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Progress and gaps towards the achievement of the 2020 goal of sound chemicals management: implementation of the health sector strategy

Health sector engagement with the Strategic Approach to International Chemicals Management 2011–2013

Note by the secretariat

1. The secretariat has the honour to circulate, in the annex to the present note, a report received from the World Health Organization on health sector engagement with the Strategic Approach to International Chemicals Management for the period 2011–2013.

2. The Open-ended Working Group may wish to review the report with regard to progress made on health sector engagement and consider making recommendations aimed at the development of further cooperative action for consideration by the International Conference on Chemicals Management at its fourth session.

3. The report is presented in the annex as received from the World Health Organization and has not been edited by the secretariat.

* SAICM/OEWG.2/1.

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Annex

Health sector engagement with the Strategic Approach to International Chemicals Management 2011-13

1. The strategy for strengthening the engagement of the health sector in the implementation of the Strategic Approach was adopted by the third session of the International Conference on Chemicals Management, 17-21 September 2012. Prior to adoption, the proposed strategy was considered by the first meeting of the Open-Ended Working Group, held in Belgrade, 15–18 November 2011. The Working Group also considered a Secretariat proposal, prepared in collaboration with WHO, for the development of indicators and targets to monitor progress in implementation of the strategy, as well as the development of case studies illustrating application of the strategy. The proposals were not supported by the Working Group and instead the Secretariat, again in collaboration with WHO, included a number of additional questions in the second SAICM reporting process to enable the collection of information about implementation of the strategy.

2. The present report takes a closer look at the responses to questions about the health sector in the second SAICM reporting process conducted between January and June 2014 and covering the period 2011-2013. The full report is available as SAICM/OEWG.2/INF/4 (Draft Second Report on Progress in Implementation of SAICM for 2011-13). This is the first report about health sector engagement in SAICM since the ICCM3 adopted the health sector strategy in October 2012.

Data analysis

3. This report presents the responses of stakeholders, both governments and NGOs, to questions asked in the second SAICM reporting process about health-sector activities. Where responses were given by IGOs these are reported separately in order that the report clearly identifies engagement at the country level.

4. In order to facilitate comparison with future reports the results are presented in terms of the percentage of total stakeholders reporting a given activity and also as a percentage of the total stakeholders responding to the overall survey.

