage more deeply, what would motivate or inspire the health sector to further engage and what incentives might be needed. A recurrent theme that involved the need to improve the use of existing information to better describe and understand the level of ill-health attributable to chemicals, communicating this information to have greater meaning to the health sector and engaging the health sector in means to improve the collection of such information in future. This presented a critical issue for the health sector engagement particularly as there was very little specialist training in environmental health or incentives for medical practitioners to elect such a specialization. The need to foster the specialization of environmental health was seen as a fundamental capacity-building issue in both developed and developing economies. Policy-makers needed to more fully use this improved information to be able to argue for strong public-health interventions and for adopting a more preventive approach to health.

27. It was recognized that the specific environmental health priorities faced in different countries and regions would necessarily vary. However, both health and environment sectors needed to strongly collaborate in all regions to ensure a more preventative approach to chemicals could be taken. The opportunities created by the Strategic Approach for improving communication, contacts and collaboration with other ministries and stakeholders seemed to be one of the key incentives for engagement. Given the increasing awareness of the linkages between environment and health and the establishment of joint ministerial forums at regional levels, these forums could be used to foster joint health and environmental actions on chemicals management.

28. Participants discussed whether there were any principles and considerations that might guide the development of the health sector strategy. Acknowledging the principles that already underpinned the Overarching Policy Strategy of the Strategic Approach, participants found the following principles pertinent to their discussions:

- (a) Prevention: the importance of precautionary measures in avoiding human health impacts, in addition to tackling existing problems;

- (b) Consistency: the need to build on and leverage existing policy commitments, engagements and processes particularly those at regional levels in a practical and achievable way;
- (c) Diversity: the recognition that stakeholder organizations may have different missions, experience, perspectives and capacity;
- (d) Country owned and driven: the importance of ensuring that the strategy respects the experience, capacity and priorities of the implementing country;
- (e) Coherence: the importance of encouraging closer coordination and cooperation among stakeholders on a shared framework of action;
- (f) Measurability: the importance of having clear, credible and comparable data on aspects such as the level of engagement of the health sector and the costs and benefits of policy interventions;
- (g) Synergies: the need to explore and exploit synergies and untapped potential that may exist in the shared agendas of various stakeholders and between sectors.

**(a) 2020 goal for the health sector and chemicals management**

29. Participants were of the view that the overall goal articulated in paragraph 23 of the Johannesburg Plan of Implementation that, by 2020, chemicals will be produced and used in ways that minimize significant adverse impacts on human health and the environment should also be the goal for the health sector strategy. Beyond this participants were prompted to express their personal vision for what could be achieved by stronger health sector engagement in the Strategic Approach by 2020. Matters expressed related to protection of future generations, better education, improved chemical products, more dynamic engagement, co-ownership of problems and solutions, improved communication, reduced disease burdens, elimination of chemical stockpiles and poisonings.

30. Given that it was intended to adopt the strategy in 2012, a number of participants advocated for a mid-point goal to be developed to supplement the overall 2020 goal. It was suggested that a supplemental goal for 2015 might be developed for further consideration following the meeting given the relevance of the Millennium Development Goals for health and sustainable development and the likely scheduling of the fourth session of the International Conference on Chemicals Management in that year.

31. There was a desire for some further (but undefined) institutional infrastructure to promote engagement and capacity as well as some processes and procedures that made integration of health sector experts more routine in chemical management policy formulation and implementation.

**(b) Identification of health-sector stakeholders**

32. The health sector comprises a diverse group of public and private organizations with voluntary, traditional and informal components. Employees in the health sector include some with unique roles and professional responsibilities such as doctors, nurses, scientific, therapeutic and technical staff, allied health professionals and administrative staff. The preparatory questionnaire had confirmed the diverse range of health-sector stakeholders and participants discussed whether there was an existing definition that might be used to more formally establish the landscape of health sector stakeholder interests.

33. Participants considered that existing definitions tended to focus on the different types of professional groups making up the health work force. While this was useful for identifying the professional groups not yet engaged in chemicals management or the Strategic Approach this did not necessarily provide a useful picture. Other examples of suggested stakeholders were those involved in clean production, and green design who could have the opportunity to promote the reduction, elimination and improvements in the management of chemicals which are hazardous to health.

