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THE GLOBAL FRAMEWORK ON CHEMICALS: A PUBLIC HEALTH AGENDA FOR ACTION



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Author
Dharmesh Shah

Key messages

- **Preventing chemical harm requires health-sector engagement.** Exposure to hazardous chemicals contributes to preventable disease and death. The Global Framework for Chemicals (GFC) provides a framework for connecting the protection of human health with action across the life cycle of chemicals, from production and use to disposal.

- **The 16-20 November 2026 conference is an opportunity to shape implementation.** The first International Conference (IC1) of the GFC will address how progress is measured, action can be accelerated and investments are mobilised. The health community's participation can help ensure that these efforts reflect public health priorities and needs.

- **Health actors have practical contributions to make.** They can bring health evidence into national positions, strengthen prevention and exposure monitoring and help translate Conference outcomes into national plans, capacity-building activities, and funding priorities. Their engagement will also be important beyond the Conference, as the GFC is implemented.

Decisions about chemicals are also decisions about health. What is allowed into products, released into workplaces, or discharged into the air, water and soils can shape patterns of poisoning and their health consequences. By the time these harms reach health services, opportunities to prevent exposure have already been missed. The World Health Organisation (WHO) estimates that exposure to selected chemicals accounted for approximately two million deaths in 2019.[1] This captures only part of the burden as the current data cover only a small number of chemical exposures, while people encounter many more in daily life. Hazardous chemicals can reach the body through the air we breathe, the water and food we consume and contact with contaminated materials and products. Protecting health therefore requires prevention throughout the chemicals' life cycle, alongside care for those already affected.

The Global Framework on Chemicals (GFC) adopted in 2023 in Bonn brings governments, industry, civil society and international organisations together around a shared agenda

1 WHO, The public health impact of chemicals: knowns and unknowns—data addendum for 2019, 2021.

to prevent harm from chemicals and waste.[2] Its first International Conference, to be held in Geneva from 16–20 November 2026, provides an opportunity to advance its implementation, mobilise resources and agree on measures to track progress.[3]

The health community has a central role in translating this agenda into better health outcomes by contributing evidence on exposure and disease, strengthening prevention and ensuring that affected communities inform policy decisions. This brief examines the GFC's relevance to global health and identifies practical priorities for the health community.[4]

WHY CHEMICALS MATTER FOR GLOBAL HEALTH

Chemicals are a public health priority in a growing and increasingly complex global economy. According to the Organization for Economic Cooperation and Development (OECD), the value of the global production of chemical products will reach almost US$ 22 trillion by 2060.[5]

The health consequences of exposure to chemicals and hazardous substances depend on the substance, the dose, and the timing and duration of exposure. They can include acute poisoning and longer-term cardiovascular, neurological, respiratory and reproductive harms as well as cancer. In 2023, the World Health Assembly recognised chemicals, waste and pollution as important contributors to noncommunicable diseases and called for stronger prevention and regulation.[6]

Lead and highly hazardous pesticides offer tangible opportunities for prevention. Lead can permanently damage children's brain development and contributes to cardiovascular disease in adults; eliminating lead paint and controlling unsafe battery recycling can reduce exposure.[7] Highly hazardous pesticides can cause acute poisoning and longer-term health harms, including as a result of occupational and accidental exposure. Phasing out these substances and adopting safe alternatives can help prevent such harm. Bans can also reduce suicide deaths where pesticide ingestion is a common means of self-harm.[8 9]

Furthermore, these risks are unequally distributed. Agricultural, mining, and waste workers face occupational exposure, while communities with weak regulatory protection may lack information, access to appropriate healthcare and effective remedies.[10] The United Nations Special Rapporteur on toxics and human rights identifies these inequalities as central to chemical harm.[11]

For health systems, avoidable illness creates demand for treatment and long-term care. Developmental damage can undermine education and future opportunities, while pollution-related illness imposes economic losses. A global assessment estimated that the combined economic costs of the health impacts associated with neurotoxicants, air pollution and endocrine-disrupting chemicals could exceed 10 per cent of global GDP.[12]

Thus, engagement in chemicals policy gives the health community an opportunity to act on the sources of exposure that bring people into clinics and hospitals in the first place. By contributing evidence on health impacts and advocating preventive measures, health actors can influence decisions on chemicals before harm occurs. WHO's Chemicals Road Map provides a practical basis for the health-community involvement in regulation, surveillance, safer alternatives and cooperation across sectors.[13]

2 Resolution V/1: Adoption of the Bonn Declaration for a Planet Free of Harm from Chemicals and Waste and of the Global Framework on Chemicals. For a Planet Free of Harm from Chemicals and Waste.

