Proposed response template on written submissions prior to INC-3 (part b)

Potential Areas Identified by the Contact Groups

At its second session, the intergovernmental negotiating committee (INC) requested the secretariat to invite written submissions on:

- Any potential areas for intersessional work compiled by the co-facilitators of the two contact groups\(^1\), to inform the work of INC-3.

The template below was prepared by the secretariat, in consultation with the Chair, and is meant as a guide to assist Members and Observers in preparing their written submissions.

All written submissions must be sent to unep-incplastic.secretariat@un.org. The submissions received will be made available on the INC webpage.

Please note that not all fields in the template need to be answered in the submission.

**Deadline for submissions:**

I. **By 15 August 2023** for written submissions from observer organizations.

II. **By 15 September 2023** for written submissions from Members of the Committee.

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\(^1\) Contact Group 1 focused on Section A: Objective(s). Section B: Substantive Obligations; Contact Group 2 focused on Sections C: Means of Implementation. D: Implementation measures. E: Additional matters as contained in part II of the Annex to document UNEP/PP/INC.2/4.
TEMPLATE FOR SUBMISSIONS

<table>
<thead>
<tr>
<th>Name of country</th>
<th>Brazil</th>
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<tbody>
<tr>
<td>(for Members of the committee)</td>
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<tr>
<td>Name of organization</td>
<td>Healthy Hospitals Project – PHS</td>
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<tr>
<td>(for observers to the committee)</td>
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<tr>
<td>Contact person and contact information for the submission</td>
<td><a href="mailto:ecimarasilva@hospitalissaudaveis.org">ecimarasilva@hospitalissaudaveis.org</a></td>
</tr>
<tr>
<td>Date of submission</td>
<td>15th of August 2023</td>
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**Input on the potential areas of intersessional work to inform the work of INC-3 (following the lists compiled by the co-facilitators of the two contact groups)**

**Potential areas for intersessional work**

The list of potential areas for possible intersessional work compiled by the co-facilitators of the two contact groups at INC-2 is set out below. Members and observers may wish to provide input on one or more of these areas.

**Contact group 1:**

1. Information on definitions of, e.g. plastics, microplastics, circularity
2. Information on criteria, also considering different applications and sectoral requirements, including:
   a. Chemical substances of concern in plastics,
   b. Problematic and avoidable plastic polymers and products and related applications
   c. Design e.g. for circularity, reuse
   d. Substitutes and alternatives to plastic polymers and products
3. Potential substances of concern in plastics, problematic and avoidable plastic polymers and products
4. Potential sources of release of microplastics (applications and sectors).

*(Please note: A longer list is included in the co-facilitators report on discussions in contact group 1². Submissions may also include input on any of the items in that longer list, such as, amongst others, the development of criteria to prioritise problematic and avoidable plastics; the development of targets for the reduction, reuse and repair of problematic and avoidable plastic products; or the guidelines on EPR)*

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² The report can be accessed here: [https://wedocs.unep.org/bitstream/handle/20.500.11822/42621/CG1.pdf](https://wedocs.unep.org/bitstream/handle/20.500.11822/42621/CG1.pdf)
Contact Group 2:

1. To consider the potential role, responsibilities and composition of a science and technical body [to support negotiation and/or implementation of the agreement]
2. To consider potential scope of and guidance for National Action Plans [including optional and/or suggested elements]
3. To identify current provisions within existing MEAs [and other instruments] on cooperation and coordination that could be considered
4. To consider how other MEAs provide for monitoring, and suggest best practice
5. To consider options to define ‘technology transfer on mutually agreed terms
6. To further consider how a potential financing mechanism could work [including a new standalone mechanism, a hybrid mechanism, or an existing mechanism]
7. To identify options to mobilise and align private and innovative finance (including in relation to matters at 24(e) and the proposed Global Plastic Pollution Fee (GPPF))
8. To map current funding and finance available [to address plastic pollution] and determine the need for financial support for each Member
9. To identify capacity building and training needs for each Member.

Inputs relating to potential areas for intersessional work. Please identify clearly which area your input relates to.

Contact group 1:

1. Information on criteria, also considering different applications and sectoral requirements, including:

Chemical substances of concern in plastics: Chemicals of concern can be released along the entire life cycle. These chemicals leach from products into the environment, exposing people and the food chain. Modern healthcare uses a wide variety of plastic-based medical products to provide effective, high-quality treatment to patients. Phthalates and bisphenol A (BPA) are substances of particular concern that are often found in medical devices.

Phthalates are typically used as plastic softeners in PVC-based medical devices, while BPA is used to produce certain plastics, such as polycarbonates and epoxy resins, which have applications in the medical device industry. One of the main concerns around these substances is the fact that they are known endocrine disruptors (EDCs), which can interfere with the normal functioning of the human endocrine system and therefore pose a danger to different physiological and developmental processes. EDCs can impact the human body at very low concentrations and can combine with other endocrine disruptors to produce additive effects. Despite the difficulties in demonstrating a causal link, some associations between exposure to EDCs and diseases are evident: evidence shows that fetuses, children and pregnant women are the most vulnerable groups.

