

**Second session of the International Conference on Chemicals Management  
(11-15 May 2009)**

**High-level round-table on public health, the environment and chemicals  
management**

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**Statement by Dr Maria Neira, Director, Department of Public Health and  
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Mr President, Ministers, Distinguished Guests, Colleagues,

Globally, one quarter of the total disease burden can be attributed to the environment. Chemicals have their share of this disease burden, much of which is preventable by policy action.

We have known for many years about the public health risks posed by chemicals such as mercury, lead and asbestos. While we are here in Geneva, some of the 90,000 people that die each year from asbestos-related diseases due to occupational exposure will lose their lives.

Children in all countries are being exposed to lead, through paint and even informal battery recycling in their home environments. In Senegal, a population of about 1000 people has been affected by lead poisoning from recycled batteries with 18 deaths occurring in children. Many children are showing evidence of irreversible neurological damage, due to very high concentrations of lead both outside and inside peoples' homes. In some children the level of lead in their blood was well above that requiring immediate action and more than 10 times that associated with impaired neurological development. I am sure you will agree with us that this is unacceptable.

Artisanal gold mining continues in many countries, and is a significant source of mercury exposure. This, all of us know. Why then, has policy action not been taken to prevent exposure of our populations worldwide, particularly in developing countries?

But there is more. The dumping of toxic waste in Cote d'Ivoire in 2006 resulted in some 85,000 health-related consultations and eight deaths. Unintentional poisonings kill an estimated 355,000 people each year. And what about the incidents that we do not hear about? The incidents I have mentioned represent just the tip of the iceberg of what the public health sector is facing as a result of inadequate management of chemicals.

The Ministries of Health see patient ill-health and disease caused by chemicals. The Ministries of Health are therefore often the first to detect problems and be faced with

solving them. However they need financial resources and knowledge in order to act, particularly as many are already struggling to provide essential health services and medicines to their population.

The health sector is faced with additional roles and responsibilities due to increased production and use of chemicals in developing countries and those in economic transition. Despite international instruments addressing the sound management of chemicals, chemical incidents with major impacts on public health continue to occur with frequency. This “gap” between policy formation and implementation and what actually happens in practice needs to be addressed at national and international level.

When it comes to chemicals management, there is clearly unfinished public health business. And we feel that we are being left behind. What can SAICM offer?

The health sector has substantive roles and responsibilities in chemicals management, reflected in the Strategic Approach health-sector priorities. These include:

- gathering evidence about chemical risks and informing the public
- preventing and managing chemical emergencies, including medical treatment of victims
- working with other sectors in advocating actions and safer alternatives, with special emphasis on vulnerable populations
- assessing impacts of chemicals risk management policies through monitoring and evaluation
- sharing knowledge and participating in international mechanisms to solve problems.

How can we ensure that SAICM is an effective multi-sectoral forum that engages the health sector, and assists the health sector in these important tasks?

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