

69th World Health Assembly (2016)

Statements from ISEE

Version 23 May 2016

1) WHA 69/6 Framework for Engagement with Non-State Actors (NSA)-Committee A (see http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_6-en.pdf)

The International Society of Environmental Epidemiology (ISEE) acknowledges the detailed work behind the current draft of the framework of engagement with non-state actors. As a Professional Non-Governmental Organization committed to the most rigorous evidence on population's environmental health, we have been concerned on the urgent need for WHO to better orchestrate the new reality of the Global Health Actors. We are vigilant that this is done preserving the mission and integrity of WHO, while being open to all those who want to contribute to the global population's health. We are currently concerned on the potential conflict of interests that may arise from external partnerships and hosting arrangements. We urge the Assembly to move forward in approving and implementing the proposed Framework, taking urgent decision on those few paragraphs not yet agreed, mainly in relation to the involvement of private entities, and the management of financial contributions assuring that these arrangements do not affect WHO objectivity and independence of judgement. ISEE wants to raise awareness that the last years of discussion in this matter have an origin on the lack of growth of regular assessments by member states to the Organization, that Member States should revisit their own contributions, and that it is key for them to approve a resolution that permits a renovated interaction with Non-State Actors. We look forward to advance on technical matters and to move towards an effective and worthy interaction with the Organization. Thank you Mr. President.

2) WHA 69/8 Report on ending childhood obesity-Committee B (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_8-en.pdf)

The International Society of Environmental Epidemiology supports the Report on ending childhood obesity. We would nevertheless like to insist on an issue which, we believe, is not given enough attention in the report. In addition to physical activity in childhood and of dietary factors, our Society would like to draw the Commission's attention on the role of exposure to environmental contaminants during early life as a possible cause of childhood overweight and obesity. These environmental exposures to which vulnerable infants are involuntarily subjected could have an impact following childhood exposure, but also as a consequence of prenatal exposure, in line with the Developmental Origins of Health and Disease, or DOHaD principle. While we appreciate that the report notes (in Paragraph 40) that "exposure to toxins can increase the likelihood of obesity during infancy and childhood" and recommends "avoiding the use of and exposure to tobacco, alcohol, drugs and other toxins" (recommendation 3.4), we believe that the phrasing mixes lifestyle factors with exposures to chemical toxins, which are difficult to control at the individual level.

Research in the field of endocrine disruptors has demonstrated that many exogenous compounds can interact with nuclear receptors implied in the control of growth and the development of adipose tissues,

such as the oestrogen receptor. Toxicological experiments have shown that in utero exposure to specific chemicals with endocrine disrupting properties cause obesity in the offspring. In humans, there is expanding evidence indicating that overweight in childhood may be associated with early life exposure to endocrine disruptors, including Persistent Organic Pollutants (such as DDT or perfluorinated compounds) or brominated flame retardants (PBDE).

Thus, in addition to behavioural factors, to maintain a balanced approach to prevention, member states should fully acknowledge the existence of these environmental obesogens. Limiting early life exposure to these environmental obesogens may be another relevant way to limit the occurrence of childhood obesity, in addition to actions on physical activity and nutritional factors. Expanding recommendation 3.4 of the Report, or adding a recommendation specific to environmental obesogens may be relevant options to further improve this very good report.

3) WHA 69/18 Draft road map for an enhanced global response to the adverse health effects of air pollution-Committee B (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_18-en.pdf)

Much of the current knowledge on health effects of air pollution is the result of intensive research conducted by the members of ISEE. ISEE develops dynamically and creates a solid basis for action addressing population exposure to air pollution. Further research must continue to make these actions more effective and focused. Therefore, ISEE strongly supports the Road Map, presented in document A69/18. We particularly support its commitment to expand the knowledge base for actions, although the wording in the Figure 1 of Annex 1 mentioning “Some evidence on health impacts of air pollution” does not sufficiently reflect the existence of clear evidence for a high impact of air pollution on health, as recognized elsewhere by WHO. Further developing the knowledge base will require active involvement of health and environment specialists from all regions, especially those from low- and middle- income countries experiencing high pollution levels. ISEE is committed to expanding current knowledge on the adverse effects of air pollution to guide public health action and our members are actively engaged in international collaborations to this end. Developing local evidence regarding the effectiveness of actions to reduce the risks of exposure to air pollution will be critical to further progress, but international experience has already shown that reducing exposure leads to significant health benefits including increased life expectancy and reduced severity of illness. For this reason, ISEE strongly supports measures to reduce exposure to air pollution from all major sources, including indoor burning of solid fuels, and the combustion of fossil fuels for power generation, industry and transportation, and supports the continued development of WHO’s Air Quality Guidelines to guide such measures.

3) WHA 69/19 ON THE SOUND MANAGEMENT OF CHEMICALS-Committee B (see http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_19-en.pdf)

ISEE congratulates the Secretariat for the excellent report on the sound management of chemicals. We consider that in many countries Ministries of Health underestimate the health impact due to the generalized exposure to chemicals, and need to fully assume the responsibility not only of assessing but managing the exposures. There is a critical need for health leadership in reviewing the current approach, which mostly relies on a chemical-by-chemical approach, and consideration of the contribution of both epidemiologic and toxicological approaches to better understand the risks of exposure to complex chemical mixtures throughout the life-course. Of special concern is the lack of progress in most of the countries on advancing their capacities for the implementation of the International Health Regulations in relation to chemicals, as noted in the WHA69/20 report (paragraph 15). We recommend that the Assembly should consider a) to revisit this report and move into a renovated strategy, b) analyze the Stewardship role of Ministries of Health in relation to the assessment of risks related to acute and chronic exposure to chemicals; in this regard, we believe that strong partnership with ministries of the environment and agriculture are required; c) improve the surveillance through human biomonitoring studies, which can serve as a basis for risk-assessment studies, and d) further regulate the chemicals in the environment, the workplace, and the consumer products. For this, Member States need to emphasize the interventions to protect the population and specially those most vulnerable, strengthening the regulatory capacity of the Health Authorities. We at ISEE, as a professional society, have taken public position in relation to air pollution and specific chemicals such as lead, asbestos, and our members are ready to contribute to advance in this agenda.