WORLD HEALTH ASSEMBLY
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GLOBAL MODEL UN NEW YORK 2027

ANNOTATED BIBLIOGRAPHY

IMPACT OF PLASTIC ON HUMAN HEALTH

Simulation: World Health Assembly

Welcome to Global Model UN New York 2027,

We are very pleased to introduce you to the most authentic simulation of the International Labour Organization in the world; and hope to contribute to your understanding of the organisation, its mandate, and its critical role in global affairs.

Through a series of pre-conference webinars that will be offered and documents – like this resource guide – we aim to educate you not only about the global issues on the UN agenda, but also about the ways and means through which those topics are discussed, debated and negotiated by real UN diplomats.

This resource guide will provide you with a head start in doing research to gain a deeper understanding of the global issue that you will be discussing and the actions that the government you have been assigned recommends that the international community should take to address this issue. To make the research process a bit easier, the resource guide has been divided into sections and sub-sections to assist you in researching these two components. We strongly recommend you to give a careful look through the sources listed below so that the interaction with your peers is as exciting as possible.

We wish you all the very best in this journey of learning!

TOPIC DESCRIPTION

Plastic has become an important part of modern life, helping make many products across diverse sectors more affordable, durable, and accessible. It also plays an essential role in healthcare through medical devices, protective equipment and medicine packaging. While plastic pollution has long been viewed primarily as an environmental issue, growing plastic production and waste have intensified concerns about its impacts on human health. In 2023, The World Health Assembly (WHA) expressed concern that "the production, consumption and disposal of plastic products, including microplastics and related chemicals, which can be released to the environment, may potentially impact human, plant and animal health as well as the environment, directly or indirectly" (WHA Resolution 76.17).

The World Health Organization (WHO) has noted that health risks can arise throughout the plastic lifecycle. Producing plastics can expose workers and nearby communities to hazardous substances. Chemicals used in or associated with some plastic products may enter food, water or the human body. Plastic waste can release harmful pollutants when it is openly burned or improperly managed. As plastics break down, they can also form microplastics and nanoplastics, which have been detected in air, water, food and the human body.

An important but less visible source of exposure is synthetic textiles. Many clothes, carpets and furnishings contain plastic-based materials such as polyester, nylon, acrylic and spandex. Tiny fibers can break away as these materials are worn, used and washed, releasing microfibers into wastewater and the air. UNEP estimates that synthetic textiles account for 16–35 percent of marine microplastic pollution and notes that textiles shed microplastics when they are both washed and worn. Studies have also found substantial quantities of synthetic fibers in indoor air and household dust, meaning that people may be exposed through breathing or ingesting dust.

Scientific evidence points to a wide range of ways that plastics and substances associated with them may affect human health. Some chemicals associated with plastics are known or suspected to cause harmful health effects, including effects on hormones and reproduction. Scientists are also studying possible links between microplastic and nanoplastic exposure and inflammation, cardiovascular and other health effects, but important questions remain about the levels of exposure that pose significant risks. WHO is continuing to assess what these exposures may mean for human health and has identified important gaps in knowledge about which types, sizes and levels of microplastics pose the greatest risks. Governments must therefore decide how to protect public health while scientific knowledge continues to evolve.

TOPIC DESCRIPTION

People's exposure to plastics and their possible health impacts can differ depending on the products they use, the jobs they have, where they live and their age or stage of development. Workers in plastic production, recycling and waste management may face higher exposures, while communities living near production facilities, landfills or waste-burning sites can face additional risks. Where plastic waste is openly burned or improperly incinerated, hazardous chemicals and particles can be released into the air, exposing workers and nearby communities through the air they breathe. Exposure during pregnancy, infancy and childhood may be of particular concern because these are important stages of human development. Low- and middle-income countries may face growing plastic-waste burdens while having fewer resources for safe waste management, health monitoring and regulation.

In addition to addressing health risks posed by plastics across its lifecycle, it is important to recognize that many medical products depend on plastics because they can be used to produce sterile, durable and affordable healthcare products. WHO does not support simply exempting the entire healthcare sector from efforts to reduce plastic pollution. Instead, it supports reducing unnecessary plastic use while allowing special consideration for medicines and health products when safe and clinically effective alternatives are not yet available. Countries must therefore distinguish between plastic uses that can be safely reduced or replaced and the essential uses of plastics for which suitable alternatives may not yet exist, particularly in low-resource healthcare settings.

Delegates should consider:

- How should countries make policy decisions when scientific evidence on the health impacts of plastics is still developing? Should they take precautionary action based on emerging evidence, or wait for a stronger scientific consensus before adopting new regulations? How can healthcare systems reduce unnecessary plastic use without compromising patient safety or access to essential products?
- How can exposure hazardous plastic-associated chemicals and microplastics be reduced throughout the plastics lifecycle?
- How can workers and communities facing higher exposure to plastics throughout it lifecycle be protected?

The challenge is to protect human health throughout the plastic lifecycle while recognizing both the benefits plastics provide within the healthcare system and the health risks that their production, use and disposal may create.

Key Points and Main Issues

For a World Health Assembly simulation, delegates should approach plastics not simply as an environmental or waste-management problem, but as a public-health issue extending across the full life cycle of plastics. WHA resolution 76.17 recognizes concerns about the health effects associated with the production, consumption and disposal of plastics, including microplastics and associated chemicals, and calls for WHO to expand its work on plastics and health. WHA Study Guide GMUN NY 2027 FI...

At the same time, delegates need to distinguish between the role of WHO and the broader negotiations on an international legally binding instrument on plastic pollution. The plastics treaty is being negotiated through the Intergovernmental Negotiating Committee (INC), where issues such as production, chemicals of concern, product design, financing, technology transfer and implementation remain under negotiation. The WHA's particular task is to determine how health evidence, health systems and public-health priorities should contribute to the global response.