5. Data are presented separately for each indicator.

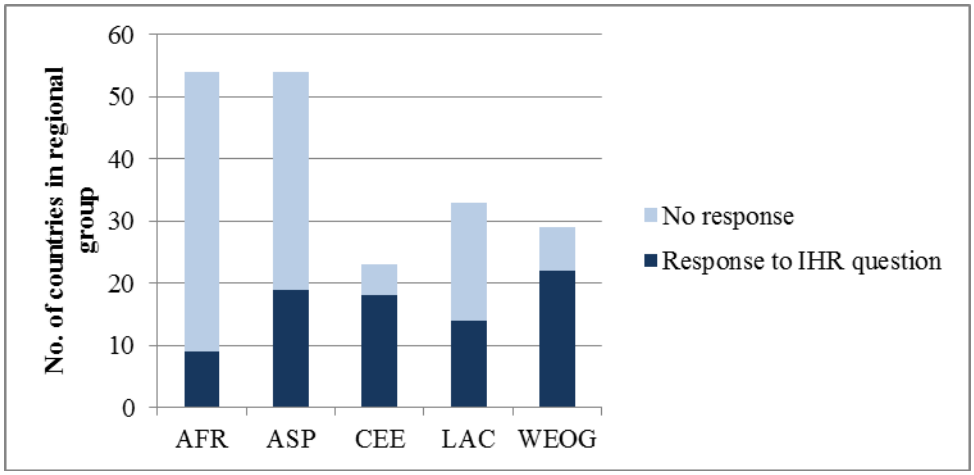
Results

6. Responses to the overall survey were received from 68 governments of Albania, Antigua and Barbuda, Argentina, Armenia, Australia, Austria, Bahrain, Belarus, Belgium, Bhutan, Bosnia and Herzegovina, Brazil, Bulgaria, Burundi, Cambodia, Canada, Chile, Colombia, Costa Rica, Côte d'Ivoire, Democratic People's Republic of Korea, Democratic Republic of the Congo, Denmark, Ecuador, Finland, France, Gabon, Germany, Guatemala, Guyana, Hungary, Indonesia, Iran (Islamic Republic of), Iraq, Japan, Lesotho, Lithuania, Madagascar, Maldives, Marshall Islands, Mauritius, Mexico, Monaco, Morocco, Myanmar, Nepal, Norway, Peru, Philippines, Republic of Korea, Republic of Moldova, Romania, Saint Lucia, Slovenia, Solomon Islands, Spain, Sri Lanka, Sudan, Swaziland, Sweden, Switzerland, Thailand, the former Yugoslav Republic of Macedonia, Trinidad and Tobago, Ukraine, United States of America, Uruguay, and Yemen. 15 responses were submitted by the EC on behalf of the EU Member States that had not reported independently (the 15 states were: Croatia, Cyprus, Czech Republic, Estonia, Greece, Ireland, Italy, Latvia, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovakia, and United Kingdom). There were complete responses from 13 NGOs (including one private sector NGO), as well as from five Intergovernmental Organizations (OECD, UNDP, UNEP, UNITAR and WHO). This makes a total 96 responses from countries.

7. The number of stakeholders responding to each health sector question varied, with a range from 37 to 94. Overall there was a notable difference between the number of responses from the regional groups, with a relatively high response from countries in WEOG and CEE and a rather low response from countries in AFR. This is illustrated by Figure 1, which shows the regional distribution of responses to the question about the International Health Regulations, which had the highest number of responses overall, and sets this against the number of countries in each region.

8. The following analysis presents the results for each indicator where a health-sector question was asked.

Figure 1: Number of countries responding to the question about IHR preparedness compared to total number of countries in the region.



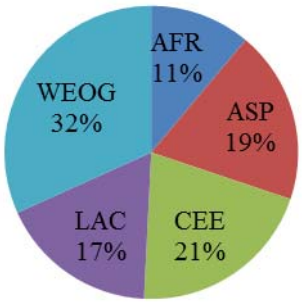
Objective A: Risk reduction

Indicator 4: Number of countries (and organizations) engaged in activities that result in monitoring data on selected environmental and human health priority substances

The health sector's involvement in the periodic collection of monitoring data

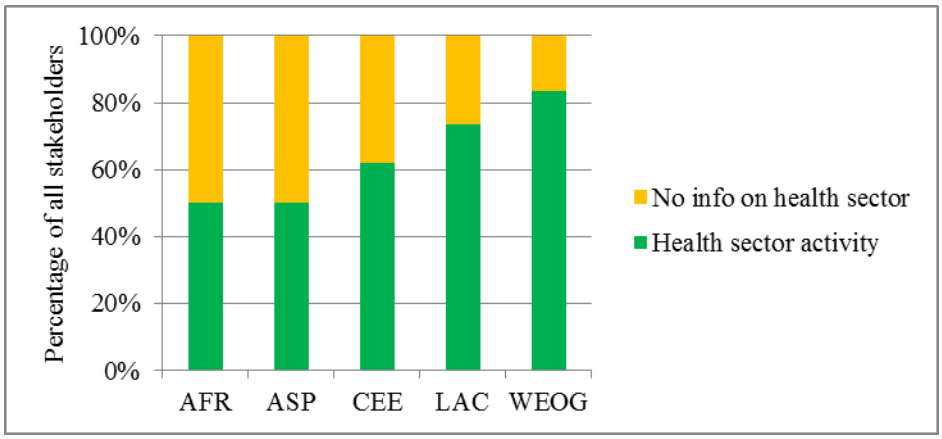
9. In the survey stakeholders were asked to identify from a list of types of monitoring, those that were undertaken by the health sector. Information on monitoring was provided by 63 national stakeholders, of which 59 were governments. The largest proportion of responses came from stakeholders in the WEOG region, accounting for 32%, followed by the CEE region, ASP and LAC (Figure 2). Only 11% of the responses were from the AFR region.

