

# Elements towards an international legally binding instrument on plastic pollution

A proposal from public health and the health care sector



**Health Care Without Harm**

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In response to UNEP's call for written submissions on the potential options for elements towards an international legally binding instrument, [Health Care Without Harm](#) (HCWH), a non-governmental organization accredited as observer to the United Nations Environment Assembly (UNEA), hereby presents to the Intergovernmental Negotiating Committee its proposal reassuring that health needs to remain a central part of the new Treaty.<sup>i</sup>

## I. SUBSTANTIVE ELEMENTS

### 1. Proposed Objectives and Targets

General:

Achieving a just transition towards a sustainable and toxics-free circular economy and a healthy environment, eradicating plastic pollution worldwide, reducing plastics use and production significantly, and removing the use of chemicals of concern throughout the lifecycle of plastics, with the overarching goal of eliminating the negative impact of plastics on the health of people and the environment.

Secondary objectives:

- Health-based decision making on the use of plastics takes into account the potential risks to human health and seeks to minimize or eliminate these risks through regulations, education, and other measures. This can include measures such as reducing the use of certain types of plastics, encouraging the recycling and proper disposal of plastic waste, and supporting the development of alternatives to plastic materials.
- The Plastics Treaty contributes to International, regional and local policy coherence. Measures to prevent plastics pollution integrate with health, climate, environmental, biodiversity, oceans, forests, and trade policies.
- Sound plastic waste management is guaranteed in all countries, considering the health and environmental impacts of the solutions and interventions implemented, and industry-related

policies like extended producer responsibility (EPR), corporate citizenship enable this sound management.

- Pollution is monitored worldwide across the life cycle of plastics, producing verifiable data that can inform policy and strategy developments.
- Research and development to innovate the necessary technology to address the targets of this Treaty is incentivized.
- Commitments, actions and investments are aligned.

#### Specific targets:

- Cap and progressively reduce global manufacturing of plastics.
- Significantly reduce unnecessary plastics, with progressive goals until complete elimination.
- Eliminate hazardous and harmful chemicals from the entire plastics life cycle, considering toxicity to humans and impacts on other species and the environment.
- Ensure transparency about the constituents of plastics and make labeling on polymers and additives mandatory.
- Maximize the circularity of plastic products by design for a long useful life, and ensure they can be mechanically recycled at the end of the useful life without imparting legacy toxics to recycle.
- Incorporate measures that address intentionally manufactured items and unintentionally created plastics pollution. Examples of unintentional plastics pollution could include microplastics generated during use (such as fibers released during laundering) and microplastics generated by the breakdown of discarded items in the environment.
- Ban false solutions to plastic pollution, including chemical recycling and waste to energy
- Eliminate burning and incineration for plastic waste.

#### Explanatory Text:

The plastics treaty needs to address the whole lifecycle of plastics pollution, including its clear link to public and planetary health. The addiction to fossil fuels<sup>ii</sup> is already impacting wildlife in the oceans and on the ground, as much as human health.

“We are at a critical moment for humanity. The window to limit dangerous global warming and ensure a sustainable future is quickly closing”<sup>iii</sup>. “Any further progression of climate change increases the risks, specifically those relating to poverty and hunger, health and well-being and access to clean freshwater”<sup>iv</sup>. The climate crisis is a health crisis, and that includes plastic pollution. The exposure to microplastic particles is a health threat directly related to the climate crisis as *plastics are fossil fuels in another form*. A red line for greenwashing is needed; the plastics treaty needs to address the whole lifecycle of plastics pollution, including its clear link to public and planetary health.

The health care sector’s dependency on plastics directly harms human health, as many plastic health care products contain toxic chemicals, which have endocrine disrupting or carcinogenic, mutagenic, and reprotoxic properties<sup>v</sup>. Recent studies have identified microplastics in human tissue, including

the lungs<sup>vi</sup>, placenta<sup>vii</sup>, and blood<sup>viii</sup>. Urgent actions are needed to phase out elements of the plastics life cycle where health effects have been demonstrated. Where uncertainties remain, a precautionary approach dictates that exposure to these chemicals should be eliminated, especially at key moments of development because the most vulnerable groups to plastic health risks are fetuses, neonates, infants, and children.

Health Care Without Harm has more than 25 years of experience working and advocating for healthier and just environments for everyone worldwide and working with the health care sector to reduce its own environmental and climate footprint, which includes the use of plastics and chemicals of concern. At the same time, we work with public health, environmental and climate change policy officers, civil society organizations, and multilateral organizations to incorporate public health in all environmental and climate policies.