1. ADDRESSING HEALTH RISKS ACROSS THE FULL LIFE CYCLE OF PLASTICS

The health effects of plastics do not begin when plastic becomes waste. Potential exposures and health impacts can occur during extraction of raw materials, production, manufacturing and use, as well as during recycling, incineration, dumping and environmental breakdown. The HCWH source therefore emphasizes that the whole life cycle must be considered. HCWH - Plastics and health_0

Key issues include:

- **Production**: Most conventional plastics are derived from fossil fuels. Extraction, refining and manufacturing can expose workers and nearby communities to pollutants.
- **Manufacturing**: Plastics may contain additives used to provide properties such as flexibility, durability, color or heat resistance. Different polymers and additives can create different health and environmental risks.
- **Use**: People can be exposed to chemicals associated with plastic products during ordinary use, including through food packaging, consumer products and medical devices.
- **Waste**: Plastics may be landfilled, openly dumped, burned, incinerated or recycled. Each method presents different environmental and health concerns.

Key Points and Main Issues (cont.)

- **Environmental breakdown:** Larger plastic products can break into microplastics and smaller particles that enter air, soil, food and water.
- **Air pollution**: Burning and incinerating plastic-containing waste can release particulate matter, dioxins and furans, volatile organic compounds and other hazardous substances. HCWH - Plastics and health_0
- **Climate and health:** Plastic production, transportation and disposal are also connected with fossil-fuel consumption and greenhouse-gas emissions.
- **Different responsibilities:** Health ministries cannot address every stage of this life cycle themselves. Environmental, industrial, labour, trade and waste-management authorities also have responsibilities.
- **Prevention versus clean-up:** Policies focused mainly on collecting or recycling discarded plastic do not address potential health risks arising earlier in its life cycle.

Recommended Actions

Existing commitments and WHO role

- Strengthen the public-health dimension of international efforts to address plastic pollution, as called for in WHA resolution 76.17.
- Assess health risks associated with different stages of the plastics life cycle.
- Provide scientific evidence that can inform national policies and international plastics negotiations.

Measures Member States can implement

- Include health impacts when assessing plastic policies rather than considering only environmental effects.
- Improve monitoring of occupational and community exposure around production and waste-management sites.
- Reduce open burning and unsafe dumping of plastic-containing waste.
- Improve coordination among health, environment, labour, industry and waste-management authorities.

Issues for delegates to consider

- Should health impacts be considered when regulating plastics even when environmental authorities have primary responsibility?
- Which stages of the plastics life cycle should receive the greatest public-health attention?
- Should policies concentrate on managing plastic waste, or place greater emphasis on preventing hazardous or unnecessary plastics from being produced and used in the first place?

Key Points and Main Issues (cont.)

2. CHEMICALS USED IN PLASTICS AND HOW TO ACT WHEN EVIDENCE IS INCOMPLETE

Plastic is not a single substance. Different plastics contain different polymers and chemicals added to provide particular properties. Some chemicals associated with plastics have raised concerns because of endocrine-disrupting, reproductive, developmental, carcinogenic or other effects. At the same time, major gaps remain in knowledge about many chemicals used in plastics. The study guide therefore identifies a central policy question: how should governments respond when evidence indicates possible harm but scientific certainty remains incomplete? WHA Study Guide GMUN NY 2027 FI...

Key issues include:

- **Chemicals of concern:** Governments need criteria for determining which chemicals associated with plastics require closer monitoring, restriction or replacement.
- **Endocrine disruptors:** Some chemicals can interfere with hormones that regulate development, reproduction, metabolism and other functions.
- Sensitive periods of development: Exposure during pregnancy, infancy and childhood may deserve particular attention.
- **Information gaps:** Regulators may not always know which chemicals are contained in particular plastic products.
- **Chemical disclosure:** Manufacturers could be required to identify polymers and additives contained in products.
- **Substitution:** Restricting one hazardous chemical can have limited benefit if manufacturers replace it with a chemically similar substance whose safety has not been adequately assessed.
- **Precaution:** Governments differ over how much evidence should be required before restricting a chemical.
- **Burden of proof:** One approach requires regulators to demonstrate substantial evidence of harm before restricting a chemical. Another places more responsibility on manufacturers to provide evidence of safety before widespread use.
- **Medical applications:** Chemicals restricted in some consumer products may still have medical uses, creating questions about whether exemptions are necessary and when safer alternatives are available.
- **International differences:** Different national chemical standards can result in populations receiving different levels of protection.

Key Points and Main Issues (cont.)

Recommended Actions

Existing and developing approaches

- Identify and evaluate chemicals associated with plastics that may present health concerns.
- Continue systematic reviews of available scientific evidence.
- Improve access to information about chemicals contained in plastic products.

Measures Member States can implement

- Require clearer disclosure of polymers and chemical additives.
- Establish criteria for identifying chemicals of concern.
- Encourage or require safer substitutes where suitable alternatives exist.
- Periodically review restrictions as new evidence becomes available.

Issues for delegates to consider

- How strong should evidence of harm have to be before action is taken?
- Should manufacturers have to demonstrate safety before certain chemicals are widely used?
- Should restrictions address individual chemicals or groups of related chemicals?
- When should medical uses qualify for exemptions?

3. MICROPLASTICS AND NANOPLASTICS: RESPONDING TO AN EMERGING HEALTH ISSUE

Microplastics and nanoplastics have become an important public-health research issue. Microplastics have been detected in human tissues and fluids, demonstrating that people are exposed. However, finding plastic particles in the body does not by itself establish what diseases they cause, what exposure levels are dangerous or whether all particles present the same risks.

This distinction is critical for delegates because governments must often make policy decisions before science can provide complete answers.

Key issues include:

- **Primary microplastics:** Some particles are intentionally manufactured at microscopic size for particular uses.
- **Secondary microplastics:** Others result from the breakdown, wear or degradation of larger plastic products.
- **Nanoplastics:** Even smaller particles raise additional questions about their movement through biological systems.
- **Routes of exposure:** People may encounter plastic particles through air, food, water and occupational environments.

Key Points and Main Issues (cont.)

- **Human biomonitoring:** Measuring particles or associated chemicals in human tissues and fluids can help establish exposure patterns.
- **Health effects versus exposure:** Detecting a substance establishes exposure; it does not automatically establish disease causation.
- Dose: Research is needed to determine whether risks differ according to the amount and duration of exposure.
- **Particle characteristics:** Size, shape, polymer type and associated chemicals may influence biological effects.
- Research methods: Studies need comparable methods so results from different countries and laboratories can be evaluated together.
- **Precaution:** Waiting for complete evidence could allow harmful exposure to continue, while acting on uncertain evidence can impose costs or restrictions that later prove unnecessary.
- **Communication:** WHO and governments need to explain uncertainty without either minimizing possible risks or presenting uncertain health effects as established facts.