3 GFC First Conference IC1, 16-20 November 2026, Geneva, Switzerland.

4 In this brief, the "health community" includes health ministries and public health institutions, their representatives in international organizations, health professionals, researchers, professional associations/unions and civil society organisations working to protect and improve health.

5 OECD (2019), Saving Costs in Chemicals Management: How the OECD Ensures Benefits to Society, OECD Publishing, Paris.

6 World Health Assembly, The impact of chemicals, waste and pollution on human health. WHA76.17, 30 May 2023.

7 WHO. Lead poisoning. 10 June 2026; and Chemical safety: lead poisoning. 27 September 2024.

8 WHO. Limit access to means of suicide. LIVE LIFE initiative, Accessed on Nov 3 2026.

9 Pan American Health Organisation (PAHO), Highly Hazardous Pesticides, Accessed on Nov 5 2026.

10 UN General Assembly. Thirty years of the mandate on toxics and human rights. Report of the Special Rapporteur, A/81/170, 13 July 2026. See paragraphs 4, 8–9, 16–18, 72, 80–85 and 111.

11 UN General Assembly. Thirty years of the mandate on toxics and human rights. Report of the Special Rapporteur, A/81/170, 13 July 2026. See paragraphs 4, 8–9, 16–18, 72, 80–85 and 111.

12 Grandjean, P. and Bellanger, M. Calculation of the disease burden associated with environmental chemical exposures: application of toxicological information in health economic estimation. Environmental Health 16(123), 1-13. 2017.

13 WHO. Road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond, 2017.

WHAT THE GLOBAL FRAMEWORK ON CHEMICALS OFFERS

The GFC builds on and succeeds the Strategic Approach to International Chemicals Management (SAICM). SAICM was a voluntary, global, multi-stakeholder policy framework adopted in 2006 to promote the sound management of chemicals throughout their life cycle.[14] While progress was made under SAICM, its global goal of minimising significant adverse effects from chemicals on human health and the environment by 2020 was not achieved.[15] The GFC establishes a renewed agenda for the entire chemicals life cycle, including products and waste. It thus aims to provide a common basis for prevention of harm across production, trade, use and disposal.

Health ministries and other health actors participated in the negotiation of the Framework, contributing to its public health priorities. Building on this engagement, the Framework encourages stakeholders to use WHO's Chemicals Road Map to identify health sector actions and to facilitate cooperation across sectors.[16]

The Framework's five strategic objectives and 28 targets address the need for stronger regulations, better information on chemical risks, safer alternatives, and resources and cooperation needed for implementation. Issues of particular relevance for health include chemicals in products, endocrine disrupting chemicals and pharmaceutical pollutants.[17] By addressing these issues, the Framework highlights the importance of integrating chemical safety into decisions-making across sectors, rather than treating it solely as an environmental concern.

The GFC brings together actors whose decisions shape chemical exposure from governments and industry to international organisations, civil society and affected communities. As a voluntary framework, the GFC establishes shared political commitments to strengthen chemicals legislation, build national capacity, improve information and mobilise resources towards agreed targets. It does not itself create legally binding obligations or impose penalties for failing to meet those targets. Its implementation therefore depends on national action, international cooperation, public reporting and review of progress. Its voluntary status does not diminish governments' existing obligations under international treaties or national law.

The GFC complements legally binding agreements such as the Basel Convention, which addresses hazardous and other wastes, including their transboundary movement; the Rotterdam Convention, which establishes a prior informed consent procedure for certain hazardous chemicals and pesticides in international trade; and the Stockholm Convention, which addresses persistent organic pollutants.[18] Moreover, beyond supporting the implementation of these agreements, the GFC provides an opportunity to strengthen links between chemicals and waste management, public health and worker protection. For example, information-sharing and cooperation on hazardous chemicals and waste can inform preparedness and response to chemical incidents under the International Health Regulations and the prevention of occupational exposure under ILO's Chemicals Convention, 1990 (n. 173).[19] [20] This offers a practical basis for cooperation between health, environment and labour authorities.

