

World Health Organization

Written views on the guiding questions ahead of the Second informal in-person meeting of Heads of Delegation to the Intergovernmental Negotiating Committee on Plastic Pollution 27 – 30 September 2026

GUIDING QUESTIONS

Cluster A: National plans, Reporting, Implementation and compliance, Information exchange, Effectiveness evaluation

1. What purposes are National Plans expected to serve as a contribution to the achievement of the objectives of the instrument?

National plans could ensure that protection of human health is integrated into implementation from the outset. From a health perspective, national plans could serve the following purposes:

- Intersectoral coordination - Plastic pollution cuts across the mandates of several ministries. Requiring the involvement of health authorities in the development, implementation and review of national plans would ensure that health expertise informs national priorities.
- Transparency and public participation - The development and publication of national plans, with the participation of affected communities and the public, supports public awareness of the health risks of plastic pollution and public confidence in the measures adopted.

Article 13 of the Aid to Negotiations requires national plans reflecting each Party's obligations but does not require consultation with national health authorities or the inclusion of health risk information, notwithstanding the general stakeholder-consultation language in Article 13(3). A specific reference would help ensure health ministries are engaged at the national implementation stage.

2. How could provisions on reporting, implementation and compliance, information exchange, and effectiveness evaluation support the overall implementation of the instrument, and what is the relationship between these articles?

Provisions on reporting, implementation and compliance, information exchange, and effectiveness evaluation are separate obligations which are each individually important and which complement and contribute to one another. For example, information exchange is critical for the reasons detailed in the next section and can inform the measures implemented by a Party as well as the contents of Party reports. Information exchange can inform the development of, but is not necessarily directly linked to, reporting or compliance requirements, as these obligations may serve different purposes in meeting the treaty objectives.

Reporting and information exchange regarding potential health risks is critical to avoiding preventable health harms. We urge the inclusion of additional requirements for Member States (and other stakeholders where applicable) to improve transparency, facilitate exchange and

reporting of information regarding the potential health risks within the scope of the treaty. Accordingly, we recommend that each of these provisions include information on potential health risks, exposures (including biomonitoring data) and health harms. This would allow Parties and the COP to build an increasingly comprehensive understanding of the health impacts of plastic pollution, the measures introduced by Parties to address health risks and impacts and the effectiveness of such measures in achieving that objective.

An important element interlinked with each of reporting, implementation, compliance, information exchange and evaluation of effectiveness, which is currently missing from the Aid to Negotiations is **monitoring**. Monitoring is critical to evaluating the extent to which measures to address plastic pollution are implemented, the impact and effectiveness of such measures in meeting the objectives of governments and the treaty, underpins reporting and compliance and informs and contributes to information exchange. As pollution is a transboundary issue, cooperation between States is needed for effective monitoring, and to share findings for mutual and global benefit. To effectively address the harms of plastic pollution, monitoring must include collection and analysis of data on health risks and harms and biomonitoring to monitor the effects of exposures to harmful emissions, chemicals, additives and microplastics.

Monitoring, and cooperation in monitoring, of health impacts is widely accepted as a core element of addressing pollution and included as an obligation of Parties including, for example, under the Basel Convention (Article 10); the Minamata Convention (Article 17(1)(d)), the Stockholm Convention (Article 11(1)(b) and (d)), and the Convention on Long-Range Transboundary Air Pollution (Article 9)).

3. What will be the role of information exchange in the overall implementation of the instrument and how can it contribute to its effectiveness?

Information exchange is a critical basis for informed decision making by Parties in the implementation of the instrument. Information required to be disclosed in relation to plastic products, chemicals and additives, both to Parties by manufacturers or importers, and by Parties to the Secretariat and other relevant Member States should include:

- Information on health and environmental risks and harms, including product labelling and tracking tied to chemicals of concern (consistent with Article 4(6) of the Minamata Convention, Article 6 of the Basel Convention, Article 16 of the Cartagena Protocol,)
- Human exposures to potentially harmful plastic products, chemicals and additives, including toxicological and ecotoxicological and safety information and epidemiological information concerning health impacts associated with exposure (consistent with Minamata Convention Article 17(1))
- Information on health impacts (Minamata Convention Article 17(1) and 19, Article 2(2) of the Vienna Convention for the Protection of the Ozone Layer) at all stages of the plastic lifecycle; and
- Emerging evidence related to plastic pollution and health (e.g. Cartagena Protocol Article 12(1) provides for review and change of Party decisions in light of new scientific information, taking into account risks to human health).