Figure 2: The proportion of the total response provided by each region



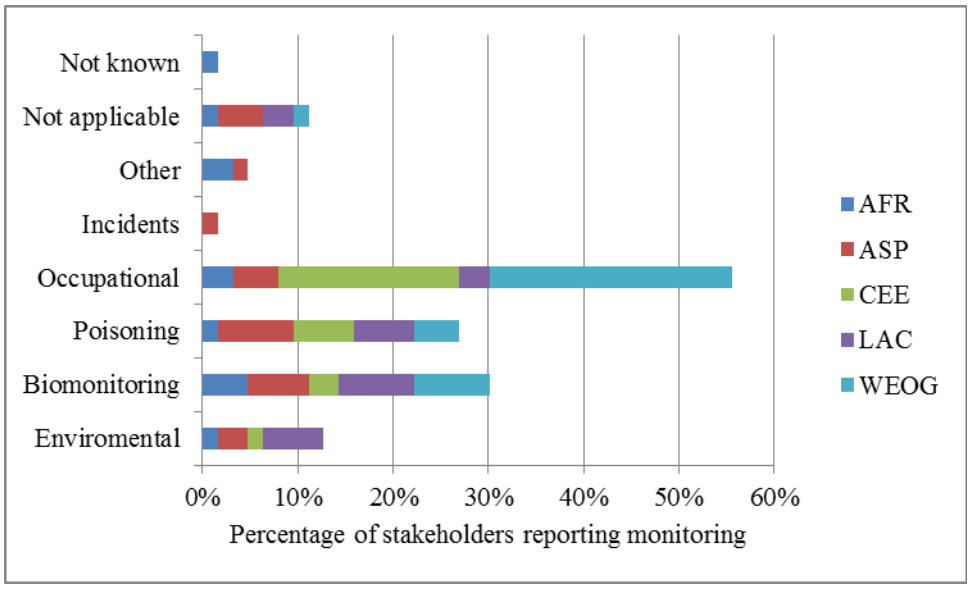
10. In WEOG, 83% of stakeholders who responded to the overall survey reported that the health sector was engaged in monitoring, by contrast with 50% of stakeholders in AFR (Figure 3). It should be remembered, however, that only a small number of responses to the survey were received from AFR, and 50% represents only seven countries.

Figure 3: The proportion of stakeholders from each region describing health sector involvement in monitoring



11. The health sector is mainly involved in the monitoring of occupational-related disease linked to chemical exposure, human bio-monitoring and monitoring the causes of human poisoning (Figure 4). The prominent contribution from WEOG and CEE reflects the efforts by the EC to promote health surveillance of workers within its member states. The bio-monitoring activities described included measuring POPs in breast milk as part of the Global Monitoring Programme under the Stockholm Convention and monitoring exposure to lead and other toxic metals such mercury and cadmium. One respondent mentioned the EU-funded Democophes project, under which 17 European countries are testing a common approach for human bio-monitoring surveys for substances including mercury, cadmium and phthalates[1]. The monitoring of occupational exposure to pesticides and pesticide poisoning was mentioned by three countries. All of these types of monitoring fall naturally to the health sector as they are specifically concerned with human health.

Figure 4: Types of monitoring activities carried out in each region as a percentage of stakeholders reporting monitoring



12. A small proportion of stakeholders stated that the health sector is involved with the monitoring of environmental media (13% of responses). This form of monitoring is more commonly carried out by other sectors, as shown by the all-sector responses described in the Second Report on Progress in Implementation of SAICM for 2011

13. One stakeholder reported that the health sector monitors chemical incidents. In the category of 'other' stakeholders mentioned monitoring chemicals in food and general disease surveillance.

[1] http://www.eu-hbm.info/democophes.

Objective B: Knowledge and information

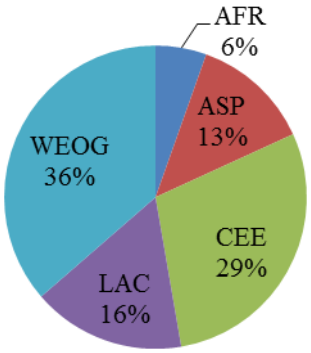
Indicator 7: Number of countries (and organizations) that have specific strategies in place for communicating information on the risks associated with chemicals to vulnerable groups

The role of the health sector in communicating, training and raising awareness of chemical safety to vulnerable groups

14. A total of 55 stakeholders (52 from governments, 3 NGOs) gave information about the involvement of the health sector in communicating with vulnerable groups. In addition one IGO (UNDP) responded with information about published guidance material.