Other conventions and multilateral instruments have close links to plastic pollution, like the Basel Convention, the Paris Agreement, the Stockholm Convention, and the Biodiversity Convention. The plastic treaty needs to add value and effectively address plastic pollution and the use of toxic chemicals worldwide, building on their successes, collaborating where suitable, and closing gaps where issues are not covered without duplicating activities or structures. For that, the Intergovernmental Negotiating Committee (INC) should implement working groups to incorporate feedback and recommendations that identify effective strategies from the past and avoid repeating those that did not have the expected impact or results.

A few specific targets are proposed, expressing some of the elements to be discussed. This treaty is expected to lead to the reduction in exports of plastic waste, which could temporarily lead to more incineration in the countries where the waste production originated, a solution that parties should not pursue as it would not reduce plastic pollution sustainably, nor would it create healthier environments for all. Every solution must be evaluated with clear science and considering the transition all countries must make to address plastic pollution effectively.

The COVID-19 pandemic has not only exacerbated the production, trade, and use of single-use plastics in health care but has also shown the world the power of this sector but also its vulnerability where supply chains cannot provide the equipment-like reusable PPE- that is needed, or waste management systems are under-developed. Health care represents almost 10% of the global economy and will continue to grow to provide equitable access to health care to the growing population worldwide. If the sector continues to expand its reliance on single-use and toxic plastics, it will undermine efforts to reduce plastic pollution.

Health Care Without Harm is calling for the Plastics Treaty to support and amplify measures to reduce the impact of unsafe and unsustainable medical products. Bans and restrictions need to have global scope to prevent the migration of dirty technologies and products to parts of the world where controls are less strict, to help overcome barriers to bringing innovative and safer products onto the global market.

## 2. Core Obligations and Control Measures.

- No exemptions for plastics in health care.

Plastic has become ubiquitous in health care, with a dramatic shift towards single-use items in recent decades. Estimates suggest that, in the United States, 25% of health care waste is plastic<sup>ix</sup>. Data from the National Health Service in the UK show similar amounts of plastic waste (22.7% of total waste or 2,565 tones a day)<sup>x</sup>. In South East Asia, results from waste audits by HCWH in hospitals in the Philippines and Indonesia have shown that 46-72% of waste is plastic<sup>xi</sup>. Similar waste audits in Europe showed that some waste streams from health care could comprise up to 83% plastic<sup>xii</sup>. In the new Plastics Treaty, health care products should be covered as part of the core obligations (as in, the Minamata Convention, which mandated a phase-out of mercury in health care products).

- Transparency in chemical constituents of plastics.<sup>xiii, xiv</sup>

The chemical composition data for plastics should be publicly disclosed, including via mandatory product labeling on polymers and additives, and support informed decisions throughout the whole lifecycle of plastics. This is essential to assure the safe use of plastic products and to be able to guarantee safe reuse, recycling, treatment, and final disposal, but also to promote innovation, phase out and phase down of worrisome, harmful, and hazardous chemicals throughout the plastics life cycles through informing the choices of purchasers and consumers.

- Mandatory action throughout the full plastics life cycle: extraction, production, consumption, waste treatment, and disposal.

A plastic pollution reduction hierarchy must be developed and implemented, including a sustainability ranking for polymers. As with climate change mitigation and waste management hierarchies, we need a clear prioritization of solutions according to their impact. Reducing the production of plastics and eliminating chemicals of concern must be prioritized over reuse, recycling, and disposal, recognizing the limits of circularity for addressing plastic pollution and the need to phase out incineration and waste to energy.

To implement the plastic reduction hierarchy, the working groups and Secretariat will have to develop a common understanding of sustainable or unsustainable plastics and other components of the hierarchy.

The Treaty should oblige manufacturers of plastic materials and products to provide data on the nature and quantities manufactured and request data on implementation from parties to the Treaty. The secretariat should regularly collate and publish this information, and other research and publicly available data. This will facilitate the monitoring of the effectiveness of each measure implemented and guarantee transparency.

- Phase out unnecessary and unsustainable plastic products.

The treaty should set deadlines for progressively eliminating single-use and unsustainable products and include criteria for alternatives to reduce the potential for regrettable substitutions, such as replacing a single-use plastic product with a single-use product made from another material when a reusable product could have been used.

- Incentivize the redesign of plastic products.

Certain critical plastic products -such as blood bags and intravenous therapy delivery systems- will likely remain single-use for the foreseeable future but must be redesigned to eliminate hazardous polymers and additives. Incentives and other mechanisms, such as phase-out dates for hazardous technologies, collaboration with authorities to streamline approval for safer new products, and reduced taxes or EPR commitments for manufacturers replacing hazardous products with safer alternatives as well as avoiding regrettable substitutions. The plastics treaty should contain specific and clear incentives to promote innovation and much higher rates of recyclability in products with mixed/laminated packaging. This should also be considered as mandatory for new product developments.