Such information can support Parties to identify and analyze potential risks to, and adverse impacts on, health and the environment from plastic pollution as well as identify potentially impacted or vulnerable groups. This allows States to make informed decisions and to develop and implement appropriate measures to protect their populations and territories. Information exchange also allows States with limited monitoring capacity to draw on evidence generated elsewhere when adopting protective measures.

A further critical role of information exchange is to require disclosure of any imminent threat to human health or the environment from plastic pollution, to allow States and their population to act to mitigate harms (as for example in Article 13(1) of the Basel Convention requires immediate notification where an accident occurring during the transboundary movement or disposal of hazardous wastes is likely to present risks to human health and the environment in other States).

Information on imminent threats to human health or the environment should not be regarded as confidential (as provided in the Stockholm Convention (Article 9), Rotterdam Convention (Article 14(3) and Cartagena Protocol Article 21(6)).

Information exchange by the COP and/or Parties with intergovernmental institutions with expertise on health and occupations vulnerable to the risk of exposure, including WHO and ILO, and NGOs with relevant expertise, is also critical to ensure that all available knowledge, expertise and guidance is available to Member States and to assist Parties in decision-making to implement the instrument. This is consistent with existing MEA precedent in, for example, the Minamata Convention (Article 16(2)(3), 17(1)(d)), Basel Convention (Article 4(2)(f)), the Vienna Convention for the Protection of the Ozone Layer (Article 3), Cartagena Protocol (Articles 2(5) and 23(1)).

Article 16 (Information Exchange) as currently drafted in the Aid to Negotiations is limited to general facilitation of information-sharing and the designation of national focal points; it contains no health-specific content and no disclosure obligation.

Cluster B: Releases and leakages, Existing and legacy plastic pollution, Plastic waste management, Plastic products design, Plastic products

1. What considerations should guide decisions on determining which plastic products will require possible global measures, actions or cooperation?

- As a general approach, plastic products placed on the market should be non-toxic, including plastic products with recycled content (which may raise particular health concerns).
- Due to the high number (thousands) of chemicals of concern used to make plastics, the treaty needs to adopt an approach and mechanism that ensures a move to a non-toxic

circular economy for plastics by eliminating chemicals of concern in plastic products (including focusing on groupings of chemicals).

- To ensure a safe circular economy, intentionally added microplastics should be phased out or substituted with safer alternatives.
- There is an opportunity for a sequenced approach to address chemicals of concern and problematic and avoidable plastic products. An initial list for eliminating certain chemicals, groups of chemicals and avoidable plastic products could be developed based on existing regional or national regulations and initiatives already undertaken in the public and private sectors to move away from certain chemicals of concern in plastic products due to their hazardous properties and exposure potential.
- The treaty should contain a list of criteria, including sustainability and health criteria, to be used in eliminating, restricting, and phasing-out certain (groups of) chemicals and problematic and avoidable plastic products. These criteria could also be developed between the Diplomatic Conference and the first Conference of the Parties (COP) for its adoption by the COP. These criteria should include health risks and harmfulness to human health, including bioaccumulation and toxic long-term effects (e.g., carcinogenic, reprotoxic, endocrine disruptors) and the potential for human exposure.
- There also needs to be a mechanism to update and amend these criteria and any lists to take account of scientific developments and avoid regrettable substitutions.
- No 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. To avoid disruption to health care, we recommend 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

2. What type of enabling factors should be considered to address existing and legacy plastic pollution, including the process to identify and evaluate the locations or accumulation zones and subsequent remediation efforts?

Existing and legacy plastic pollution presents risks to human health as well as to the environment. Accumulation zones are often located near communities, drinking water sources and food production areas.