34. For the purposes of the strategy participants suggested that the term health sector be reserved primarily for those bodies and organizations at the national, regional and international levels which have a specific mandate, mission or expertise in relation to health and health care with their staff engaged

directly in providing or supporting health care services. It was suggested that once stakeholders embraced by this definition had been approached and successfully engaged, consideration might be given to adopting a wider definition to include actors whose activities may have a temporary or indirect (but potentially no less important impact on chemicals management and health)

35. Participants suggested that engagement with organizations such as the International Council of Nurses and the World Medical Association continue to be enhanced and that collaboration be established with other professional groups such as those for occupational hygiene (e.g., the International Occupational Hygiene Association) and occupational and environmental medicine bodies (e.g., Medichem, and the Collegium Ramazzini). A number of participants also suggested manufacturers producing chemicals used in the health sector should also be included.

**(c) Indicators of successful engagement**

36. Mr. Hohnen suggested that establishing successful indicators of engagement would play an important role in monitoring the engagement of the health sector. The meeting noted that several indicators of progress are included in the Global Plan of Action for the specific work activities in relation to risk reduction, knowledge and information, governance, capacity-building and technical cooperation and illegal international traffic and that several of these were of particular importance to the health sector, e.g., in the work area for children and chemical safety. Several participants suggested that these areas not be overlooked. The meeting agreed that indicators would be useful at national, regional and global levels and for the different stakeholders groups. It was agreed that for practical reasons specific indicators would be further developed by the secretariat as a follow-up action to the meeting taking into consideration the suggestions made as part of working group discussions held under agenda item 5 (e).

**(d) Sharing information on good practice**

37. The meeting reflected on the presentations given under the earlier agenda item 5 and on the wealth of examples contained in the responses to the preparatory questionnaire. It agreed that more needed to be done to bring such information to the attention of the health sector to motivate similar levels of engagement where none exist and to other Strategic Approach stakeholders to help meet perceptions that no engagement was taking place. Ways of creatively sharing this information through websites, newsletters, and medical and other specialist journals was discussed and supported. As the matters embraced by the Strategic Approach were technically complex and the term “Strategic Approach to International Chemicals Management” rather heavy, particular efforts would be needed to establish a more practical “branding” that might have more immediate appeal to the health sector.

**(e) Elements of the strategy and associated action plan**

38. Mr. Paul Hohnen introduced document SAICM/Health.1/2/Add.1 which contained a suggested annotated outline for the draft strategy. The meeting agreed that the annotated outline merited further development and made general observations and remarks on possible additions and changes in the light of their discussions so far. These included:

(a) The need to include reference to additional public health priorities, such as health security, primary health care and relevant aspects of the Millennium Development Goals in the introduction and background and reference to regional engagement and regional development assistance.

(b) To group or cluster the objectives under relevant heading such as information availability and awareness, organizational and institutional priority and capacity; human training and capacity policy development, coordination and implementation processes, networking and outreach processes and capacity, transparency and access to financial resources and funding options and monitoring, reporting and evaluation.

(c) To ensure that the principles of equity and science-based evidence were included in any section on principles for consideration.

(d) To include issues identified in studies on the global chemicals outlook as part of the strategic context, e.g., changing production patterns.

(e) To include a suggested mid-term milestone of 2015 in the section of recommended responses.

(f) To include reference to children's environmental health when addressing the capacity needs in the health system.

39. Three smaller working groups were established by Mr. Hohnen to allow for a fuller discussion of the possible elements of the strategy. The working groups met during the morning of the second day and were charged with suggesting three possible priority elements of the strategy, in particular on what was needed and why, how actions could be implemented and by whom. The working groups reported back to the full meeting of their discussions on the following topics:

(a) Strengthening cross sectoral partnerships, particularly between environment and health and improving mechanisms for cooperation and joint actions between health and environment sectors (reported by more than one working group).

(b) Enhancing the engagement of decision-makers at the policy level in health-related chemicals issues.