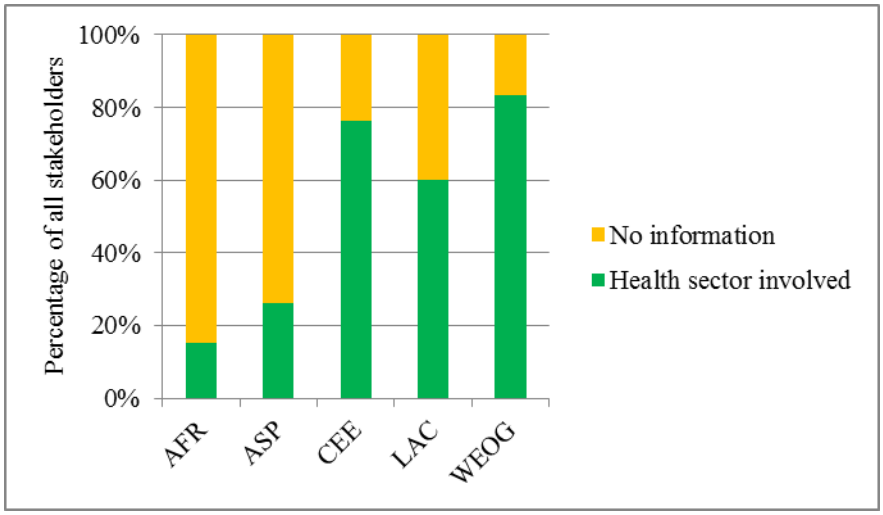
15. The proportion of responses received from each region is shown in Figure 5. Once again, the largest proportion of responses was received from WEOG and CEE countries.

Figure 5: The proportion of the total response provided by each region



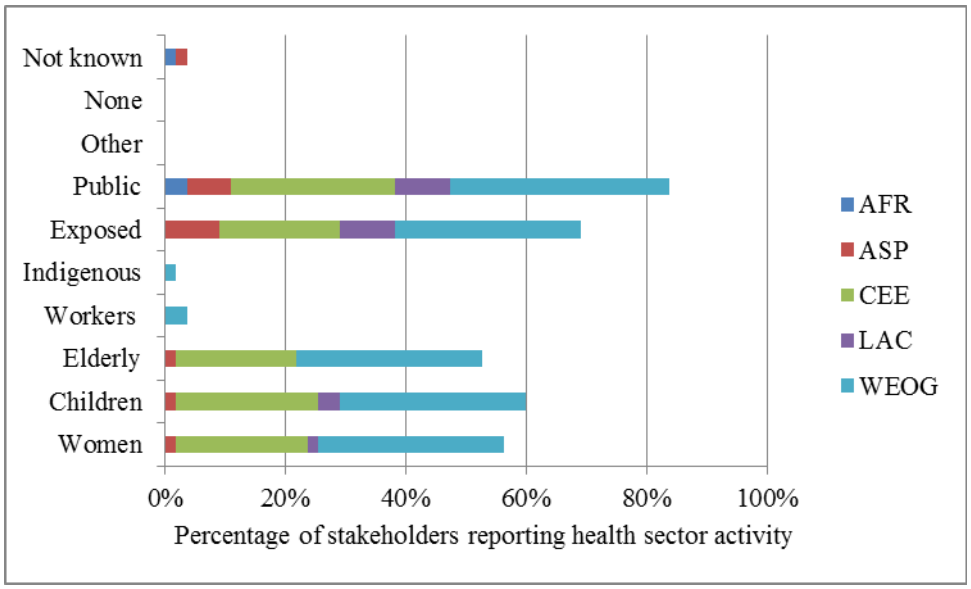
16. Figure 6 shows the proportion of stakeholders in each region that provided information about health-sector involvement in communication and training targeted at vulnerable groups as a percentage of all stakeholders responding to the survey. The highest level of activity was reported from WEOG (83% of responders), CEE (76%) and LAC (60%) countries.

Figure 6: The proportion of stakeholders describing health sector involvement in communication, training and awareness- raising by region



17. The vulnerable groups toward which communication and training activities were targeted were mainly the general public, highly exposed groups, children, women and the elderly (Figure 7). Two SAICM QSP-funded projects on training and communication were mentioned that particularly involved the health sector. Only two stakeholders reported the production of materials aimed at workers not speaking the official language of the host country, and only one reported materials aimed at indigenous peoples.

Figure 7: Target groups for communication and/or training activities on chemical safety expressed as a percentage of stakeholders reporting an activity



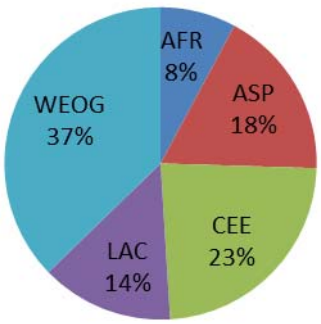
18. A number of respondents mentioned the subjects covered in communication and training activities. These included awareness-raising about lead (5 respondents) and mercury (3 respondents). Two respondents referred to awareness-raising about hazardous substances used in health care, including mercury. While only two respondents mentioned activities during the International Lead Poisoning Prevention Week, an initiative that started in 2013, in fact activities in 44 countries were registered by WHO[2].