The process to identify and evaluate accumulation zones could consider the potential for human exposure and health risks alongside environmental criteria in identifying and prioritizing locations. Relevant factors could include:

- proximity to human settlements;
- the potential for contamination of drinking water and food chains, including fisheries;
- the presence of chemicals of concern;
- the vulnerability of affected populations.

Public health authorities could also be involved in national processes for identifying accumulation zones and planning remediation, facilitating coordination across government agencies, utilizing all available expertise and capacity and optimizing available resources. Access to technical assistance and financial resources could increase capacities for health risk assessment and remediation in lower resource settings.

3. How can Parties cooperate in the implementation of effective waste management policies, taking into account the different national circumstances and needs?

The health community can help ensure that health implications from plastic waste are considered for the environmentally sustainable management of plastic waste. This can include contributing to improving environmental social and corporate governance (ESG) for treating plastic waste, including future prohibitions, moratoriums, and investment criteria, for example, to avoid solutions that harm human and environmental health.

Healthcare generates a substantial amount of waste, including plastics, plastic components and chemicals. Plastics are important in healthcare, the use of plastics in healthcare can be made more sustainable including by eliminating unnecessary use, reuse when possible, innovating product and packaging design and strengthening waste management practices. There are many successful initiatives and solutions at health facility and national levels to increase sustainability and reduce plastic waste, that can be scaled up, as well as international initiatives such as the Alliance for Transformation Action on Climate and Health.

WHO has published specific guidance on management of healthcare waste, which can assist member states in determining appropriate practices, making decisions on waste collection, sorting, recycling and disposal practices, including potential health risks associated with different practices, including in lower resource settings.

Cluster C: Capacity-building, technical assistance, technology transfer, including international cooperation, Financial resources and mechanism
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1. What elements must be considered to ensure that all available financial sources, including public finance, are effectively mobilized for the implementation of the instrument?

Mobilizing resources for implementation of the instrument should include interventions that include health and environmental benefits, supporting finances that prevent pollution at source and include environmental and health monitoring and reporting.

2. What role should the private sector have in facilitating the mobilization of financial resources, capacity building and technical assistance, and what elements could be considered under the financial mechanism to promote such a role?

The private sector has an important role in mobilizing financial resources, including the technologies and products used in production of plastics and across its life cycle. Commercial actors can provide valuable contributions to capacity building and technical assistance in relation to technology and methodologies to reduce plastic pollution in areas that are within the expertise of a private sector entity.

All contributions from the private sector must be subject to strict safeguards to ensure transparency and protection of public interests from potential conflict with commercial interests, must contribute to measurable health and environmental outcomes and be consistent with relevant environmental and social safeguards and the Polluter Pays Principle.

3. What provisions related to technology transfer could foster international cooperation, considering the capacity differences between countries?

Provisions related to technology transfer include environmentally sound, safe, effective and affordable technologies that protect human health and the environment and avoid the transfer of obsolete and pollution-intensive technologies, minimizing waste.

Implementation research could be considered part of technology transfer and international cooperation, helping countries identify effective, context-specific approaches for adopting, adapting, and scaling technologies. It can generate practical evidence on feasibility, barriers, costs, and implementation strategies, supporting the successful integration of technologies into different contexts.

Cluster D:

Preamble, Objective, Principles and approaches, Definitions, Just transition, Public information, awareness, education and research, Secretariat, Final provisions

1. Which principles and approaches could be useful in guiding the effective implementation of the instrument, and how could these be best reflected in the instrument?

A comprehensive approach that addresses the full life cycle of plastics would provide stronger protection against impacts of plastic pollution, given the risks to the environment and to human health arising at all stages of the plastics lifecycle. Such an approach would also be consistent with paragraph 3 of UNEA resolution UNEP/EA.5/Res.14 creating a mandate for the INC to develop this instrument ‘based on a comprehensive approach that addresses the full life cycle of plastic, taking into account, among other things, the principles of the Rio Declaration on Environment and Development ...’

