



September 21, 2026

To: H.E. Julio Cordano, Chair of the INC

Ms. Jyoti Mathur-Filipp, Head of Secretariat of the INC on Plastic Pollution, UNEP

Subject: Delivering on the intended scope of UNEA Resolution 5/14 to protect human health through an international legally binding instrument on plastic pollution. Written views submitted by Health Care Without Harm, an accredited observer organization in response to Reference: Not-INC-2026-0068

Dear Chair Cordano and Executive Secretary Mathur-Filipp

Thank you for the opportunity to provide written views ahead of the second informal in-person meeting of Heads of Delegation (HODs) to the INC. Health Care Without Harm urges Parties to ensure that the next draft of the international legally binding instrument on plastic pollution align with the original scope of the mandate established by UNEA Resolution 5/14 to *“prevent plastic pollution and its related risks to human health”* and *“based on a comprehensive approach that addresses the full life cycle of plastics”* **by addressing the health consequences of plastic pollution and adequately representing the health ambition demonstrated by members and civil society throughout the negotiations to date.** The following comments also identify pragmatic and sensible elements to be included in the instrument itself offering a response to [guiding questions](#) posed by the Chair.

We are concerned that the recent [Aid to Negotiations](#) document represents a step backward from the progress and level of ambition demonstrated by Parties at INC-5.2 with respect to protecting human health. The message at INC-5.2 was clear:

- Over 90 INC members supported the inclusion of a dedicated article on human health.
- 116 INC members supported addressing chemicals of concern in the Treaty.
- More than 50 INC members from all regions advocated for the protection of human health in the instrument.
- The World Health Organization (WHO) noted [support](#) for integrating health protections throughout the text of the Plastics Treaty, including through several elements outlined in this letter.

The chair's current formulation of the Aid to Negotiations does not reflect the level of detail required for health protection. Health considerations remain bracketed in key provisions, including the objective and core measures under Article 4, and there is no dedicated article on human health or dedicated provisions addressing chemicals of concern in plastics. Requirements for transparency, traceability, and monitoring are also limited.

The World Health Organization has been clear that human and environmental health are interconnected, and an [integrated approach](#) is necessary to protect both from the risks of plastic pollution.

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A health-protective Plastics Treaty is necessary to address the *causes* of the health and environmental harms arising from plastic pollution. At present, health authorities, including the WHO, have limited mandates addressing plastic pollution's health *impacts*. The Plastics Treaty must tackle health threats **at the source**.

This understanding is also firmly grounded in established international environmental agreements that routinely define environmental harm and pollution in ways that encompass consequences for human health. These agreements incorporate health protection directly into their objectives, substantive obligations, risk assessment, monitoring, information-sharing, and decision-making. [See Appendix on page 3.](#)

These precedents demonstrate an established principle: where an international environmental instrument addresses pollution, hazardous substances, waste, or environmental risks, the protection of human health is appropriately addressed as part of that environmental mandate. It is not necessary nor effective to establish a separate or additional mandate for Parties to address the health consequences of plastic pollution. **Health protection must be integrated throughout the treaty.**

Plastic pollution poses health risks across its entire life cycle—from extraction and production, through product design and use, to waste management, disposal, and exposure to associated chemicals and microplastics. Safeguarding human and environmental health, therefore, requires considering these health impacts at every stage. **A treaty that addresses plastic pollution without tackling its human health risks would leave a fundamental dimension of the problem unaddressed.**

We therefore urge Heads of Delegation to ensure that the next draft reflects the health ambition already demonstrated by Parties and restores health-protecting language throughout the instrument. Specifically, for [guiding questions Cluster D](#) and throughout the negotiations, we call for health-centered principles and approaches as expressed below to guide the effective implementation of the instrument.

1. An explicit objective in the Treaty to protect human health and the environment from plastic pollution. This would give effect to the UNEA 5/14 mandate and align the treaty with extensive precedent in international environmental agreements.

2. A life-cycle, cross-cutting approach to human health. Rather than confined to the preamble or a single provision, health considerations should be integrated across all relevant provisions of the treaty and guide decisions on determining which plastic products will require global measures. In response to [Cluster B guiding question 1](#), this should include production, product design, chemicals, use, releases, waste management, and disposal.