Recommended Actions

- Develop standardized methods for measuring micro- and nanoplastics.
- Expand biomonitoring and exposure research.
- Conduct systematic reviews that compare the overall body of evidence rather than relying on individual studies.
- Identify major pathways through which people are exposed.
- Prioritize research that can distinguish exposure from actual health outcomes.
- Develop clear public communication about what is known, suspected and still uncertain.

For delegates: determine what level of scientific uncertainty justifies precautionary action and what measures can reduce exposure without making claims that the evidence does not yet support

4. PROTECTING POPULATIONS THAT FACE GREATER EXPOSURE OR VULNERABILITY

Plastic-related health risks are not distributed equally. Where people live, where they work, their age, economic circumstances and access to environmental and health protections can influence exposure. The study guide identifies communities near extraction sites, manufacturing facilities, incinerators and landfills, as well as informal waste workers, among groups that may face greater exposure.

Key Points and Main Issues (cont.)

Key issues include:

- **Workers**: People involved in fossil-fuel extraction, plastics production, manufacturing, recycling and waste disposal may experience occupational exposure.
- **Informal waste workers:** Workers may sort or recover plastic-containing waste without adequate protective equipment.
- **E-waste:** Electronic waste contains plastics as well as other hazardous materials and is often processed informally.
- **Communities near industrial facilities:** Exposure can be concentrated geographically around production, incineration and disposal sites.
- **Children:** Their developing bodies and longer lifetime ahead may make some exposures particularly important.
- **Pregnancy and early development:** Some chemical exposures may have consequences during sensitive developmental periods.
- **Indigenous Peoples and local communities:** Extraction, industrial activity or waste disposal may disproportionately affect particular communities.
- **Low-income communities:** People may have fewer options to avoid contaminated environments and less access to health care or political influence.
- **International inequality:** Countries with weaker waste-management systems or regulatory capacity may face greater risks.
- **Waste trade:** Moving plastic-containing waste across borders can transfer environmental and health burdens from one population to another.
- **Equity of protection:** A central question is whether people should receive comparable protection regardless of where products are manufactured, used or discarded.

Recommended Actions

- Strengthen occupational-health protections for workers exposed to plastic-related pollutants.
- Provide appropriate protective equipment and safer working conditions for waste workers.
- Monitor health and environmental conditions around high-exposure sites.
- Improve protection of children and other populations particularly susceptible to harmful exposure.
- Build waste-management capacity in countries where inadequate infrastructure creates additional health risks.
- Include affected communities in decisions concerning facilities and policies that influence their exposure.
- Improve international cooperation so hazardous activities are not simply shifted to countries with weaker regulations.

Key Points and Main Issues (cont.)

5. REDUCING UNNECESSARY PLASTICS IN HEALTH CARE WITHOUT COMPROMISING PATIENT SAFETY

This is one of the most important issues for a WHA simulation. Plastics have important medical uses, including sterile packaging, syringes, IV systems, gloves and protective equipment. But widespread use does not mean that every application is medically necessary.

The study guide frames the challenge as distinguishing plastics necessary for patient safety and infection prevention from those that can be reduced, redesigned, safely reused or replaced without making essential health products less affordable or accessible. WHA Study Guide GMUN NY 2027 FI...

Key issues include:

- **Essential uses:** Some medical applications currently require single-use products for sterility, infection prevention or technical reasons.
- Unnecessary use: Disposable plastics may also be used where reusable alternatives are medically appropriate.
- **Infection prevention:** Plastic-reduction policies must not increase infections or other patient risks.
- **PPE:** The pandemic dramatically increased use of disposable protective equipment and demonstrated how emergency preparedness can generate large quantities of plastic waste.
- **Overuse:** Some disposable items may be used because they are convenient rather than medically required.
- **Packaging:** Individually packaged products and excessive packaging add to waste.
- **Reusable products:** Medical textiles, sterilization containers and some surgical instruments can be reused safely under appropriate conditions.
- **Reprocessing:** Selected devices can be professionally cleaned, disinfected or sterilized and reused.
- **Product redesign:** Some products could be redesigned to use less material, safer materials or reusable components.
- **Alternative materials:** Alternatives must be evaluated for safety, performance, cost and environmental impact rather than assumed to be better simply because they are not conventional plastic.
- **Affordability:** Requirements that significantly increase costs could reduce access to essential products in lower-resource health systems.

Key Points and Main Issues (cont.)

- **Affordability:** Requirements that significantly increase costs could reduce access to essential products in lower-resource health systems.
- **Supply security:** Health systems must retain reliable access to essential products during emergencies.
- **Different national capacities:** A reusable system requiring reliable water, energy, sterilization and transportation may be practical in one health system and difficult in another.

The HCWH material itself recognizes this distinction: some critical items, including syringes and IV lines, may lack reusable alternatives, while many other products can potentially be safely reused. HCWH - Plastics and health_0

Recommended Actions

- Audit plastic use within hospitals and health systems.
- Identify products that are essential, potentially avoidable or suitable for reuse.
- Reduce unnecessary packaging and unnecessary use of disposable products.
- Establish safety standards for reusable and reprocessed devices.
- Encourage manufacturers to redesign products for longer use, repair, safe reuse or easier recycling where medically appropriate.
- Use procurement policies to favor safer and more sustainable products when they meet medical requirements.
- Develop transition periods where alternatives are not yet widely available.
- Avoid blanket bans that could interrupt access to essential health products.

6. IMPROVING HEALTH-CARE WASTE MANAGEMENT

Even major reductions in unnecessary plastics will not eliminate health-care waste. Countries therefore need systems capable of **collecting, separating, transporting, treating and disposing of medical waste safely**.

The challenge is particularly serious where infrastructure is weak. The HCWH paper reports that one-third of health-care facilities globally lack basic waste-management facilities and describes dumping, burning and informal recovery of medical waste as significant risks. HCWH - Plastics and health_0

Key Points and Main Issues (cont.)