An approach acknowledging that risks to the environment and human health from pollution are interlinked and that treaty must protect both the environment and human health is critical to

addressing the harms and risks of plastic pollution. It is also consistent with existing precedent and agreed language in MEAs related to pollution, for example:

- Protection of human health as a core objective of the instrument (Minamata Convention, Rotterdam Convention and Stockholm Convention);
- Acknowledgement of risks to, and adverse impacts on, human health and the environment and the need for protection of both in the Preamble: (Basel Convention, Rotterdam Convention, Stockholm Convention, Vienna Convention for the Protection of the Ozone Layer, Montreal Protocol, Cartagena Protocol);
- Adoption of the principle of a precautionary approach to prevent harm to the environment, human health and biodiversity (Rio Declaration Principle 15, Stockholm Convention Article 1, London Protocol Article 3, Cartagena Protocol Articles 1, 10(6) and 11(8)); and
- Protection of the environment and human health as a fundamental principle (Convention on Long-Range Transboundary Air Pollution).

Protection of human rights, including the rights to the highest attainable standard of health, a clean and healthy environment and intergenerational equity, would be a useful guiding principle for effective implementation of the treaty, through recognition of the harms of plastic pollution to the environment and health and the disproportionate impacts on people in vulnerable situations and those at heightened risk of occupational exposure.

2. How can actions related to public information, awareness, education, and research support implementation?

Public information, awareness and education can support implementation through improved public engagement in the development of measures to address plastic pollution in line with good governance, better-informed policy decisions, improved support for and compliance with measures to address plastic pollution, improved responses to imminent public health and environmental risks and increased public awareness of a major issue affecting them.

The health sector has a vital role in raising awareness about health and environmental hazards and risks, providing scientific data and evidence, and using evidence-based guidance to inform policy decisions.

Examples of existing precedent in MEAs acknowledging the importance of public information, awareness, education, and research, including on health risks and issues, and on international cooperation to support implementation of effective measures to address pollution include:

- The Minamata Convention provides for ‘provision to the public of available information on ... the health and environmental effects ... results of research, development and monitoring activities ... [and] facilitation of education, training and public awareness related to the effects of exposure to mercury on human health and the environment in collaboration with relevant intergovernmental and non-governmental organizations and vulnerable populations, as appropriate’ (Article 18).

- Article 23(1) of the Cartagena Protocol provides that: ‘The Parties shall: (a) Promote and facilitate public awareness, education and participation concerning the safe transfer, handling and use of living modified organisms in relation to the conservation and sustainable use of biological diversity, taking also into account risks to human health. In doing so, the Parties shall cooperate, as appropriate, with other States and international bodies;...’
- The Convention on Long-Range Transboundary Air Pollution provides (Article 7) that: ‘The Contracting Parties, as appropriate to their needs, shall initiate and co-operate in the context of research into and/or development of: ... (d) the effects of sulphur compounds and other major air pollutants on human health and the environment, ...’

3. Considering the progress achieved so far in the discussions related to issues such as the Secretariat and definitions, does the current formulation in the Aid to Negotiations reflect the level of detail required?

A detailed in this document, further detail is suggested in the treaty text to provide clarity and legally enforceable, effective protections for health and the environment from plastic pollution. Further technical details can be included in Annexes, which could be progressively developed and amended over time by majority agreement, to ensure flexibility and account for developments in science, available information and technology.

The instrument could also provide an explicit provision affirming Parties' right to adopt and maintain measures that are more protective of human health and the environment than the Convention requires, so that the treaty operates as a floor rather than a ceiling. No such provision currently appears anywhere in the Aid to Negotiations. Precedent and agreed language for such a provision appears in the Rotterdam Convention (Article 15(4)) and Basel Convention (Article 4(11)).

TOPICS FOR DISCUSSION IN HEADS OF DELEGATION MEETING, NOT ASSIGNED TO CLUSTERS

Decision making

WHO recommends consideration of risks to, or adverse impacts, on human health (including emerging health risks or where scientific certainty is lacking) in all decision-making regarding measures and initiatives to address plastic pollution throughout the plastics life cycle, as well as consideration of health benefits where relevant.