The GFC Conference Bureau comprises five Member State representatives. Representatives of non-governmental participants from different sectors, including health, can participate in its discussions in an advisory capacity. This provides a formal channel for health-sector participation in the Bureau's work, including between Conference sessions.

Three GFC targets offer particularly concrete entry points for health community engagement.

Target A6 seeks access to adequately equipped poison centres in all countries by 2030, alongside training in chemical risk prevention and clinical toxicology.

Target B7 calls for accessible monitoring and surveillance information on chemical concentrations and potential exposure sources, including in humans, with demographic disaggregation where feasible.

Target E6 promotes links between chemicals management and other environmental, health and labour policies, including universal health coverage and primary healthcare. These priorities connect prevention, evidence and clinical response with wider public health goals.

HOW THE HEALTH COMMUNITY CAN ENGAGE WITH THE GFC IC1

The first GFC International Conference, taking place in Geneva in November 2026, offers an opportunity to translate the GFC's commitments into concrete action and shape its implementation going forward.[21] Its announced priorities are "tracking progress, accelerating action, and investing for impact, including advancing indicators and practical implementation approaches." In other words, the Conference will decide which chemical issues receive continued attention, how implementation is organised and how

14 UNEP, SAICM Texts and resolutions of the International Conference on Chemicals Management, March 2007.

15 UNEP. Global Framework on Chemicals—For a Planet Free of Harm from Chemicals and Waste. Adopted through Resolution V/1, 2023.

16 WHO, The impact of chemicals, waste and pollution on human health, paragraphs 10 and 15 EB156/23, 6 January 2025.

17 UNEP Global Framework on Chemicals – accelerating action: issues of concern, August 2026, UNEP/GFC/IC.1/5.

18 GFC, Accelerating action: implementation arrangements, national focal points and capacity-building, UNEP/GFC/IC.1/6, August 2026.

19 World Health Organization, document WHA58/2005/REC/1, resolution 58.3, annex.

20 International Labour Organization (ILO). Chemicals Convention, 1990 (No. 170). Adopted 25 June 1990.

21 UNEP, GFC First session Geneva, 16–20 November 2026, Annotated provisional agenda, UNEP/GFC/IC.1/1/Add.1

Agenda Item	How the health community can engage meaningfully
Deciding the future of "issues of concern". Item 5(a)	Bring evidence of health impacts and gaps in protection into decisions on continuing work on existing issues and accepting new ones.
Shaping implementation programmes, including healthcare. Item 5(b)	Participate in the healthcare-sector discussions and help identify priorities for the proposed programme. Healthcare providers, professional associations and procurement bodies can contribute experience of chemical use, worker exposure and barriers to safer alternatives.
Giving health authorities a role in national implementation. Item 5(b)	Use discussions on national focal-point and capacity-building to seek regular health-ministry involvement in setting priorities and coordinating action. Identify the expertise and institutional support needed for that involvement to be effective.
Influencing financing priorities. Item 6(a)	Bring health-protection needs into discussions on financing and the revised GFC Fund terms.
Contributing to the gender action plan. Item 5(c)	Contribute health evidence on differences in exposure and vulnerability and advocate for a meaningful participation by women, girls and transgender people in identifying priorities and designing responses.
Maintaining a health voice between conferences. Item 2(c)(ii)	Health non-governmental participants can nominate their representative to participate in Bureau discussions. This provides a defined channel for health advice beyond the conference itself.

it is financed. The table above identifies opportunities for the health community to contribute to these decisions and meaningfully engage in the Conference.

PRIORITIES FOR THE GLOBAL HEALTH COMMUNITY

The first GFC International Conference provides an important opportunity to strengthen the health community's contribution to the Framework. However, engagement should extend beyond the Conference and continue throughout its implementation. Three priorities can guide this contribution.

a) Track whether implementation is delivering health benefits

Tracking laws, plans and institutions is useful to assess progress under the GFC. However, these measures should be complemented by evidence of reduced exposure to hazardous chemicals and prevention of harm to health. The Framework's measurement structure provides for both, including a high-level indicator on the disease burden attributable to chemicals and waste.[22] Health representatives can support the development and use of these measures while drawing attention to gaps in coverage, particularly where exposure and health impacts in affected communities remain poorly documented.[23]