3. Effective measures addressing chemicals of concern and toxic substances in plastics. The treaty should establish measures to phase out or otherwise control chemicals of concern and hazardous additives in plastics, while promoting safer alternatives and non-toxic product design. Such measures are essential to preventing harmful exposures and are squarely within the treaty's mandate to address plastic pollution across its life cycle.

4. Strong transparency, traceability, monitoring, and information-sharing requirements. Parties should generate and share information needed to identify and reduce exposure to plastics, chemicals, and microplastics and monitor associated health impacts. Health and safety information should not be confidential, and plastic product composition should be transparent throughout the value chain. This approach is well established in international environmental agreements, including the Stockholm and Minamata Conventions, which provide for monitoring and the exchange of information on environmental and human health impacts.

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5. Precautions and the ability to respond to emerging evidence. The treaty should ensure that uncertainty does not prevent action to protect human health where credible risks exist. Risk assessment and management should explicitly take human health into account, in a manner consistent with established international approaches, including the Cartagena Protocol.

6. No blanket exemptions for health care. Health care must be recognized as an essential sector for innovation and support to eliminate unnecessary plastics and transition to safer alternatives. A blanket exemption for health care will undermine growing [innovation](#) and [job creation](#) already underway to reduce plastics and chemical exposures. Instead, the treaty should provide appropriate consideration for essential health products while safe, feasible, affordable, and accessible alternatives are developed and scaled.

7. Protection for populations and workers experiencing disproportionate risks. The treaty should recognize and address the disproportionate impacts of plastic pollution on people in vulnerable situations and workers experiencing heightened occupational exposure across the plastics life cycle.

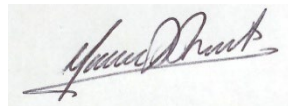
Human health is not a peripheral consideration to be bracketed at the margins of this treaty. It is an integral part of what it means to address plastic pollution across its full life cycle.

Health Care Without Harm stand ready to support Parties in advancing practical, evidence-based language aligned with WHO recommendations and member advocacy to deliver a treaty capable of protecting both people and the planet.

Sincerely,



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Senior Lead for Global Plastics
Health Care Without Harm



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Health Care Without Harm

Health Care Without Harm is a global health and environmental organization working with health care systems to advance human and planetary health. Its Global Green and Healthy Hospitals network has more than 2,300 members representing over 73,000 hospitals and health systems around the world, working on innovative solutions for sustainable healthcare, including plastics use and chemical safety. Through Health Care Without Harm's [open letter](#), 48 million health professionals, represented by 65 health organizations across 88 countries, and more than 1,000 individual signatories, urged plastics treaty negotiators to protect both the planet and patients.. noharm.org Contact: global@hcwh.org

Appendix:

- **The Basel Convention** establishes its objective as the protection of human health and the environment from the harmful effects of the movement and disposal of hazardous waste. It requires Parties to consider effects on human health and the environment, cooperate in monitoring those effects, and permits Parties to adopt additional measures to protect human health and the environment.
- **The Minamata Convention** similarly makes protection of human health and the environment an explicit treaty objective. Its provisions extend beyond controlling environmental releases to addressing exposure, populations at risk, occupational health, health impacts, research, epidemiological information, and assessment of impacts on human health.
- **The Stockholm Convention** establishes protection of human health and the environment as its objective and expressly addresses health concerns arising from exposure. It requires information exchange, monitoring of persistent organic pollutants in the environment and in human populations, and research and cooperation on their effects on human health.
- **The Rotterdam Convention** connects the regulation of hazardous chemicals and pesticides directly to the protection of human health. It requires access to information on safer alternatives and explicitly preserves the Parties' right to take measures that are more stringent in protecting human health and the environment.
- **The Vienna Convention** provides an especially relevant precedent for defining the scope of environmental harm. Its definition of “adverse effects” encompasses changes that have significant deleterious effects on human health, and its general obligations require Parties to take measures to protect human health and the environment against such effects. It further provides for research and scientific assessment of human health effects.
- **The London Protocol** demonstrates that the protection of health is integral to environmental risk assessment and regulatory decision-making by applying a precautionary approach to waste dumping. Where the potential impacts on human health and the environment of waste is not clear, the instrument notes it should not be dumped at sea.
- **The Cartagena Protocol** incorporates consideration of risks to human health throughout its risk assessment and risk management provisions, including in cases of scientific uncertainty.