(c) Enhancing engagement of health care practitioners in engaging with chemicals issues

(d) Improving communication about health-related chemicals issues at all levels national, regional and global levels;

(e) Engaging the health sector in utilizing its own best practice examples and experience in problem solving e.g., eliminating mercury use in the health sector.

(f) Improving indicators for demonstrating the effective cooperation/collaboration of the health sector.

(i) Improving human capacities in the health sector to deal with environmental chemical matters.

40. The working groups handed their notes from their discussions to the secretariat who undertook to incorporate as much as possible of this material in the first draft of the strategy.

## VII. Pilot activities and next steps

41. During group discussion on the draft elements of the strategy, a number of possible activities were identified that might help to promote the draft strategy and foster engagement ahead of the formal consideration the strategy at the third session of the strategy. Pilot activities were seen by a number of participants to be a vital way to foster a more participatory approach in future given the low level of formal engagement of the health sector so far. Such activities were also seen as particularly valuable for testing different approaches, so that they could be further improved while building greater engagement. Pilot activities proposed included:

(a) Establishing a clear and engaging website e.g., "SAICM health". This might build upon existing websites or use the secretariat clearinghouse mechanism.

(b) Creating a health sector network and evaluating how this is working prior to the third session of the Conference.

(c) Gather and reporting on examples of the health sector leading by example in the management of chemicals used as part of health-care. This was expected to lead back to a broader involvement of the health sector in chemicals-related work, notably through an increased awareness of the harmful effects that may arise.

(d) Fostering connections between medical and nursing associations and academic environmental health and risk assessment societies and encouraging their engagement in the Strategic Approach.

(e) Initiating a dialogue with health sector unions about the Strategic Approach..

(f) Contributing information about the Strategic Approach and the development of the health strategy in medical journals.

42. The secretariat introduced document SAICM/Health.1/INF/7 containing information on an initiative to strengthen multi-sectoral engagement in the Strategic Approach by establishing dialogues with the following sectors: agriculture, environment, health, industry, labour and science. In the case of the health sector the meeting recognized that a number of the pilot activities discussed in terms of the strategy might also be relevant to the health sector dialogue. A number of representatives suggested it was important to see the two activities as separate but linked so that any dialogue would continue after the development and adoption of the strategy was completed.

43. The secretariat reported on its plans to develop an information bulletin on the Strategic Approach and Health along the lines of existing bulletins on the Quick Start Programme and the Strategic Approach and Agriculture. It was anticipated that this bulletin would also refer to the development of the strategy and be available in languages for the May 2010 meeting of the World Health Assembly.

44. The meeting participants shared information on other meetings and events which could be timely for communication about the Strategic Approach and consultation about the strategy in particular. These included intergovernmental meetings and meetings of peak professional bodies such as the World Medical Association, International Society of Doctors for the Environment, International Occupational Hygiene Association, meetings of global networks such as WHO Global Network of Collaborating Centres for Nursing and Midwives, the eighteenth session of the Commission on Sustainable Development, and the 2011 International Year of Chemistry. It was also noted that in 2011 there would be meetings of the Conference of Parties of the Stockholm, Rotterdam and Basel Conventions and that "health" was an important cross-cutting issue in this respect.

45. The secretariat informed the meeting of the next steps for the development of the strategy. The secretariat would revise the draft annotated outline of the strategy to record the suggestions made by the meeting participants and would use the notes and materials developed by the working groups on possible elements and indicators together with the record of the meeting to subsequently develop a first draft of the strategy. The draft strategy would be prepared by August 2010. The secretariat would make the draft strategy available on the Strategic Approach website and would invite written comments from all Strategic Approach stakeholders. The draft would then be further developed, taking into account comments received and would be formally presented to the open-ended working group as part of preparations for the third session of the Conference. The open-ended working group meeting was planned for August 2011.

46. The secretariat would continue to work with interested participants and to assist as appropriate with possible pilot activities.

## **VII. Other matters**

47. The meeting agreed to entrust the preparation of a report of the meeting to the rapporteur working in consultation with the co-chairs and the secretariat.

## **VIII. Closure of the meeting**

48. The meeting was closed by the co-chair at 6 p.m. on Friday 5 February 2010.