

**Rotterdam Convention COP4, October 2008**

**High Level Segment Theme: "Sound chemicals management: relieving the burden on public health"**

**Statement by Dr Maria Neira, Director, Public Health and Environment Department, World Health Organization**

Madame President, Distinguished Guests, Colleagues,

While we are here in Rome, some of the 90,000 people that die each year from asbestos-related diseases due to occupational exposure will lose their lives. Some individuals will learn that they have mesothelioma, a rapidly progressing and incurable cancer, and will know that they will soon be among the 90,000 added every year to this rising toll. All deaths related to asbestos can be prevented. About 125 million people in the world are exposed to this health threat at the workplace. At what cost? The global epidemic of asbestos-related diseases drains the scarce resources of our health systems and prevents us from addressing other important public health problems. In Europe alone, the 400,000 asbestos-related cancer deaths expected over the next few decades would result in at least US\$ 500 billion costs for insurance and compensation. The suffering of the victims of asbestos and their loved ones cannot be measured in monetary terms. WHO, along with ILO and other international organizations, is carrying out a global campaign to eliminate asbestos-related diseases. We recognize that the most effective way to eliminate asbestos-related diseases is to stop the use of all forms of asbestos. We recognize that the most efficient way to eliminate asbestos-related diseases is to stop the use of all types of asbestos.

The Rotterdam Convention supports public health by providing countries with the necessary information to decide whether or not their populations will be exposed to such substances. However the Convention can only support public health if chemicals which meet the criteria for inclusion under the Convention are in fact included. Protection of human health must be placed before trade. This principle is upheld by international trade agreements. Will it not be upheld by the Parties to the Rotterdam Convention?

Globally, one quarter of all deaths and 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. Policy action is informed by evidence, and therefore the Decision Guidance Documents prepared under the Rotterdam Convention play a vital role in sharing knowledge about hazardous chemicals.

I have touched on the human cost when chemicals are not managed soundly in order to put a human face on the chemicals agenda. And what are the implications for the provision of health services? The dumping of toxic waste in Cote d'Ivoire in 2006 resulted in some 85,000 health-related consultations and eight deaths. The world heard about this event, which overwhelmed medical services in Abijan.

In June this year, a ferry capsized off the coast of the Philippines. This ferry was carrying 10 metric tons of another chemical which has met the requirements for inclusion under the Rotterdam Convention, ie endosulfan. This toxic cargo raised concerns for the health of the divers involved in search and retrieval operations, to the residents of the nearby coastal communities and to the public in general. Significant resources were required to deal with this health threat.

More recently 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.

WHO has provided assistance in each of the incidents that I have described.

But what about the incidents that we do not hear about? These incidents 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 a plethora of international instruments addressing the sound management of chemicals, which use valuable and scarce resources, 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. Enhanced cooperation and coordination among Conventions stands to play an important role in facilitating cost effectiveness, hand-in-hand with multisectoral cooperation at the national level.

WHO is raising awareness of problems faced in chemicals management and is committed to addressing them. WHO works to engage the health sector in the sound management of chemicals. Success in the sound management of chemicals requires inter-sectoral efforts, including between Environment, Health and other ministries. Recently we had the opportunity to facilitate the establishment of a health-and-environment strategic alliance in Africa which will address the public health impact of chemicals exposures. This commitment was achieved at the First Inter-Ministerial Conference on Health and Environment in Africa, in Libreville, September 2008. This alliance will

include the establishment of a new African network for surveillance of communicable and non-communicable diseases, in particular those with environmental determinants.

The Rotterdam Convention is also an example of multisectoral engagement, including national focal points from health, environment and other ministries. This multisectoral engagement makes us stronger for the important work that we face to achieve our goals for the sound management of chemicals, and hence relieve the burden on public health.

We ask you to put human health at the centre of your agenda. Health can be a very powerful driving force for implementing the Rotterdam Convention. I would be happy to be here at the next Conference of the Parties to see how the Convention has been used to implement public health interests.

Thank you.