Indicator 8: Number of countries (and organizations) with research programmes

The health sector's involvement in commissioning or funding research

19. In response to the question about the health sector's involvement in chemical safety research programmes, information was provided by 51 stakeholders (48 governments). The largest proportion of responses came from stakeholders in the WEOG and CEE regions (37% and 23% respectively) (Figure 8). The lowest proportion of responses was from AFR with 8%.

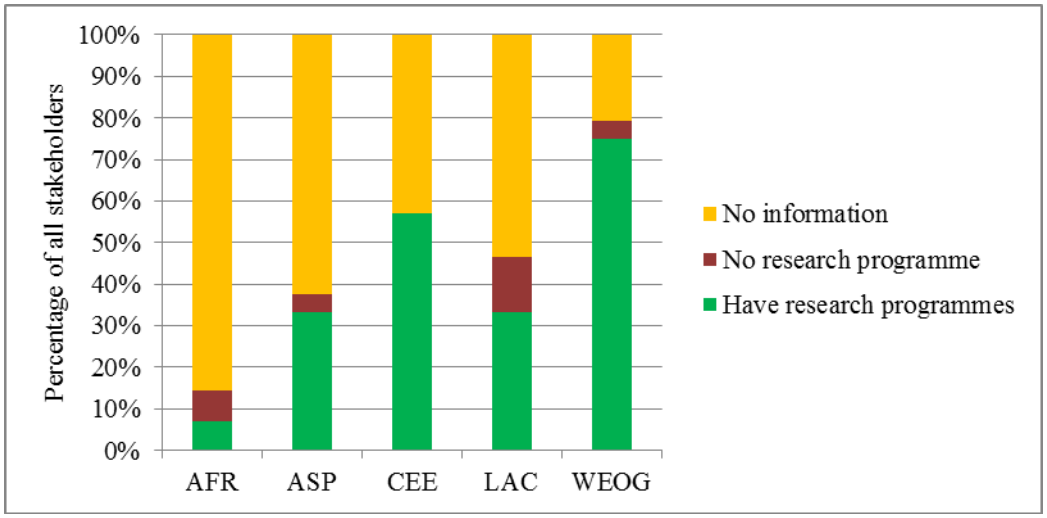
Figure 8: The proportion of the total responses provided by each region



20. In WEOG, 75% of stakeholders who responded to the overall survey reported that the health sector was engaged in research programmes connected with chemical safety, with the next highest being CEE region (Figure 9). This reflects the involvement of the EC in funding research. In AFR, only 7% of respondents reported health-sector research in chemical safety. A small number of stakeholders (5 in total) in four regions indicated that the health sector was not involved with research on chemical safety.

[2] http://www.who.int/ipcs/lead_campaign/outcomes_2013.pdf?ua=1.

Figure 9: The proportion of stakeholders describing health sector involvement in research by region



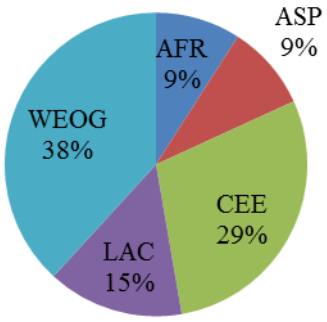
21. The responses to this question are linked to those concerning monitoring activities since some health sector research is concerned with human bio-monitoring of exposure. Other areas of research described include: human exposure to chemicals and consequent health effects, evaluation of risk-reduction programmes, and research on endocrine disruptors. The EC is funding research in Member States on a range of issues, in particular bio-monitoring methodologies and the safety of nanomaterials.