Key issues include:

- Waste segregation: Hazardous and infectious waste should be separated from ordinary waste at the point where it is generated.
- Failure to separate: Mixing ordinary waste with hazardous medical waste can cause larger volumes to require specialized treatment.
- Open dumping: Waste may expose workers, communities and wildlife to hazardous materials.
- Open burning: Burning plastics can release harmful pollutants.
- Incineration: While necessary for some medical waste, inappropriate or poorly controlled incineration can create additional pollution.
- Illicit reuse: Improperly discarded medical products may be recovered and resold, creating serious health risks.
- Recycling: Contamination, mixed materials and complex polymers can make some health-care plastics difficult or unsafe to recycle.
- Infrastructure: Safe collection and treatment require investment in facilities, transportation and trained personnel.
- Facility differences: Plastic waste profiles vary significantly among hospitals and countries, so one solution will not fit every system.
- Data: Facilities need to know what they discard before they can develop realistic reduction strategies.
- Lower-resource settings: Countries struggling to provide basic waste services may reasonably place infrastructure ahead of sophisticated recycling systems.

Recommended Actions

- Require segregation of hazardous and non-hazardous health-care waste.
- Train health workers in safe disposal practices.
- Conduct regular waste audits.
- Track the amount and types of plastic waste generated.
- Expand safe treatment and disposal infrastructure.
- Reduce unnecessary burning and poorly controlled incineration.
- Protect formal and informal waste workers from hazardous exposure.
- Develop recycling programmes only for waste streams that can be safely recycled.
- Provide technical and financial assistance to health systems lacking basic waste-management capacity.

Key Points and Main Issues (cont.)

7. MOVING TOWARD SAFER AND MORE CIRCULAR HEALTH-CARE PRODUCTS

A circular approach seeks to prevent waste by keeping products and materials in use longer through reduction, reuse, repair, reprocessing and recycling. But in health care, circularity cannot override infection prevention, sterility or patient safety. WHA Study Guide GMUN NY 2027 FI...

Key issues include:

- Reduction comes first: Avoiding unnecessary products can be more effective than trying to recycle them after use.
- Design: Products can be designed from the beginning for durability, repair, reuse or recycling.
- Reuse: Reusable products may reduce waste but require cleaning, water, energy, sterilization and logistics.
- Reprocessing: Selected medical devices can sometimes be safely reprocessed under controlled standards.
- Recycling: Recycling is limited when plastics are contaminated, composed of mixed materials or contain hazardous additives.
- Chemical safety: Recycling should not repeatedly circulate hazardous chemicals into new products.
- Product labeling: Identifying polymers and additives can help facilities determine how products should be handled.
- Procurement: Hospitals and health systems can create demand for safer products by incorporating sustainability into purchasing decisions.
- Manufacturers: Product redesign may be impossible without changes by manufacturers.
- Extended producer responsibility: Governments can require producers to assume greater responsibility for products after use rather than placing the entire burden on hospitals, municipalities or consumers.
- Whole-life-cycle assessment: A reusable product is not automatically environmentally preferable if cleaning, transportation and energy requirements create greater impacts.
- Local conditions: Decisions should account for available water, energy, sterilization, recycling and waste-management systems.

HCWH recommends measures ranging from redesign and chemical disclosure to procurement reform, waste audits, extended producer responsibility and tracking plastic consumption and disposal. HCWH - Plastics and health_0

Key Points and Main Issues (cont.)

Recommended Actions

- Develop health-sector criteria for determining when reuse is medically appropriate.
- Establish standards for safe reprocessing.
- Encourage design that reduces unnecessary material and packaging.
- Require clearer information about product composition.
- Use purchasing power to create demand for safer products.
- Encourage producer take-back or extended producer responsibility where appropriate.
- Support research and innovation in safer materials.
- Assess alternatives across their whole life cycle rather than focusing only on disposal.

8. STRENGTHENING RESEARCH, MONITORING, STANDARDS AND PUBLIC-HEALTH GUIDANCE

Governments cannot manage risks effectively if they do not know what people are exposed to, which products contain potentially hazardous substances or which interventions actually reduce health risks. WHO therefore has an important role in building and assessing evidence and translating that evidence into guidance.

Key issues include:

- Research gaps: Important uncertainties remain regarding many chemicals, microplastics and nanoplastics.
- Systematic evidence reviews: WHO can compare the overall body of research using transparent methods rather than relying on isolated studies.
- Human biomonitoring: Measuring chemicals or their breakdown products in blood, urine or other biological samples can reveal exposure patterns.
- Environmental monitoring: Air, water, food, soil and workplace monitoring can identify important exposure pathways.
- Comparable methods: Countries need standardized measurement methods if results are to be meaningfully compared.
- Health surveillance: Research should examine whether exposure is associated with measurable health outcomes.
- Product information: Researchers and regulators need better information about what chemicals and polymers products contain.
- Data sharing: Countries can benefit from shared research methods, databases and monitoring results.

Key Points and Main Issues (cont.)

- WHO standards: WHO can develop evidence-based health guidance, technical specifications and recommendations.
- National implementation: WHO does not enforce these standards within countries. Governments and regulators must translate them into national rules and practices. WHA Study Guide GMUN NY 2027 FI...
- Health-professional education: Doctors, nurses, procurement officials and facility managers need practical information about reducing exposure and waste.
- Public communication: Authorities must communicate emerging risks accurately without overstating uncertain evidence.
- Last-mile implementation: A national policy has limited value if safer products, services or protections never reach the communities most affected.

Recommended Actions

- Expand coordinated research on plastic-related health effects.
- Develop standardized monitoring and research methods.
- Establish international data-sharing mechanisms.
- Identify priority chemicals and exposures requiring further study.
- Improve disclosure of product composition.
- Develop evidence-based WHO guidance for health systems.
- Assist Member States in translating WHO guidance into national policies and procurement standards.
- Build laboratory and monitoring capacity in lower-resource countries.
- Train health professionals in plastics-related environmental health.
- Evaluate whether adopted policies actually reduce exposure and health risks.

9. ENSURING THAT HEALTH IS INCLUDED IN THE GLOBAL RESPONSE TO PLASTIC POLLUTION

The plastics issue extends far beyond the mandate of WHO. Decisions concerning production, manufacturing, trade, product design, waste and environmental pollution involve multiple international organizations and national ministries. The challenge is therefore **not to transfer responsibility for plastic pollution to WHO**, but to ensure that public-health evidence influences decisions made elsewhere.

Key Points and Main Issues (cont.)