- Health and justice for workers

Workers throughout the plastics sector, from development, processing, packaging and informal waste pickers, experience in many cases poor working conditions, including exposure to substances that are hazardous to their health. Informal and formal waste workers, particularly in developing countries, make a living through plastic waste management and recovery, a livelihood which protects public health and the environment by reducing plastic pollution, even though it often has adverse health outcomes for the workers themselves. The Treaty must incorporate elements to ensure a just transition to new and safer work for them, in line with the principles of a green economy and SDG 8 on decent work.<sup>xv</sup>

- Producer responsibilities

The treaty should recognize the common but differentiated responsibilities of those who manufacture polymers and plastic products. High producers of plastic pollution hold a greater responsibility that needs to be reflected in each party's obligations.

The treaty should specify taxes on the production of plastic polymers and products, increasing for less sustainable/shorter-life products.

Extended producer responsibility mechanisms should be implemented to ensure that product manufacturers have to cover at least the costs of the awareness raising measures and the cost of waste cleanup, collection, transport, and treatment<sup>xvi</sup>; suitable methods for these shall be defined under the treaty. Producers should also disclose the nature and quantities of products manufactured and their sustainability according to the treaty plastics hierarchy.

## II. IMPLEMENTATION ELEMENTS

### 1. Implementation measures

International cooperation is crucial to support key actions that can be taken to solve plastic pollution. We consider there is a need to continue discussing how to ensure implementation. At this stage, we suggest some elements to pursue collaboration among members and nonmembers:

- Ensure that the health sector is required to comply with the very highest standards, without exemptions or delays, in all aspects of plastics pollution prevention;
- Enforce extended producer responsibility for manufacturers to shift the burden of dealing with unsustainable plastics from the consumers to those who created the products.
- Set legally binding standards, accompanied by suitable penalties for non-compliance;
- Put in place sound policies to eliminate, substitute, or reduce plastics consumption;
- Ban toxic polymers and additives, whether their hazardous impacts manifest in the use phase or any other part of the life cycle;
- Redesign plastic medical products and their packaging, including making them from alternative materials, making them reusable, repairable and suitable for recycling at the end of their useful lives;
- Improve understanding of plastics in healthcare through monitoring, research and increased transparency, including through mandatory product labeling to disclose polymer and additive content;
- Educate healthcare professionals on the impacts of plastics on public and environmental health, and how to reduce it during their working lives;
- Audit plastics use and create a plan to reduce plastic consumption and unsustainable use and disposal practices<sup>xvii</sup>;
- Set procurement policies to favor the most sustainable plastic products, and review procurement practices based on the latest guidance on best practices<sup>xviii</sup>;
- Work with suppliers and retailers to identify the most sustainable products for each application and avoid hazardous plastics, and reduce overall consumption and wastage;
- Educate and influence shops and food businesses catering to hospitals to replace plastic packaging of food and other items brought into health care facilities;
- Track plastics consumption and disposal as part of climate impact reduction strategies.<sup>xix, xx</sup>;
- Track waste generation, recycling, treatment, and disposal<sup>xxi</sup>, and set targets to increase recycling and reduce burning and incineration;
- Fostering implementation should be addressed under the means of implementation for the non-state actors and need;
- Consider the lessons learned from international initiatives on net-zero pledges, and incorporate verification and regulated requirements to effectively reduce plastic pollution throughout the life cycle of plastics; and,
- Join professional networks and knowledge hubs like the [Global Green and Healthy Hospitals](#).

## 2. Means of Implementation

With respect to means of implementation, document UNEP/PP/INC.1/5 covers the following elements: capacity-building, technical assistance, technology transfer on mutually agreed terms, and financial assistance.

Means of implementation need to focus on accelerating action and enabling demonstrable reduction of plastic pollution from resource extraction and manufacturing to the use of products and waste management and the end of the life cycle.

Health Care Without Harm has worked over the past twenty-six years to drive the health care sector from within to lead broader societal change. Our work seeks to share positive examples of health care action on sustainability with the world. HCWH can identify and share priorities, needs, challenges, and barriers relating to ending plastic pollution in the health care sector on the ground at the local and national levels. Through our publications, tools, and resources, we offer our existing knowledge platform to provide information that might assist policymakers in developing this new international treaty.

- **Capacity Building**

Networks to promote the development of cross-sectoral collaboration and mutual learning.

Healthcare products are complex, requiring testing and approval before entering the market. Innovative manufacturers, including new entrants to the field, should be supported and incentivized to bring new and safe products to the market.

- **Working groups**

To foster collaboration among all parties working on plastics and chemicals used in plastics under the Basel Convention, the Paris Agreement, and the Biodiversity Convention, and also for addressing sectoral challenges, like the use of plastics in the health care sector.