Poison centres, health surveillance and where appropriate, testing for chemicals in human samples can help identify problems and guide prevention. Strengthening these services directly supports GFC targets A6 and B7. WHO's Chemicals Road Map provides a basis for health ministries to connect this work to existing health priorities, such as children's health, occupational health and emergency preparedness.[24]

b) Ensure health expertise and affected people shape decisions

Many decisions that shape chemical exposure are made outside health ministries, making cooperation across sectors essential. Health professionals therefore need strong working relationships with those responsible for agriculture, industry, labour, trade and the environment. The earlier SAICM strategy identified weak coordination as a barrier and recommended closer links between health institutions and national chemicals focal points.[25] Geneva-based organisations can especially help by bringing evidence and priorities from health ministries into international discussions and support their reflection in national negotiating

22 GFC text See paragraph 91 on measurability indicators in relation to impacts of chemicals and waste on human health and on the environment.

23 IPEN, Briefing Note: Enabling Progress Under the Global Framework on Chemicals, 2025.

24 WHO, The impact of chemicals, waste and pollution on human health. EB156/23, 6 January 2025 – See paragraphs 9–13 on poison centres, surveillance, targets and the Road Map;\ paragraph 16 on the health network; paragraphs 19–20 on continuity and proposed updates.

25 WHO, Strategy for strengthening the engagement of the health sector in the implementation of the Strategic Approach to International Chemicals Management, Annex V: paragraphs 18–22 on coordination barriers; 43–48 on contacts, planning and briefings; 49–52 on healthcare practices and training.

positions. The WHO's Global Chemicals and Health Network offers an established channel for coordination and for sharing experience.[26]

Engagement should also reach beyond ministries. Medical and nursing associations can strengthen training on chemical risks and communicate evidence to patients and the general public. Healthcare facilities can contribute through safer product choices and better chemicals and waste management, actions already encouraged under the SAICM strategy. Affected communities, workers, and civil society need opportunities to shape decisions. Accessible information and protection against undue influence matter because unequal access to information and conflicts of interest can weaken health protection.[27]

c) Give prevention the resources it needs

Health ministries should identify the capacities and resources needed to implement the GFC, including trained staff, laboratories, poison centres, monitoring, regulatory expertise and safer alternatives. WHO's review of national practice underlines the importance of dedicated funding and the inclusion of health expertise in chemicals management projects.[28] Health actors can work with national chemicals focal points to include these needs in eligible proposals to the GFC Fund.[29] Furthermore, UNEP's Special Programme offers a complementary funding route for strengthening institutions in eligible countries.[30] Funding can support chemicals and waste legislation, coordination and training for implementation, sustainable domestic financing and compliance with obligations under various chemicals and waste conventions.[31] Health ministries can help shape these country-led proposals so that institutional reforms address public health priorities.

The GFC provides an opportunity to strengthen prevention and connect decisions across sectors to the protection of human health. Its success will depend on translating commitments into action and demonstrating reductions in harmful exposure, particularly among populations facing the greatest risks.

Key primary sources

- Global Framework on Chemicals: For a Planet Free of Harm from Chemicals and Waste (2023)
- WHO, The impact of chemicals, waste and pollution on human health, EB156/23 (2025)
- ICCM, Strategy for strengthening the engagement of the health sector in the implementation of SAICM (2012)
- UN Special Rapporteur on toxics and human rights, Thirty years of the mandate on toxics and human rights, A/81/170 (2026).
- The GFC: A World of Work Priority Operationalizing the GFC through ILO activities and International Labour Standards (2026)
- WHO Global Chemicals and Health Network
- GFC First International Conference: official documents

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26 WHO, Global Chemicals and Health Network – the networks next meeting is scheduled on the 12-14 November 2026 (Draft Provisional Program)

27 UN General Assembly. Thirty years of the mandate on toxics and human rights. Report of the Special Rapporteur, A/81/170, 13 July 2026. See paragraphs 78, 92–108.

28 WHO, Health Sector Involvement in Chemicals Management at the National Level, See: International and National Practices Of Health-Sector Involvement In Chemicals Management, 2014.

29 UNEP, The Global Framework on Chemicals Fund Guidance Document on the Scope. Note: The GFC Fund issues periodic calls for applications. The second round of applications was launched on 30 September 2025 and closed on 15 December 2025.

30 UNEP, Chemicals and Waste Management Program. Accessed on November 5 2026.

31 UNEP, Applying for funding through the Special Programme, Accessed on November 5 2026.