Indicator 9: Number of countries (or organizations) with websites that provide information to stakeholders

The health sector's role in making chemical information accessible to the public through the internet

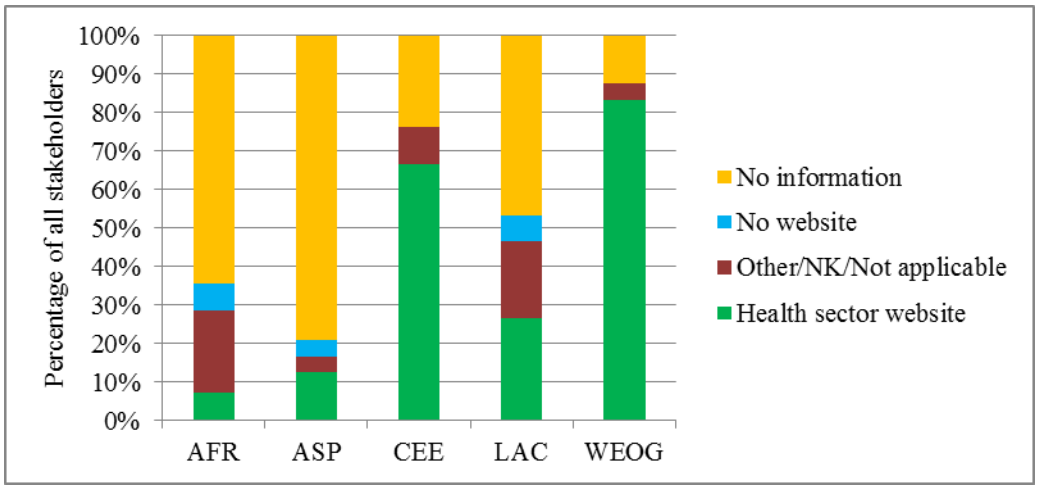
22. A total of 55 stakeholders (51 governments), excluding IGOs, responded to the question of whether chemical-related websites were hosted by the heath sector in their countries (56% of total survey responses). The regional distribution of the respondents is shown in Figure 10. The WEOG region submitted the most responses (38%), followed by the CEE region (29%), LAC (15%) and the AFR and ASP regions (9% each). One IGO, WHO, reported the availability of health-based chemical information on its website.

Figure 10: The proportion of the total response provided by each region



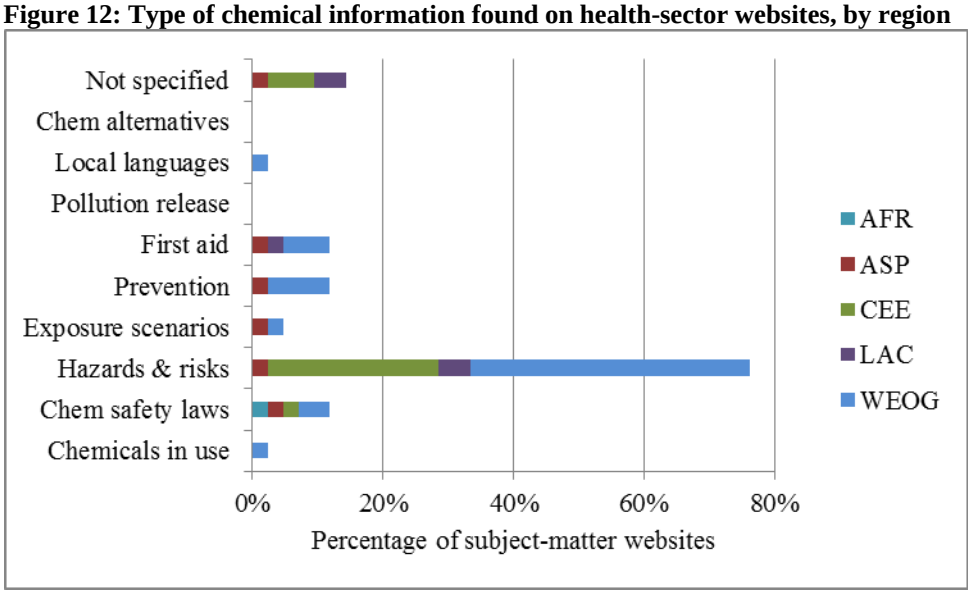
23. Of the 55 responses only 42 positively identified a health sector website and the remainder either listed a website of another sector or gave a negative answer. The regional breakdown of these responses is shown in Figure 11. Of the WEOG countries 83% specified health-sector websites that provide information about chemicals, and of the AFR countries only 7% (one country) did so.

Figure 11: The proportion of stakeholders identifying health-sector websites on chemicals, by region



24. Respondents were also asked to identify the subject matter available on health-sector websites, and 36 respondents did so. The results are shown in Figure 12. The most commonly available information on chemicals concerns the hazards and risks associated with specific chemicals. In WEOG and CEE countries that are part of the EU this information is provided on websites concerned with health and consumer protection and food safety. The availability of information on prevention of chemical exposure and on first aid and medical management was reported by five respondents each. Two respondents noted that this information was on poisons centre websites (both in WEOG).

