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Global Framework on Chemicals – for a Planet Free of Harm from Chemicals and Waste

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Global Framework on Chemicals – tracking progress: update on implementation of the resolutions adopted by the International Conference on Chemicals Management at its fifth session

Report on strengthening health surveillance systems for chemicals by the World Health Organization

Note by the secretariat

1. The annex to the present note contains a report entitled “Strengthening health surveillance systems for chemicals” submitted by the World Health Organization (WHO). It is reproduced as received by the secretariat. The present note, including its annex, has not been formally edited.

* UNEP/GFC/IC.1/1.

Annex

Strengthening health surveillance systems for chemicals

Resolution V/10 recognizes health surveillance as an essential component of integrated national systems for the sound management of chemicals and waste. It encourages stronger institutional links between poison centres, health authorities and other government agencies; the establishment and strengthening of surveillance systems; and the development of a proposal for a global network to collect health surveillance data and analyse trends for selected chemicals of concern.

WHO reported on *The impact of chemicals, waste and pollution on human health* and highlighted GFC Resolution V/10 to the Seventy-eighth World Health Assembly in May 2025. The Assembly welcomed the proposed next steps for WHO's engagement in international chemicals management and the proposed updates to the WHO Chemicals Road Map to emphasize health surveillance, human biomonitoring, and poison centres as critical components of national and global efforts to reduce health risks associated with chemical exposures.

Health surveillance for chemicals is broader than the recording of poisoning cases. It can include toxicovigilance and event-based surveillance, human biomonitoring, mortality and morbidity data, laboratory information, exposure monitoring and evaluation of the effects of preventive measures. These elements serve different purposes and should be regarded as complementary rather than as components of a single universal data system. Existing work has identified fragmented exposure and surveillance data, limited poison centre coverage and weak institutional connections as continuing challenges. In particular, over half of all countries lack poison centres, and self-assessment by countries of core capacities for surveillance and response to chemical events under the International Health Regulations (2005) shows that few countries have fully integrated environmental and public health monitoring systems.

Work undertaken to date

Implementation of Resolution V/10 is being advanced by WHO, Member States, poison centres, professional associations and other partners through a range of activities aimed at strengthening health-sector engagement and national and regional capacity. WHO's contribution includes supporting the establishment and strengthening of poison centres including through providing technical assistance and capacity-building support for newly established poison centres; raising awareness of and educating about the role of poison centres to support the goal of having at least one poison centre in every country; strengthening collaboration with scientific and professional networks such as the European Association of Poisons Centres and Clinical Toxicologists (EAPCCT) and the Middle East and North Africa Clinical Toxicology Association (MENATOX). WHO also convenes regional networks of poison centres.

Current priority areas for WHO in human biomonitoring (HBM) are supporting the implementation of national HBM surveys and programmes, while promoting collaboration with regional initiatives such as the European Partnership for the Assessment of Risks from Chemicals (PARC); piloting platforms for information exchange and collaboration; developing and disseminating training materials for HBM; implementing projects that support the effectiveness evaluation of the Minamata Convention in terms of the assessment of human exposure to mercury (including establishing health-based guidance values for mercury).

WHO also plays a leading role in the development and monitoring of health-related indicators to measure and track trends in the burden of disease due to the chemical exposure.

Links with the International Health Regulations (2005)

Under the International Health Regulations (2005), States Parties are required to develop and maintain capacities to detect, assess, notify and respond to public health risks, including chemical events. These capacities are assessed annually in the State Party Self-assessment Annual Reporting framework (through a web-based tool called eSPAR). This framework covers 15 capacities and 35 indicators,

with capacities specific to chemical events addressed alongside general capacities such as surveillance, laboratories, emergency management, health-service provision and risk communication.

WHO is proposing a revision to the SPAR indicators for chemical events. The indicators for chemical events place emphasis on chemical-specific risk assessment, timely detection and public alerting, 24-hour access to poison information services or equivalent arrangements, specialized laboratory access, clinical management capacity, multisectoral coordination, emergency planning and testing through exercises. The revised approach considers functional capability, rather than relying only on the existence of an institution or service. The importance of poison centres having strong institutional linkages with the public health system to make an integrated surveillance system is emphasised.

Ongoing regional work

Regional poison centre networks promote mutual support, sharing of knowledge and resources, can enable more timely and efficient access to antidotes and improve outcomes for poisoned patients.

The European Environment and Health Process is an intersectoral platform governed by Member States of the WHO European Region. Its Partnerships mechanism was established following the 2023 Budapest Ministerial Conference as a voluntary platform to support peer learning, exchange of knowledge and experience, communities of practice and collaborative development of solutions.

Two partnerships are particularly relevant. The EHP Partnership on Poison Centres provides a regional mechanism for cooperation on poison-centre services and poisoning surveillance, and the EHP Partnership on Human Biomonitoring provides an additional route for strengthening national programmes and exchanging technical experience on measuring population exposure.

WHO is also supporting regional networks for poison centres being established or under development in the Africa, Eastern Mediterranean and South-East Asia regions.

Together, the poison-centre and biomonitoring partnerships illustrate how regional collaboration can support different but complementary parts of chemical health surveillance. They may also provide practical experience, methods and lessons that can inform wider implementation of Resolution V/10.

Ongoing global work

At the global level, several stakeholders are collaborating to establish an informal global network focussed on toxicovigilance – connecting poison centres, public health authorities, poison centre registries and other stakeholders to share signals and strengthen existing toxicovigilance capabilities.

Given the significant burden of disease due to exposure to lead, there is strong support for promoting the role of surveillance and biomonitoring in identifying and addressing major sources of lead exposure. Many development partners are undertaking surveillance of lead exposure to identify high-risk populations. The importance of these activities was reinforced in World Health Assembly Resolution 78.27, and the 80th World Health Assembly is anticipated to adapt a global action plan on lead mitigation, with an accompanying technical package from WHO with implementation guidance to support that action plan, including expanding blood lead level surveillance, building laboratory capacity and strengthening poison centres and access to essential antidotes.

Challenges

Effective surveillance for chemicals needs to be a core part of integrated national chemicals and waste management systems, but also needs to be linked with broader, multi-sectoral mechanisms and frameworks such as public health surveillance and capacities (e.g. IHR (2005) and poison centres) and broader initiatives on reducing exposure to harmful substances such as lead and mercury. Partnership approaches are needed to ensure that all relevant stakeholders are engaged, and to ensure that investments will strengthen systems in a long-term, sustainable way rather than short-term or one-off initiatives.