Statement on behalf of WHO, including the Secretariat of the WHO Framework Convention on Tobacco Control, an entity hosted by WHO

Agenda Item 4 of the Second Session of the Intergovernmental Negotiating Committee to develop an international legally binding instrument on plastic pollution, including in the marine environment (INC2)

Paris, France: 29 May – 2 June 2023

WHO and the Secretariat of the WHO Framework Convention on Tobacco Control support including the protection of human health and the environment from potential adverse effects of plastic pollution as a core objective of this treaty.

The World Health Assembly has today adopted a Resolution on the impact of chemicals, waste and pollution on human health. The Resolution was proposed by Canada, Colombia, Ecuador, the EU, Mexico, Monaco, Peru, Switzerland and Uruguay and adopted with wide support.

The Resolution will contribute to further advancing the understanding of the impacts of chemicals, waste and pollution on human health and wellbeing, recognizing the need to tackle pollution as a cornerstone of achieving global commitments, including the Sustainable Development Goals. The Resolution emphasized the need for strengthening linkages between the WHO and various intergovernmental arrangements addressing chemical and waste pollution and for collaboration with existing multilateral environmental agreements and frameworks, including through our joint work on climate, biodiversity and health. In their discussions, Member States acknowledged the need for cooperation in the UN system to establish international arrangements for addressing plastics and science-policy issues and the need to tackle issues in a holistic way, including through a rights-based approach, including the rights to health and to a clean and healthy environment. Member States expressed the need for this treaty to have human health firmly at its core and expressed the view that WHO can assist in galvanizing international agreements, particularly in strengthening the evidence showing the impact of plastics and microplastics on health.

Applying a broad definition of ‘plastic pollution’ covering plastic products, micro- and nano-plastics, chemicals and additives, and releases and emissions at each stage of the plastics lifecycle, would provide the most effective protection against health risks and harms which arise in plastic production, use, recycling, disposal and from plastic pollution in the air, water and soil.

Acknowledging that plastics are critical to healthcare, the treaty must balance the need to reduce risks and harms from plastics while ensuring affordable access to safe, effective, quality assured medicines and health products including medical devices. Accordingly, core obligations and implementation measures should include evaluation of potential health risks and benefits as a key factor for consideration.

We urge States to create binding legal obligations under the treaty, including mechanisms to assess and ban, phase out or reduce problematic and avoidable plastics, (for example including cigarette filters), and chemicals and polymers of concern. It will be important to allow flexibility in these mechanisms to address scientific uncertainty and to permit updates and amendments in line with scientific and technical developments. Mechanisms for special consideration in bans and phaseouts or plastics, polymers and chemicals should be created for medicines and health products including medical devices, in the absence
of safe and clinically effective alternatives. Mechanisms under the Minamata Convention and Cartagena Protocol could provide valuable insights for the development of such flexible mechanisms.

WHO has extensive experience in scientific, technical and policy areas related to health, including:

- analysis of the current state of science in relation to health, including potential adverse health impacts of chemicals and microplastics
- risk assessments of the health impacts of chemicals
- evaluation of health benefits and risks and development of technical specifications for medicines, medical products and devices, including prequalification processes
- guidance on healthcare policy and practices and disposal of health care waste
- guidance on foods, labelling and packaging through the Codex Alimentarius Commission
- health data collection and reporting.

WHO would be pleased to contribute to development of relevant methodologies, processes, indicators and technical specifications for the implementation of the plastics treaty.

WHO has a constitutional mandate, among other functions, to act as the directing and coordinating authority on international health and promote co-operation among scientific and professional groups. WHO and the Secretariat of the WHO FCTC cooperate and coordinate with other international organizations, Member States and networks of collaborating centres and expert bodies and institutions, and through existing mechanisms such as the Strategic Approach to International Chemicals Management (SAICM) relevant Multi-lateral environment agreements, the Quadripartite partnership on OneHealth and with participating organizations of the Inter-Organization Programme for the Sound Management of Chemicals (IOMC).

With the exception of the tobacco and arms industries, which are in fundamental and irreconcilable conflict with public health policy interests, WHO acknowledges the diversity and potential contribution of private sector actors, particularly to drive innovation. WHO underscores the importance of transparency and management of potential conflicts of interest with public health or environmental objectives in the development and implementation of the treaty.

WHO is committed to contribute to this and subsequent INC sessions and would like to propose establishing a series of health dialogues take place in the period leading up to INC3 to discuss health-related issues in more detail and to work with the INC Secretariat to engage more closely with health sector participants. WHO stands ready to work in coordination with the Secretariat in this regard.