Key issues include:

- WHA resolution 76.17: Provides a mandate for expanded WHO work on plastics and health. WHA Study Guide GMUN NY 2027 FI...
- INC negotiations: The legally binding plastics instrument is being negotiated through the UNEA-established INC rather than WHO. WHA Study Guide GMUN NY 2027 FI...
- WHO contribution: WHO can provide health evidence, identify vulnerable populations, develop health guidance and advise on health consequences of proposed measures.
- National coordination: Ministries of health need mechanisms for contributing to policies led by environment, industry, labour, trade or waste authorities.
- Health impact assessment: Governments can evaluate how proposed plastics policies may affect health.
- Chemicals: Public-health expertise is particularly important when determining which substances pose health concerns.
- Medical products: Health authorities have specialized expertise concerning safety, infection prevention and access to essential medical products.
- Financing: Lower-resource countries may require support to implement stronger health and waste protections.
- Technology transfer: Countries may need access to safer materials, waste-management technologies, laboratories and monitoring systems.
- Capacity-building: Regulations are ineffective if governments lack personnel, laboratories or enforcement capacity.
- Equity: Global standards should not unintentionally make essential medical products inaccessible to countries unable to afford alternatives.
- Avoiding duplication: WHO should complement, rather than recreate, work being undertaken through environmental agreements and institutions.

Recommended Actions

- Establish mechanisms for WHO health evidence to inform international plastics negotiations.
- Encourage health ministries to participate in national plastics-policy development.
- Incorporate health considerations into national plastics strategies.
- Provide technical assistance for health-risk assessment and monitoring.
- Support capacity-building in countries with limited regulatory and waste-management infrastructure.
- Promote international cooperation on safer technologies and alternatives.
- Ensure that transition measures consider access to essential health products.
- Clarify the respective responsibilities of WHO, national health authorities and environmental institutions.

Key Points and Main Issues (cont.)

10. WORKING WITH INDUSTRY AND OTHER NON-STATE ACTORS WHILE PROTECTING PUBLIC HEALTH

Addressing plastics and health requires interaction with actors outside government. Manufacturers understand product design and supply chains; researchers generate evidence; NGOs provide expertise and community perspectives; foundations may provide resources; and health-care institutions have practical experience implementing changes.

At the same time, organizations participating in policy discussions may have financial or institutional interests in the decisions being made. WHO therefore needs safeguards that allow useful cooperation without compromising its independence or public-health mandate.

Key issues include:

- Expertise versus influence: Companies may possess information needed to develop safer products while also having a financial interest in avoiding regulation.
- Conflicts of interest: WHO and governments need to identify circumstances in which an organization's interests could improperly influence health policy.
- Due diligence: Organizations should be examined before formal engagement, including their activities, interests and affiliations.
- Risk assessment: The benefits of engagement should be weighed against risks to public health, WHO's independence and its reputation.
- Transparency: The nature of relationships with non-State actors should be clear.
- Decision-making: Providing technical information or participating in consultation should not give a private actor control over public-health standards.
- Product endorsement: Cooperation with WHO should not allow a company to imply that WHO endorses the company or its products.
- Industries fundamentally conflicting with health: WHO's safeguards are particularly important where an industry's core products damage health.
- Tobacco: WHO does not engage with the tobacco industry or actors that further its interests. This is particularly relevant to plastics because cigarette filters themselves contribute to plastic pollution.
- Manufacturers of plastics and medical products: Unlike tobacco, engagement may be necessary to redesign products, change materials and improve supply chains, making safeguards rather than automatic exclusion especially important.

Key Points and Main Issues (cont.)

- NGOs and foundations: Conflicts of interest are not limited to corporations; funding relationships and institutional interests can also matter.
- Research independence: Scientific evidence used by WHO should be assessed for quality and possible conflicts regardless of who financed the research.

Recommended Actions

- Apply WHO's Framework of Engagement with Non-State Actors (FENSA) when appropriate.
- Require disclosure of relevant financial and institutional interests.
- Conduct due diligence and risk assessments before engagement.
- Protect WHO's control over health standards and recommendations.
- Prevent outside organizations from presenting cooperation as WHO endorsement.
- Maintain restrictions on engagement where an actor's activities fundamentally conflict with WHO's public-health mandate.
- Create transparent processes for obtaining technical information from manufacturers without allowing industry to determine policy.
- Include independent researchers, health professionals, civil society and affected communities so that industry is not the only source of technical information.

Central Questions for Delegates

1. How should WHO and Member States respond when there is credible evidence of possible harm from plastics or associated chemicals, but scientific evidence about the exact health effects remains incomplete?
2. How should governments distinguish between essential uses of plastics in health care and uses that can be reduced, redesigned, safely reused or replaced?
3. How can countries reduce plastic use in health care without compromising infection prevention, patient safety, affordability or access to essential medical products?
4. Should manufacturers be required to disclose the polymers and chemical additives contained in plastic products, and how should chemicals of concern be identified and regulated?
5. Who should bear the financial responsibility for managing plastic products after use: governments, health facilities, consumers, manufacturers, or some combination of these actors?
6. What assistance should be provided to countries that lack the waste-management, laboratory, regulatory or health-system capacity needed to implement stronger plastics-and-health policies?

Key Points and Main Issues (cont.)

7. How should WHO balance precaution with scientific uncertainty, particularly concerning microplastics, nanoplastics and chemicals whose long-term health effects are not yet fully understood?
8. What role should WHO and national health ministries play in the global plastics response, and which issues should remain primarily the responsibility of environmental authorities and the INC process?
9. How can governments ensure that stronger global standards do not simply move hazardous production, waste or recycling activities to countries with weaker regulations?
10. How should WHO and governments obtain necessary expertise from manufacturers and other non-State actors while preventing conflicts of interest and undue commercial influence over public-health policy?

OFFICIAL UN RESOURCES ON THE TOPIC

World Health Organization. WHO: Plastics and Health Initiative (Ongoing) 2026

This is WHO's main page on plastics. It explains that health risks exist at every stage of the plastic life cycle and that the Seventy-sixth World Health Assembly asked Member States to support WHO in scaling up its work on plastics and in contributing to the treaty talks. WHO sets out three guiding principles: pursuing the highest attainable standard of health, addressing risks from plastic polymers, chemicals and micro- and nanoplastics, and keeping safe and affordable health products available. It links to every official WHO statement made at INC-1 to INC-5.

