

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

**Second part of the Fifth Session of the Intergovernmental Negotiating Committee to  
develop an international legally binding instrument on plastic pollution, including in the  
marine environment (INC5.2)**

**Geneva 5-14 August 2025**

WHO and the Secretariat of the WHO FCTC congratulate the INC Secretariat and Member States on progress to date in negotiating an instrument on plastic pollution, including in the marine environment, and continue to advocate for an ambitious and legally binding treaty to prevent plastic pollution and its related risks and adverse effects on human health, the environment and biodiversity, which are closely intertwined.

UNEA Resolution 5/14, in reaffirming the importance of cooperation, coordination and complementarity ‘... to prevent plastic pollution and its related risks to human health and adverse effects on human well-being and the environment’ recognized the risks and harms to health from plastic pollution.

At the 76<sup>th</sup> World Health Assembly in 2023 Member States adopted Resolution 76.17 on the impact of chemicals, waste and pollution on human health. The Resolution: recognized that the health sector has a critical role and unique expertise to contribute to the sound management of chemicals and waste and protecting from their harmful impacts on health and well-being; welcomed UNEA Resolution 5/14; called on Member States to support WHO in scaling up work on plastics and health to enable better information of the potential human health impacts associated with plastic, including plastic pollution, with the aim of strengthening the public health aspects, including under the work of the INC to develop an international legally binding instrument on plastic pollution; and called on WHO to actively contribute, in accordance with its mandate, to the work of the INC.

Throughout the negotiations WHO’s view has been guided by three overriding principles: the need 1) to pursue the highest attainable standard of human and environmental health. 2) to address potential health risks and exposures associated with plastic polymers, chemicals and additives, microplastics and nano plastics at all stages of the plastics lifecycle. 3) to ensure access to safe

and effective health products that are affordable, accessible and appropriate to those that need them. The treaty must not inadvertently disrupt access to these products.

On analysis of the most recent draft of the Chair's proposed text, WHO recommends the following to strengthen protection of health under the treaty:

1. We strongly support the protection of human health as a core treaty objective (Article 1–) and note that a comprehensive approach that addresses the full life cycle of plastics would provide stronger protection, given the risks to health arising at all stages of the plastics lifecycle.
2. Article 1bis - Including protection of human rights, including the right to the highest attainable standard of health, a clean and healthy environment and intergenerational equity in the guiding principles, recognizing the disproportionate impacts of plastic pollution on peoples in vulnerable situations and those at heightened risk of occupational exposure.
3. We recommend consideration of risks to, or adverse impacts, on human health (including emerging health risks or where scientific certainty is lacking) in all relevant obligations and measures to address plastic pollution throughout the plastics life cycle, as well as consideration of health benefits where relevant so that health is considered when evaluating hazards, developing preventative action, and measures to address plastic pollution. Mandating, rather than encouraging, such consideration would strengthen health protections by ensuring consistent evaluation of health risks and issues<sup>1</sup>.
4. The experience and expertise on health issues of WHO, expert advisory groups, independent scientists and other health sector experts could be utilized to support the development and implementation of the treaty through involvement in:
  - a. development of criteria and assessment /evaluation methodologies for polymers, chemicals and plastic products in relation to health risks (Article 3);
  - b. determining the special consideration required for health products recommended below (Article 3);
  - c. developing criteria, standards, technical specifications, certification and labelling requirements for health products in terms of product design and content (Article 5);

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<sup>1</sup> For example, the Cartagena Protocol embeds risk assessment and takes into account risks to human health through various provisions of the Protocol. (Art 2, Art 4, Art7(4), Art 10(6), art 11(8), art 12(1), Art 15, Art 16(2), art 16(5), Art 17(3)(c), Art 17(4), Art 18, art 21(6)(c), art 23(1)(a).