Special measures/working groups to address the redesign of critical product groups. For example, intravenous products are necessary to protect health but are currently toxic to patients and the environment. Many other cases like this will require specific working groups.

- **Technical assistance for parties and non-parties.**

Non-state actors are directly involved with the design, treatment, and disposal phases of the plastics lifecycle, as well as with the development of local policies to reduce consumption (e.g., waste pickers, civil society organizations, academia, and municipalities, among others). Their inputs and potential technical assistance to the process need to be facilitated, including, where necessary, providing financial assistance and aid, for all the relevant stakeholders to have their voices heard.

- **Innovation throughout the whole life cycle of plastics.**

Design for reuse, repurpose, and recycling needs to be mandatory. The manufacture of disposable plastic products should only be permitted for essential uses and where there is no preferable option.

### III. ADDITIONAL INPUT

#### Resources and tools developed by HCWH and its partners

- HCWH (2022), [Plastics and health - An urgent environmental, climate and health issue](#)
- HCWH Europe (2021), [Measuring and Reducing Plastics in the Health Care Sector](#)
- HCWH and Arup (2019), [Health Care's Climate Footprint. How the health sector contributes to the global climate crisis and opportunities for action](#)
- HCWH Asia (2019) [Mobilizing Health Care To Prevent Plastic Pollution: A Plastics Toolkit For Hospitals](#)
- HCWH Asia (2019) [Plastics in Health Care: Health Professionals as Advocates to Reduce Plastic Pollution Technical Report](#)
- HCWH (2006) [Why Health Care is Moving Away from the Hazardous Plastic Polyvinyl Chloride \(PVC\)](#)

<sup>i</sup> Document prepared by Antonella Risso, Ruth Stringer, Neydi Cruz and Jaquelina Tapia (HCWH) and Alessandra Azevedo ([Projeto Hospitais Saudáveis](#), Brazil).

<sup>ii</sup> UN Secretary General [Antonio Guterres](#), Dec 2, 2022. and [The Lancet Countdown](#) Global Report 2022

<sup>iii</sup> High-Level Expert Group on the Net Zero Emissions Commitments of Non-State Entities. [Integrity Matters: Net Zero Commitments by Businesses, Financial Institutions, Cities and Regions United Nations'](#). 2022.

<sup>iv</sup> UNEP. For People and Planet. [The United Nations Environment Programme strategy for tackling climate change, biodiversity and nature loss, and pollution and waste from 2022—2025](#)

<sup>v</sup> HCWH (2019) [Non-toxic Healthcare: Alternatives to Phthalates and Bisphenol A in Medical Devices: second edition](#)

<sup>vi</sup> Amato-Lourenço et al. (2021) [Presence of airborne microplastics in human lung tissue](#)

<sup>vii</sup> Braun et al. (2021) [Detection of microplastic in human placenta and meconium in a clinical setting](#)

<sup>viii</sup> Leslie et al. (2022) [Discovery and quantification of plastic particle pollution in human blood](#)

<sup>ix</sup> Gibbons (2019). [Can medical care exist without plastic?](#)

<sup>x</sup> NHS Sustainable Development Unit (2019). [Is green the new blue?](#)

<sup>xi</sup> Health Care Without Harm Asia (2018). [Plastics in health care: health professionals as advocates to reduce plastic pollution technical report.](#)

<sup>xii</sup> Health Care Without Harm Europe (2021). [Measuring and Reducing Plastics in the Health Care Sector.](#)

<sup>xiii</sup> Health and Environment Justice Support, Swedish Society for Nature Conservation and groundWork. [Global Plastics Treaty – transparency requirement for chemical constituents in plastic is a must.](#)

<sup>xiv</sup> Health and Environment Justice Support, SSNC and groundWork. White Paper for a Global Minimum Transparency Standard (GMTS) for hazardous chemicals in products <https://www.globalchemicaltransparency.org/wp-content/uploads/2022/02/GMTS-White-Paper.pdf>

<sup>xv</sup> ILO (2015) [Decent Work, Green Jobs and the Sustainable Economy](#)

<sup>xvi</sup> ZWE (2019) [Unfolding the Single-Use Plastics Directive Policy briefing](#)

<sup>xvii</sup> HCWH Asia (2018) [Plastics in health care: health professionals as advocates to reduce plastic pollution technical report](#)

<sup>xviii</sup> UNDP (2021) [Sustainable Procurement Index for Health \(SPIH\) User Guidance](#)

<sup>xix</sup> GGHH (2021) [Climate Impact Checkup: Health care's GHG emissions calculator](#)

<sup>xx</sup> HCWH (2021) [Health care waste trackers - An interactive toolkit](#)

<sup>xxi</sup> HCWH (2021) [Health care waste trackers - An interactive toolkit](#)