Figure 12: Type of chemical information found on health-sector websites, by region



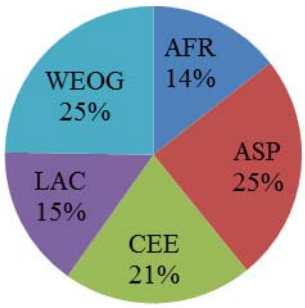
Objective C: Governance

Indicator 12: Number of countries (and organizations) with mechanisms to implement key international chemicals priorities

Implementation of the International Health Regulations (2005) of the World Health Organization

25. A total of 94 national stakeholders (82 governments) gave information about whether their countries had enacted legislation or introduced policies in order to implement the International Health regulations (IHR). The regional breakdown of responses in shown in Figure 13. By comparison with the other health-sector related questions there is a more even balance in responses from the regional groups.

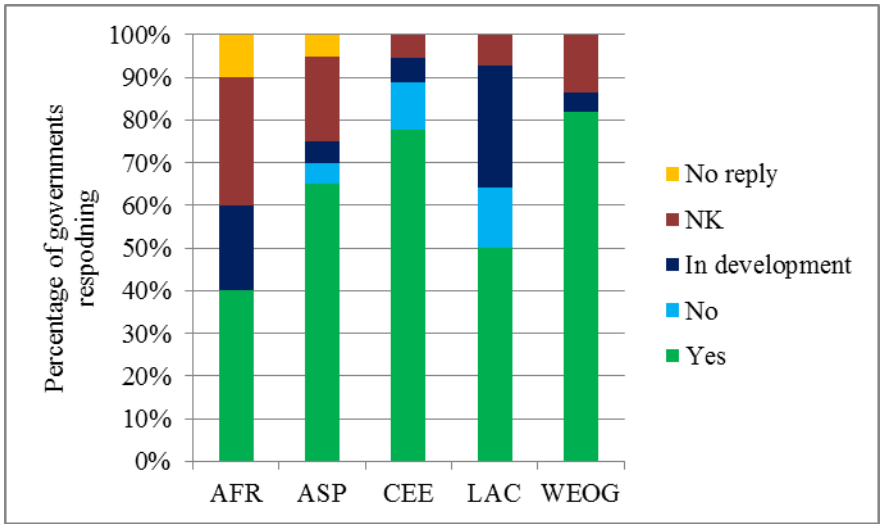
Figure 13: The proportion of the total response provided by each region



26. Of 12 NGOs that replied, nine stated that they did not know about progress towards IHR implementation. Since this is, in any case, a government responsibility, only responses from governments are reported further.

27. A total of 68% of the governments that responded to the survey reported that their countries had introduced the necessary legislation or policies for implementation of the IHR. This includes the majority of governments in WEOG and CEE (Figure 14), which reflects the fact that the EC has enacted a directive on cross-border threats to health including chemical threats. A further 11% of governments stated that the necessary legislation and policies were in development, while 6% reported no progress in this area. Implementation of the IHR is binding on all 196 States Parties and all have been working on the necessary legislative and policy measures for its implementation, with WHO support. It is likely, therefore, that there has been some under-reporting on this question.

Figure 14: Progress in implementation of the International Health Regulations (2005) by region (governments only)



28. The responses to this survey provide a partial picture of the readiness of countries to implement the chemical-related components of the IHR. Additional data have been obtained by WHO through an annual survey of States Parties that asks for a self-assessment of their capacities. This has revealed that many countries still lack essential capacities with regard to chemicals under the IHR. The needed capacities are many of those also needed for safe chemicals management in general, including intersectoral coordination mechanisms, surveillance systems, laboratory infrastructure and trained human resources for chemical event identification and management. The degree to which the necessary capacities are in place varies between WHO regions, with the African region averaging only 29% of the needed capacities for chemicals, compared with 74% in the European region. The other four regions have around 50% of the necessary capacities[3].

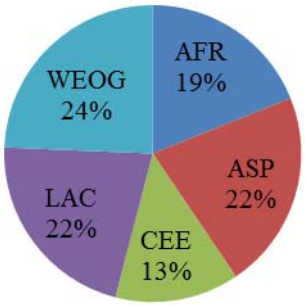
[3] WHA 67/35 Implementation of the International Health Regulations (2005) http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_35-en.pdf and WHO 67/35 Add 1 http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_35Add1-en.pdf .