UNEP. New Chair Elected to Lead Negotiations on Global Plastic Pollution Treaty 2026

This UNEP press release reports that on 7 February 2026 the Intergovernmental Negotiating Committee elected Ambassador Julio Cordano of Chile as its new Chair and Linroy Christian of Antigua and Barbuda as Vice-Chair. The one-day meeting, called INC-5.3, was held in Geneva only to elect officers, and no treaty text was negotiated. It also lists every earlier round of talks, which makes it a quick way to understand how the process reached its current stage.

UNEP. Intergovernmental Negotiating Committee on Plastic Pollution (Official Page)(Updated regularly) 2026

This is the official home page of the plastics treaty negotiations. It explains that UNEA resolution 5/14 asked for a treaty based on the full life cycle of plastic, including production, design and disposal, and it records every session from INC-1 in Uruguay (2022) to INC-5.3 in Geneva (2026). Delegates can find the key negotiating texts here, including the zero draft (2023), the revised draft (2023), the compilation text (2024) and the Chair's text of 1 December 2024.

OFFICIAL UN RESOURCES ON THE TOPIC (CONT.)

FAO. Plastics in Agriculture - Sustainable Use and Management of Plastics in Agriculture — 2025

FAO explains how plastics are used in crop production, livestock, fisheries and food packaging, while also contaminating soils and potentially entering food chains as micro- and nanoplastics. The page describes FAO's work on a voluntary code of conduct for agricultural plastics and its participation in the INC. This gives delegates a One Health perspective connecting human health, food safety, animal health and ecosystem health, and shows why agricultural plastics require different solutions from consumer packaging or medical plastics.

UNDP. Intergovernmental Negotiating Committee on Plastic Pollution — 2025

UNDP explains its role as an observer in the plastics treaty negotiations and, importantly for delegates from developing countries, the kinds of implementation support it can provide. It highlights policy and regulatory reform, circular and environmentally sound alternatives, stronger waste-management systems, inclusion of informal waste workers and behaviour change. This resource is useful for thinking about capacity-building, technical assistance and how treaty commitments could be implemented nationally.

UNEP. World Environment Day 2025 Mobilizes Commitment, Action to End Plastic Pollution Globally — 2025

World Environment Day (5 June) is the UN international day most closely linked to this topic, and its 2025 edition, hosted by the Republic of Korea on Jeju, focused on plastic pollution two months before INC-5.2. UNEP Executive Director Inger Andersen called ending plastic pollution a human health imperative, and UN Secretary-General António Guterres noted that plastic has been found in human brains and breast milk. The day also carried plastic themes in 2018 and 2023.

OFFICIAL UN RESOURCES ON THE TOPIC (CONT.)

UN Trade and Development (UNCTAD). Global Trade Update - Mobilising Trade to Curb Plastic Pollution — 2025

This update explains why trade policy matters to plastic pollution. UNCTAD reports that trade in plastics exceeded US$1.1 trillion in 2023 and examines how tariffs, product standards, labelling rules and other trade measures can either encourage plastics or support safer substitutes. It is especially useful for delegates considering how global rules could affect developing-country exporters, small businesses and access to alternatives, and why trade policy must be coordinated with environmental and health goals.

BRS Conventions. 2025 COPs Strengthen Action on Chemicals and Wastes — 2025

This official summary shows how the Basel and Stockholm Conventions already regulate parts of the plastics problem. The 2025 meetings strengthened work on environmentally sound management of plastic waste and listed additional persistent organic pollutants used in plastic-related applications, including medium-chain chlorinated paraffins. It helps delegates see what a future plastics agreement would add to existing international rules and why chemicals in plastics and transboundary waste movements cannot be considered separately.

WHO. Information Paper for INC-5, Ensuring the Integration of Health Aspects within the International Legally Binding Instrument on Plastic Pollution — 2024

Written for the Busan session in November 2024, this is WHO's clearest statement of what a health-protective treaty should contain. It notes that plastic makes up about 30% of all health care waste, around 1.7 million tonnes a year, and lists nine elements WHO considers essential, including a clear health objective, mechanisms to control the supply of plastics, removal of chemicals of concern, transparency on product contents and strong conflict-of-interest rules. It argues against blanket exemptions for the health sector while asking that access to medical products be protected, and it supports phasing out plastics in tobacco products such as cigarette filters. Very useful when drafting operative clauses.

OFFICIAL UN RESOURCES ON THE TOPIC (CONT.)

WHO Executive Board: Impact of Chemicals, Waste and Pollution on Human Health, Report by the Director-General (EB154/24) 2023

Prepared in response to resolution WHA76.17, this report examines options for WHO's future role in two UNEP processes: the new science-policy panel on chemicals, waste and pollution, and the plastics treaty. It confirms that WHO has taken part in both as an observer since 2022, and it cites an estimate of 1.6 million deaths in 2016 from exposure to selected chemicals. It helps delegates understand how WHO's governing bodies follow up on plastics between Assemblies.

WHA76.17: The Impact of Chemicals, Waste and Pollution on Human Health 2023

This is the key World Health Assembly resolution for this topic. First tabled by Peru, Canada, Colombia, Ecuador, El Salvador, Mexico, Monaco, Switzerland, Uruguay and the European Union and its Member States, it was adopted in May 2023. It welcomes UNEA resolution 5/14 on ending plastic pollution, recognises that poorly managed chemicals, waste and pollution harm health and affect issues such as child health and universal health coverage, and supports stronger health-sector participation in these global processes.

UNEP: Chemicals in Plastics, A Technical Report 2023

Produced by UNEP with the Secretariat of the Basel, Rotterdam and Stockholm Conventions, this report found that more than 13,000 chemicals are linked to plastics and plastic production. Of about 7,000 that have been screened, more than 3,200 have at least one hazardous property, such as causing cancer, harming reproduction or disrupting hormones. It names ten groups of chemicals of major concern, including certain flame retardants, UV stabilisers and PFAS, and ten product sectors of concern, including toys, food packaging and electronics.

OFFICIAL UN RESOURCES ON THE TOPIC (CONT.)

OHCHR: Submission to the INC on Plastic Pollution - Human Rights-Based Approach — 2023

In this official submission, the UN Human Rights Office argues that the plastics treaty should be guided by human rights, precaution, prevention, polluter-pays, intergenerational equity and non-discrimination. It explains that harms can occur throughout the plastics life cycle and often fall disproportionately on workers, children, Indigenous Peoples, people living in poverty and other groups in vulnerable situations. Delegates can use it to connect the right to health with participation, access to information, corporate responsibility and a just transition.