- d. development of indicators and waste management practices for health care waste (Article 7,8); and
  - e. scientific and/or policy advisory bodies and in assessment and monitoring mechanisms.
5. Article 3 - WHO and the Secretariat of the WHO FCTC support the ban or phasing out of cigarette filters in light of the 2024 recommendations of the WHO Study Group on Tobacco Product Regulation on cigarette filters, which included “[b]anning filters to reduce the palatability and appeal of cigarettes, remove consumer misconceptions about filters substantially reducing health harms and reduce a major source of toxic tobacco waste, including the microplastics deposited by cellulose acetate in filters” and in light of Decision FCTC/COP10(14) of the Conference of the Parties to the WHO FCTC<sup>2</sup> of 10 February 2024.
6. Article 3 and/or 4 - WHO does not see a health need for a blanket exemption from the application of treaty obligations for medical and health uses, responses to public health incidents or research, or for any other sector or category of products, but instead proposes a generally applicable special consideration for health products in relation to obligations to ban, phase out or reduce polymers, chemicals or plastic products without requiring specific party requests for exemption, to allow time to meet clinical, safety and quality requirements, develop feasible, affordable, accessible, non-regrettable alternatives and obtain regulatory approvals.
7. Articles 5, 6 and 8: We recommend that ‘safety’ is a required consideration in relation to risk assessments and measures to provide a higher standard of health protection. In relation to health products, WHO issues norms and standards for safety, efficacy and quality assurance; evidence-based guidance and recommendations for clinical use; guidance on selection and prioritization of health products; and technical specifications for procurement of health products that includes amongst other criteria, the concept of circularity, including waste minimization and sustainable procurement. WHO supports countries to ensure a balance between the supply of affordable, appropriate health products that are accessible to those who need them and a toxic free and circular economy for plastics. We strongly recommend that relevant national and international rules, standards and guidelines, existing initiatives (such as the Alliance for action on climate change and health (ATACH)) an initiative by member states that addresses carbon reduction, climate resilience and sustainability in the health sector) and assessments and potential health impacts and benefits, are taken into account,

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<sup>2</sup> Decision FCTC/COP10(14): Implementation of Article 18 of the WHO FCTC.  
<https://iris.who.int/bitstream/handle/10665/377118/fctc-cop-10-14-en.pdf?sequence=1>

as well as any future Codex Alimentarius Commission guidance on food packaging and labelling, to ensure that treaty functions are coherent with, and not duplicative of the work of WHO and others to protect health.

8. Article 7, 15, 17, 18: We strongly recommend that transparency, tracking, monitoring, labelling and information exchange requirements each include information on potential environmental and health risks and harms and that Party reports include health and biomonitoring data, including exposures, health impacts and other emerging evidence related to plastic pollution and health, with immediate disclosure required for any imminent threat to human health or the environment<sup>3</sup>. We support inclusion of a provision, that information on the health and safety of humans and the environment are not to be regarded as confidential<sup>4</sup>.
9. Article 14: We recommend that there be a clear role for and/or requirement for collaboration with ministries of health and health experts in National Plans, to ensure consideration of health issues and a One-Health approach.
10. Article 19 – We support a specific provision on health to apply in addition to mandatory consideration of potential health risks and harms in other obligations under this instrument. The health provision could be strengthened by mandating (rather than encouraging) Parties to implement measures to address exposures and potential risks to human health at all stages of the plastics life cycle, and to take account of relevant guidance of WHO and independent science-based organizations and best available science.
11. Article 19, 20 20bis - Given the WHO Constitutional mandate as the lead scientific and technical body on health and our experience, convening and coordinating functions on health issues, we support a requirement for collaboration with WHO on health issues and provision for WHO to be an active participant in any scientific and/or technical mechanism with an adequate mandate, role and resources to provide the intended advice, assessments and technical support.
12. Article 20, 20bis: We recommend a provision that governing bodies and subsidiary bodies take account of relevant guidance, norms and standards, decisions and resolutions of WHO

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<sup>3</sup> For example as provided in in Article 17 of the Minamata Convention, Articles 4 and 10 of the Basel Convention, Article 11 of Rotterdam Convention and Article 242 of UNCLOS,

<sup>4</sup> As found, for example, in Article 9 of the Stockholm Convention,

and the Conference of the Parties to the WHO FCTC, to ensure that treaty functions benefit from and are coherent with existing guidance and mandates.

13. (Article 20bis, or decision by COP): To avoid potential bias or misinformation and ensure the quality of scientific and technical analysis and advice, we strongly recommend that subsidiary bodies, including review, scientific and policy advisory bodies function independently and have robust processes in place requiring disclosure of interests and management of potential conflicts of interest, transparency of data and methodologies and opportunities for independent review of advice, recommendations and analysis. WHO and the Secretariat of the WHO FCTC offer their support in establishing such processes and mechanisms, from our respective experience in identifying and managing conflicts of interest in expert and advisory bodies, treaty administration and national policy processes.
14. We recommend, for clarity, a statement that nothing shall be interpreted as restricting the right of the Parties to take action that is more protective of human health and the environment than required under the treaty.<sup>5</sup>

WHO and the Secretariat of the WHO FCTC offer support to Member States in the treaty development and implementation as may be beneficial, to make the best use of our respective mandates, convening power, technical resources and experience on matters related to health, and our global and regional technical and scientific networks.

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<sup>5</sup> As stated for example in the Rotterdam Convention (Article 15(4)) and the Basel Convention (Article 4(11))