

World Health Organization Statement to the Conference of the Parties of the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade

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Your Excellencies, Ladies and Gentlemen,

It is an honour and a pleasure to address the third Conference of the Parties to the Rotterdam Convention on behalf of the World Health Organization.

When WHO addressed the first Conference of the Parties, we noted the Principles that governments agreed in Rio in 1992 when governments committed to the achievement of full global participation in the Prior Informed Consent Procedure. The first of these principles is that "Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature".

The importance of chemical safety for human health has been recognized for some time. The human cost of the recent dumping of hazardous waste in Cote d'Ivoire, shows how much more work we need to do to prevent toxic exposures and protect human health

In order to protect the health of their people, countries must have information and tools to make decisions on which chemicals and pesticides can be used safely in local conditions, and if they are to be used, how they may be used safely.

The Rotterdam Convention has become an important international tool to support human health, in enabling countries to exercise a right to prior informed consent before import of chemicals covered by the convention. It is therefore essential that this tool is used. For all of us concerned with human health, it is vital that chemicals that have been notified because of human health concerns, and have met the requirements of the Convention for listing, are listed.

Chrysotile asbestos is a human carcinogen. No threshold has been identified for the carcinogenic risks of chrysotile. At least 90,000 people die each year from asbestos-related diseases. The report of the WHO International Agency for Research on Cancer on chrysotile asbestos substitutes provides the information that safer substitutes exist, including for the predominant use of chrysotile, that is asbestos cement products in developing countries. This use of asbestos cement is of particular concern because the workforce is large, it is difficult to control exposure, and in-place materials deteriorate and pose a risk to others. WHO has already used the findings of the IARC workshop to prepare the paper "Elimination of asbestos-related diseases" which is provided for this Conference in INF15.

Armed with knowledge about the human health risks, we need to act to eliminate use of those chemicals posing the greatest risks, while continuing to reduce unnecessary exposure to chemicals generally. While these actions to address specific highly hazardous chemicals will always have their place, we will only make a real impact on this human health problem through a range of broad preventive strategies, including education and awareness raising, and capacity building in risk communication. WHO as the directing and coordinating United Nations authority on international health work, is acting on a number of fronts to address these issues, including by our activities in support of the Rotterdam Convention, Stockholm Convention and the Strategic Approach to International Chemicals Management.

WHO contributes in a number of concrete ways to the development and implementation of the Prior Informed Consent (PIC) Procedure. Country notifications have extensively cited World Health Organization risk assessments in the supporting documentation for the inclusion of the chemicals, pesticides and severely hazardous pesticide formulations included under the Convention to date.

As we mentioned earlier in this Conference we believe that poisons information centres are well-placed to collect centralized information that can support severely hazardous pesticide formulation notifications by developing countries. WHO is working with countries to establish and strengthen poisons centres. We are also working to raise awareness within these centres of how they can contribute to the working of the Rotterdam Convention.

We look forward to continued engagement with all of you, at international, regional and country level, in the important work of supporting and implement this Convention, to improve the health of our people.