WHO: Dietary and Inhalation Exposure to Nano- and Microplastic Particles and Potential Implications for Human Health — 2022

This WHO report looks at how people take in tiny plastic particles through food, drinks, drinking water and air. The experts found that the data available were of very limited use for judging the risk to humans, mainly because studies used different methods, and they called for standard testing methods and more research on the smallest particles. Even so, the report recommends measures to reduce exposure, including using less plastic and improving waste management, because there is broad agreement that plastics do not belong in the environment.

WHO: Tonnes of COVID-19 Health Care Waste Expose Urgent Need to Improve Waste Management Systems — 2022

This WHO news release introduces the Global analysis of health care waste in the context of COVID-19. It reports that about 87,000 tonnes of personal protective equipment shipped through a UN emergency initiative between March 2020 and November 2021 was expected to end up mostly as waste, and that over 140 million test kits could create 2,600 tonnes of mainly plastic waste. It shows delegates that health systems are large users of plastic and need safe waste management.

OFFICIAL UN RESOURCES ON THE TOPIC (CONT.)

UNEA Resolution 5/14: End Plastic Pollution, Towards an International Legally Binding Instrument (UNEP/EA.5/Res.14) 2022

Adopted on 2 March 2022, this resolution launched the treaty negotiations. It asked UNEP to set up the INC with the aim of finishing its work by the end of 2024, recognised that plastic pollution includes microplastics, and accepted that developing countries will need capacity-building, technology and funding to carry out new obligations. Most treaty debates today come back to how countries read this mandate, especially whether its full-life-cycle approach includes limits on production.

UN General Assembly: The Stages of the Plastics Cycle and Their Impacts on Human Rights (A/76/207) 2021

In this report, the UN Special Rapporteur on toxics and human rights, Marcos Orellana, explains how every stage of the plastics cycle, from extraction and refining to production, transport, use and waste, affects human rights, including the right to health. He names the groups carrying the heaviest burden, such as petrochemical workers, waste pickers, children, women, Indigenous peoples, coastal communities and people living in poverty. He recommends reducing plastic production, controlling toxic additives and applying the polluter-pays principle.

Basel Convention (BRS Secretariat): Basel Convention's Plastic Waste Amendments Become Mandatory for 186 States 2021

From 1 January 2021, most international shipments of mixed or contaminated plastic waste need the prior informed consent of the importing country. The press release explains that these were the first global legally binding measures on plastic waste, agreed in May 2019 to stop plastic waste being sent to countries that do not want it or cannot manage it safely. This matters for health because poorly managed imported waste is often burned or dumped near communities.

WHO: Microplastics in Drinking-Water 2019

WHO's first review of microplastics looked at how they get into tap and bottled water, what harm they might cause, and how well water treatment removes them. Based on the limited evidence then available, WHO found that microplastics in drinking water did not appear to pose a health risk at reported levels, but it called for more research and a global effort to reduce plastic pollution. It also reminds delegates that for people without safe water and sanitation, germs in water remain the more immediate danger.

1. African Region

WHO AFRO: Tackling Health Impacts of Plastic Pollution in Africa — 2023

In this WHO Africa feature for World Environment Day 2023, a UNEP expert explains that Africa produces only 5% and consumes 4% of the world's plastic, yet has barely any plastic treatment infrastructure. It describes local health risks, including microplastics in drinking water and seafood, toxic smoke from burning plastic waste, and discarded plastic creating breeding sites for disease-carrying mosquitoes. It notes that around 30 African countries have banned single-use plastic bags, but that the tools to monitor whether these bans work are still weak.

2. Region of the Americas

PAHO: Webinar on Microplastics, Health and Environmental Challenges — 2023

PAHO organised this August 2023 webinar with UNEP and the regional engineering association AIDIS to discuss microplastic waste, health and the environment in Latin America and the Caribbean. The event page explains that the health threat from microplastics led PAHO to add them to its list of environmental determinants of health and to promote cutting single-use plastics. It shows how the Americas regional office treats plastics as a public health issue and not only a waste issue.

3. South-East Asia Region

WHO SEARO: World Environment Day, Statement by Dr Poonam Khetrapal Singh, Regional Director — 2023

The WHO Regional Director warned that global plastic production had reached about 400 million tonnes a year, with only 9% recycled, and drew attention to microplastics in the region's long coastlines. She explained that Member States met to address marine pollution and microplastics after the Maldives Minister of Health asked for regional support at the Seventy-fifth Regional Committee in 2022, which led to a draft white paper. She called for prohibiting single-use plastics, cutting overall plastic use and building more evidence on health effects.

4. European Region

WHO EURO: Declaration of the Seventh Ministerial Conference on Environment and Health (Budapest Declaration) — 2023

Adopted by environment and health ministers of the WHO European Region in July 2023, the Budapest Declaration commits countries to act on the health effects of climate change, environmental pollution and biodiversity loss. It launched new partnerships, including one on human biomonitoring, which measures chemicals inside people's bodies and often detects plastic-related chemicals in adults and children. It is the main regional framework European delegates can use to connect plastics to existing environment and health commitments.

5. Eastern Mediterranean Region

WHO EMRO: Addressing Plastic Pollution, A Call to Action on World Environment Day 2025

Released from Cairo, this statement warns that plastic pollution is contaminating water, food and air, and that microplastics have been found in human arteries, lungs, brains and breast milk. It notes that global plastic consumption was projected to reach 516 million tonnes in 2025 and could pass 1.2 billion tonnes a year by 2060, while only 9% of plastic is recycled and only 21% is economically recyclable. It calls for a circular economy and for products to be redesigned for reuse.

6. Western Pacific Region

WHO WPRO: Plastics and Health, Understanding Impacts and Exploring Solutions for the Western Pacific 2025

This July 2025 webinar by the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific (ACE) brought together WHO and Minderoo Foundation experts on plastics and health. The event page notes that the region, home to over a quarter of the world's population, contributes over 60% of marine plastic waste according to UNEP estimates, and that the health effects of plastic pollution remain under-recognised in policymaking. It is the clearest recent signal of the Western Pacific office's interest in the issue.