Indicator 14: Number of countries (and organizations) that have identified and prioritized their capacity-building needs for the sound management of chemicals

Activities undertaken in countries to support the engagement of the health sector in chemicals management

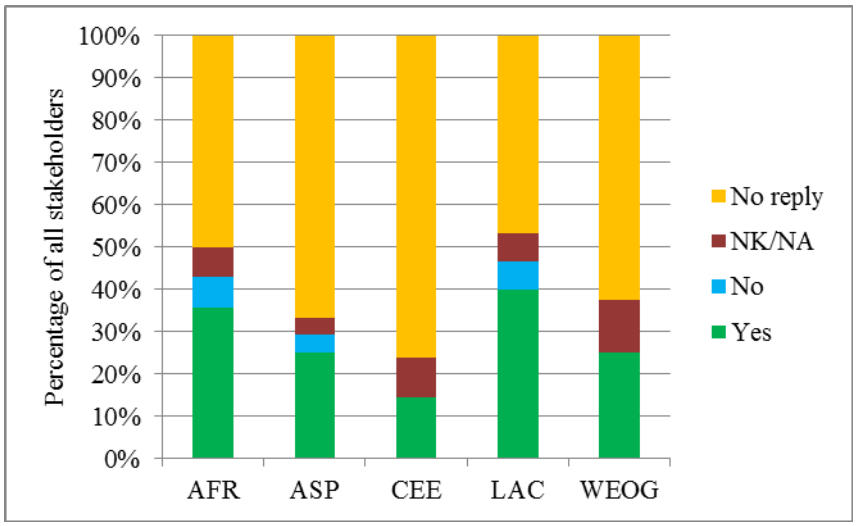
29. A total of 37 respondents (34 governments) provided a response to this question. The regional breakdown of respondents was fairly even, as shown in Figure 15. Information about activities was provided by 70% of respondents. There was also a response from an IGO (WHO).

Figure 15: The proportion of the total response provided by each region



30. In contrast to most of the other health-sector related questions, there was a relatively high proportion of positive responses from regions other than WEOG (Figure 16). In WEOG 25% of all stakeholders responding to the overall survey reported engagement in regional cooperation, compared with 40% of LAC and 36% of AFR stakeholders.

Figure 16: Breakdown of positive and negative responses as a proportion of all replies to the survey from each region



31. Four stakeholders referred to activities resulting from the outcomes of regional health and environment interministerial conferences. Of these, three mentioned implementation of the Libreville Declaration on Health and Environment in Africa, and one mentioned development of a national Children's Environmental Health Action Plan for Europe. In addition, in a separate part of the survey, 16 countries reported that they had National Environmental Health Action Plans, which are also the outcome of interministerial discussion. There were five each in AFR and ASP, three in CEE, two in WEOG and one in LAC. The regional interministerial conferences are facilitated by WHO and UNEP and have, in fact, taken place in a number of regions, including Europe, Africa, Asia-Pacific and the Americas. This suggests that there is some under-reporting of activities.

32. Other activities mentioned include the joint development of regulations, training activities, projects on lead in paint, and work conducted in the framework of the GHS

33. In addition to facilitating multi-sectoral regional processes related to implementation of the health sector strategy, WHO has implemented and supported technical projects. Further details of WHO activities are detailed in the separate WHO report presented in an Information Document.

Conclusions

34. This report provides a good basis against which to measure progress in further engaging the health sector in chemicals management. There has been a reassuringly strong response to questions in the survey regarding the health sector. This indicates that there is awareness in this sector of the importance of the sound management of chemicals to health and of the role that the health sector can play in its promotion. There are some regional differences, with CEE and WEOG usually providing a high proportion of positive responses and AFR a low proportion.

35. It is likely that there has been some under-reporting of health sector engagement, for example, with respect to communication and training, IHR implementation and interministerial health and environment initiatives. Most SAICM focal points are within environment ministries and the under-reporting suggests that communication between the health and environment sectors about their respective activities still needs to be strengthened. In fact, the outcomes of country self-assessment of IHR capacities has also tended to suggest under-reporting in some areas where other ministries play the major role. This gives even greater emphasis to the need for better intersectoral communication and coordination. Given that both SAICM and the IHR have the same objectives in this respect and are influencing their respective constituencies in the same direction, it is hoped that the next report will show significant progress.