There is a need to raise awareness of actions to eliminate harmful plastics in the healthcare sector, stressing that a high level of patient care and safety can be maintained. In addition, as some of the most trusted community figures, health professionals have the ability and moral obligation to educate the communities they serve and to help trigger beneficial and widespread behavioural changes regarding plastic use.
Substitutes and alternatives to plastic polymers and products: Healthcare organizations have become aware of specific issues, such as plastic pollution. Over the last decades, there has been a trend of replacing reusable products with disposable products in healthcare services. Although essential in situations without alternatives, disposable products are not always indispensable to provide safe health care, since there are safe and economically viable reusable alternatives that provide equivalent levels of hygiene and safety.

According to the study Environmental considerations in the selection of isolation gowns: A life cycle assessment of reusable and disposable alternatives, 2021, the replacement of disposable aprons with reusable ones in the health unit recorded a 28% reduction in energy consumption, a 30% reduction in greenhouse gas emissions, a 41% reduction in blue water consumption and a 93% reduction in solid waste production.

In the project "Alternatives to phthalates in medical devices" carried out during the period from July 2013 to December 2013 by The Danish Environmental Protection Agency, contains a list of alternative substances for replacing phthalates exist for a number of products, including the majority of applications in medical devices. Several companies already manufacture DEHP-free medical devices, either by using PVC plasticizers other than DEHP or by avoiding the use of PVC material altogether. The following 10 alternatives were evaluated in terms of human health and environmental aspects.

Given the potential for transformations and sensitization that has been practiced by the health sector globally, we reinforce that the health sector should not be excluded from the goals, commitments and obligations to be defined in the scope of the Global Plastic Treaty.

Contact Group 2:

1. To consider potential scope of and guidance for National Action Plans [including optional and/or suggested elements].

In drawing up the national action plan, it should be considered a reducing the impact of supply chain production chains is essential to reduce the negative environmental and social impacts of our supply chain and increase positive impacts. By adopting a circular model in health services, it will reduce the negative environmental impacts of waste and can improve public health by preventing disease and reducing human exposure to environmental pollutants. This approach aims to create a virtuous cycle that lessens the need for medical interventions.

We have also been promoting a waste hierarchy focused on redesign, rethinking and the elimination of unnecessary products as a critical step in addressing the plastics crisis. This framework calls for the elimination of all problematic and unnecessary plastic items. Innovation is essential to ensure that the plastics we do use are reusable or recyclable; and to keep the plastics we do use circulating in the economy and out of the environment for as long as possible. Products must be non-toxic, to ensure that we don’t continually recirculate hazardous chemicals through the economy and the environment.

Plastics which cause the most significant damage to the environment and human health must be prioritized for phase out. Single use plastics need to be avoided wherever possible. Plastic content should be clearly
labeled. Polymers should be able to be mechanically recycled to a high standard using local infrastructure. Packaging reduction and prioritizing reuse schemes are crucial.

![Waste Hierarchy Diagram]

Source: HCWH, *Measuring and reducing plastics in the healthcare sector*, p.11

The health care sector can model how to transition away from fossil fuels, toxic chemicals, and unethical employment practices for the rest of the global economy. We also reduce the emissions from fossil fuels, which contribute to millions of lives lost each year from air pollution. At the same time, we can design resilient health care systems and supply chains.

The guide *Plastics and health: An urgent environmental, climate, and health issue* lists key actions that can be taken by the health sector and ministries of health to address the plastics crisis in health may include.

- Ensure that the health sector is required to comply with the very highest standards, without exemptions or delays, in all aspects of plastics pollution prevention;
- Enforce extended producer responsibility for manufacturers to shift the burden of dealing with unsustainable plastics from the consumers to those who created the products;
- Set legally binding standards, accompanied by suitable penalties for non-compliance;
- Put in place sound policies to eliminate, substitute, or reduce plastics consumption;
- Ban toxic polymers and additives, whether their hazardous impacts manifest in the use phase or any other part of the life cycle;
- Redesign plastic medical products and their packaging, including making them from alternative materials, making them reusable, repairable, and suitable for recycling at the end of their useful lives;
- Improve understanding of plastics in health care through monitoring, research, and increased transparency, including through mandatory product labeling to disclose polymer and additive content;
- Educate health care professionals on the impacts of plastics on public and environmental health, and how to reduce it during their working lives;
- Audit plastics use and create a plan to reduce plastic consumption and unsustainable use and disposal practices.
- Set procurement policies to favor the most sustainable plastic products, and review procurement practices, based on the latest guidance on best practices.
- Work with suppliers and retailers to identify the most sustainable products for each application and avoid hazardous plastics, and reduce overall consumption and wastage.
- Educate and influence shops and food businesses catering to hospitals to replace plastic packaging of food and other items being brought in to health care facilities.
- Track plastics consumption and disposal as part of your climate impact reduction strategy.
- Track waste generation, recycling, treatment and disposal, and set targets to increase recycling and reduce burning and incineration.
- Join professional networks like the Global Green and Healthy Hospitals network to share experiences and expertise with others.