This will allow protection of health, acknowledged in the INC process and in the MEAs discussed above as a core objective and key consideration in addressing pollution, to be consistently considered when evaluating risks and impacts, 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.

Subsidiary Body or Bodies

It would be beneficial, to avoid potential bias or misinformation and ensure the quality of scientific and technical analysis and advice in treaty implementation, for Member States to agree on some key principles around the establishment and function of subsidiary bodies including:

- Independence in the function of subsidiary bodies from the Secretariat and Conference of the Parties;
- Processes must be established for identification and management of potential conflicts of interest in the work of the subsidiary bodies;
- Transparency of data and methodologies;
- Engagement of experts on topics under consideration, including scientists and relevant international organizations including UNEP, WHO and ILO, and consideration of relevant international guidance, norms and standards; and
- Independent review of subsidiary body outputs and recommendations.

Agreeing on such principles In the treaty text would help ensure legal clarity, effectiveness, and predictability in implementation, with the detail to be developed and operationalized subsequently through decisions of the Conference of the Parties.

WHO and the WHO FCTC Secretariat can offer insights into identifying and managing conflicts of interest in development of technical guidance and policy processes, drawing from the experience in regulation of health risks and products such as with Article 5.3 of the WHO FCTC¹, the WHO Framework for Engagement with Non-State Actors (FENSA)², and WHO's Guideline Development Handbook³, all of which include robust conflict of interest processes to protect public health. Prioritizing public interests, including public health, over commercial influences in the negotiation and implementation of this instrument is essential to support measures that are effective in addressing the harms of plastic pollution and in building public trust in the work of the treaty bodies.

Further, for the instrument to protect human health, structured collaboration with WHO, other relevant international and regional health organizations, health experts and independent scientists on matters of health risk should be included in the treaty structure. The Aid to Negotiations contains only a single reference to “regional health networks” in Article 17(4), limited to research and data-sharing. There is currently no provision for structured collaboration to ensure involvement of health experts on health issues, for example via the Secretariat (Article 20), the implementation and compliance committee (Article 12) or the subsidiary bodies (Article 19).

¹ <https://fctc.who.int/convention/treaty-instruments>

² <https://www.who.int/about/collaboration/non-state-actors>

³ <https://www.who.int/publications/i/item/9789241548960>

TOPICS THAT MAY REQUIRE FURTHER UNDERSTANDING IN ADDITION TO GUIDING QUESTIONS

Health

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.

Health risks and exposures are associated with plastic polymers, chemicals and additives, as well microplastics and nano plastics, at all stages of the plastic life cycle. 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.

At present in the Aid to Negotiations, health references are inconsistent and often bracketed. For example, Article 4(1)(b) brackets “human health” as a risk criterion for plastic products, while Article 6 (releases and leakages) refers only to “the environment” and does not mention human health despite the clear risk to health presented by releases, leakages and emissions.

WHO further recommends a precautionary approach — already reflected, in bracketed form, in the Rio principles referenced at Article 2(1)(b) — be explicitly applied to emerging or not-yet-fully-characterised risks to human health, including novel additives, chemicals of concern and microplastics.

Chemicals in plastic products

At the 76th 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.

The Aid to Negotiations does not provide for global obligations to phase out chemicals of concern in plastic products, nor a clear legal pathway for developing them. WHO supports the recommendation for a global obligation in the treaty text, with an Annex to be populated over time, and empower the COP to list products by majority vote once consensus has been exhausted, with flexibility built around exceptions and opt-out mechanisms.

Disproportionate impacts on vulnerable and occupationally exposed populations

Plastic pollution disproportionately affects people in vulnerable situations and those at heightened risk from occupational exposure. Article 2(1)(d) of the Aid to Negotiations frames “special circumstances” only at the level of States but does not address vulnerable individuals or groups. Article 9 (Just Transition) references waste pickers and workers, but in terms of livelihoods and social protection rather than health or occupational exposure. This gap could be closed in the Preamble, Article 2, or a dedicated health provision and linked to concrete occupational health and safety measures under Articles 7 and 9.