



Shaping a Comprehensive Global Plastics Treaty to Protect Public Health

2024-09

Dear Minister,

I hope this letter finds you well. We are writing on behalf of [Health Care Without Harm \(HCWH\) Europe](#) and the [Health and Environment Alliance](#), who are deeply committed to ensuring that healthcare is environmentally sustainable and toxic-free. As you might be aware, the negotiations for the [Global Plastics Treaty](#) are entering a critical phase, with the fifth and last session of the Intergovernmental Negotiating Committee (INC-5) taking place in Busan, South Korea, on 25 November 2024.

While the Treaty is often considered primarily as an environmental initiative to tackle plastic pollution, we are increasingly seeing Ministries of Health acknowledging that it is equally a matter of public health. **Healthcare is a major consumer of plastics**, including single-use plastics, and without appropriate measures this sector could continue to contribute disproportionately to levels of plastic pollution. This is because there are health impacts at each stage of the plastic life cycle. Plastic pollution from the production, use, and disposal phases contribute to chemical pollution of the environment. Toxic chemicals in plastics, such as endocrine disruptors, can lead to severe health problems, including reproductive issues, cancer, and developmental disorders. Microplastics have been found ubiquitously in the human body and pose a health threat.

The health sector has already taken important steps to eliminate plastic and phase out toxic chemicals (see the Appendix for examples). However, **we are particularly concerned by the proposed blanket exemption for the health sector in the [compilation text of the draft Treaty](#)**, specifically: Part I, 5. Scope, Option 1, “[The instrument* does not apply to the following applications and/or] substances: a. [Medical and health use;]”. While we understand the need for flexibility in healthcare, and support special consideration for the sector in the Treaty, a blanket exemption could significantly undermine the Treaty’s effectiveness and the ability of the healthcare sector to continue to innovate and prevent the unnecessary exposure of patients to plastics and toxic chemicals, threatening their health – [a message echoed by the World Health Organisation](#).

Over a thousand healthcare professionals around the world, and multiple organisations representing more than six million health professionals, have signed an [open letter](#) urging policymakers to oppose any exemptions, detoxify the health sector, and target the entire plastic lifecycle. We urge you to oppose this exemption, and instead push for sustainable practices within healthcare that do not compromise patient safety and safeguard the environment.

We believe the Global Plastics Treaty must:

1. Include the health sector within the scope of the Treaty without any blanket exemptions and support a programme of work to support implementation of the Treaty.
2. Address the entire lifecycle of plastics, from production to disposal. The rate of production far exceeds the rate of recycling – plastic production must be regulated to tackle environmental pollution, including in the health sector. This includes redesign, reuse, and extended producer responsibility schemes. Producers need to take responsibility for the entire lifecycle of the plastics they create and bear the costs of pollution, not society.
3. Target harmful chemicals used in plastics with well-documented negative effects on health and the environment – like phthalates, bisphenols, and flame retardants. The approach needs to be criteria-based, to ensure global consistency, and based on the best available science.
 - a. Moreover, per- and polyfluoroalkyl substances (PFAS) should also be included under *Part II, 2. Chemicals of concern, Option 1, Part B Chemicals of concern in plastics for ban or elimination under the instrument* of the compilation text. Many are carcinogens, mutagens, and reprotoxicants (CMRs), as well as persistent, bioaccumulative, and toxic/very persistent and very bioaccumulative (PBT/vPvB) chemicals.
 - b. In addition, to combat the rise of [Antimicrobial Resistance \(AMR\)](#), antimicrobial agents (when there is no vital benefit of their use) should be included under *Part II, 2. Chemicals of concern, Option 1, Part C Groups of Chemicals of concern in plastics to avoid and minimise under the instrument* of the compilation text.
4. Support the development and adoption of safer, non-toxic alternatives to plastics, particularly for healthcare appliances. The proposed exemption for medical devices where no feasible alternatives exists (compilation text, *Possible annexes to the instrument, 3b, Option 1, The following products are excluded from this Annex: a. Specific products essential for medical uses where no feasible alternative is available*) needs to be criteria-based regarding what determines a feasible alternative not being available. The exemption of any medical device without a feasible alternative should not inhibit its addition to the annex when alternatives become available in the future.

It is essential that representatives from your Ministry of Health are part of the national delegation and actively involved in the negotiations. The Global Plastics Treaty presents a unique opportunity to safeguard both our environment and public health. Your expertise is crucial in addressing the significant health risks associated with plastics. By having the Ministry of Health play an active role in these discussions, we believe this will ensure that the Treaty effectively addresses both the environmental and health impacts of plastics, thereby protecting the well-being of present and future generations.

Could we kindly ask for a clarification on your country's position on these questions?

- Will representatives from your Ministry of Health be part of the national delegation to the INC-5 in Busan?
- What is your country's policy stance towards points 1-4 raised above, especially towards the proposed blanket health exemption?

We respectfully ask for your active participation in the upcoming INC-5 session in Busan, and we hope that you will consider opposing the proposed blanket health exemption. Your leadership is essential to ensure this Treaty delivers on public health goals.

Thank you for considering this important matter. We look forward to your support and collaboration in these critical negotiations.

Respectfully,

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Resources

List of resources on examples of plastic and toxic chemical phase-outs in the healthcare sector

[Towards PVC-free healthcare: Reducing environmental impact and exposure to harmful chemicals](#) (2023)

[The role of chemistry in sustainable medical textiles](#) (2022)

[Measuring and reducing plastics in the healthcare sector](#) (2021)

[Turning the plastic tide: the chemicals in plastic that put our health at risk](#) (2021)

[Promoting safer disinfectants in the healthcare sector](#) (2020)

[Non-toxic healthcare: Alternatives to phthalates and bisphenol A in medical devices \(2nd edition\)](#) (2019)

[European healthcare's phase-out list for chemicals of concern](#)

- Tool that enables the procurement of toxic-free healthcare appliances
- annotated versions [\[EN\]](#) [\[ES\]](#) [\[DE\]](#) [\[FR\]](#) [\[IT\]](#) [\[NO\]](#) [\[PT\]](#)
- currently used in Nordic countries and regions
- users are provided with a scoresheet that tenderers have to fill in