Organized by WHO region. Most government positions on plastics are delivered at the INC and not at the World Health Assembly, so many sources below come from environment ministries. Delegates should also search their own country's written submissions on the UNEP INC website and their ministry of health's statements on World Environment Day.

African Region

UNEP INC-5.2: Statements and Text Proposals from African Delegations — 2025

The official INC-5.2 record contains statements or negotiating text from several African delegations assigned in this simulation, including Kenya, Malawi, the Republic of the Congo, the United Republic of Tanzania, Mauritius and Tunisia, as well as interventions delivered by Ghana on behalf of the Africa Group. Students should use these documents to identify positions on product design, definitions, waste management, implementation and other treaty articles rather than assuming that all African countries take identical positions.

Rwanda: Rwanda Calls for Ambitious Global Treaty to End Plastic Pollution — 2024

Issued by Rwanda's Ministry of Environment before INC-5 in Busan, this statement sets out the priorities of one of the two co-chairs of the High Ambition Coalition. Rwanda asks for a legally binding treaty that covers the full life cycle of plastic, with a global target to reduce plastic production to sustainable levels, time-bound targets and enforceable rules that protect the health of people and the planet. It also reports that the coalition had grown to 68 countries.

Region of the Americas

United States: EPA, HHS Announce Historic Actions to Protect Americans from Microplastics and Safeguard Drinking Water

2026

In April 2026 the US Environmental Protection Agency and the Department of Health and Human Services announced joint actions on microplastics. For the first time, microplastics were added to EPA's Contaminant Candidate List of drinking water contaminants being considered for future regulation, and a new ARPA-H programme was launched to detect and remove plastics from the human body. Delegates should compare this national health action with US positions in the treaty talks, where observers report that the United States has often sided with countries opposing production limits.

UNEP INC-5.2: Statements and Text Proposals from Assigned Countries in the Americas

2025

INC-5.2 documents provide direct evidence of negotiating positions from several assigned countries in the Americas. Chile submitted an opening statement; Canada proposed stronger language concerning Indigenous Peoples; and Canada, Peru and Mexico co-sponsored proposals on releases and leakages. Mexico also worked with Switzerland on a proposal concerning plastic products. These sources help delegates move from a country's general environmental policy to the specific treaty language it was prepared to support.

South-East Asia Region

UNEP INC-5.2: Statements and Text Proposals from South-East Asian Delegations

2025

The INC-5.2 record includes direct statements or text proposals from India, Indonesia, Sri Lanka, Thailand and Bangladesh. The submissions address issues such as plastic products, waste management, releases and leakages and existing plastic pollution. These documents are particularly useful because they show where countries from the same WHO region agree and where their priorities differ, which is more reliable than treating South-East Asia as a single negotiating bloc.

Thailand: Thailand Pushes Action Plan Phase 2 for Plastic Waste Management

2025

This Thai Government page explains the Roadmap on Plastic Waste Management 2018-2030 and its second action plan for 2023-2027, prepared by the Pollution Control Department. The plan aims to stop target plastics (bottles, caps, single-layer film, carrier bags and cups) from reaching landfill, to recycle 100% of these target plastics, and to cut plastic waste that may leak into the sea by 50%. Thailand is also hosting the second informal heads-of-delegation meeting of the treaty talks in Bangkok on 27–30 September 2026.

European Region

UNEP INC-5.2: European Statements and Joint Text Proposals 2025

The INC-5.2 record is especially useful for the European delegations in this simulation. Switzerland delivered an opening statement; the United Kingdom and Panama proposed text on releases and leakages co-sponsored by Monaco, Switzerland and Norway as well as Canada, Peru, Mexico and the EU; and France, Germany and Sweden are covered by formal EU statements and proposals. Delegates should distinguish the common EU position from the separate positions of non-EU European countries.

Publicly available European government positions on plastics and health are mostly delivered through the European Union and joint declarations. See the Nice Wake-Up Call for an Ambitious Plastics Treaty, led by France, in the next section.

South-East Asia Region

UNEP INC-5.2: Statements and Text Proposals from South-East Asian Delegations

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Eastern Mediterranean Region

UNEP INC-5.2: Statements and Text Proposals from Eastern Mediterranean Delegations — 2025

The INC-5.2 negotiating record contains submissions from many assigned EMRO countries, including Saudi Arabia, Iran, Kuwait, Egypt, Pakistan and the Syrian Arab Republic, with Tunisia also submitting a closing statement. Saudi Arabia and Egypt also spoke for the Arab Group or Like-Minded Countries on several articles. These documents are essential for understanding disagreements over production, product controls, waste management, financing, just transition and whether obligations should be global or nationally determined.

Saudi Arabia: Written Submission to the Intergovernmental Negotiating Committee, Part B — 2023

In this submission, Saudi Arabia, a leading member of the Like-Minded Group, argues that phasing out the supply or demand of primary plastic polymers would harm innovation and economic stability. It asks that targets, design rules and extended producer responsibility be set nationally rather than globally, opposes banning chemical recycling, and states that plastic pollution comes mainly from poor waste management. It also stresses that plastics protected health during COVID-19 and supports cooperation with WHO. Essential reading for understanding the main opposing view.

Western Pacific Region

UNEP INC-5.2: Statements and Text Proposals from Western Pacific Delegations

2025

The INC-5.2 record includes statements or negotiating proposals from Australia, Japan, the Philippines and Malaysia, while the Republic of Korea co-sponsored negotiating text on plastic products. Of particular relevance to a WHA simulation, the Philippines submitted a proposal specifically on a treaty article concerning health. These sources allow delegates to compare positions among major producers and consumers, advanced economies and Pacific countries within the same WHO region.

Niue (via SPREP): Niue Delegation at INC 5.2 in Geneva

2025

Published by the Secretariat of the Pacific Regional Environment Programme, this piece records Niue's message at INC-5.2 in August 2025. Haden Talagi, Director of Niue's Department of Environment, describes plastics as a human health crisis for Pacific people, warns that remote islands with limited health systems face extra risk, and calls for a global cap on virgin plastic production. It is a clear example of the Small Island Developing States position.

European Union and its Member States: Opening Statement at INC-5.2 — 2025

The EU calls for a robust legally binding treaty covering the full life cycle of plastics. Its statement supports action on unsustainable production and consumption, harmful plastic products and chemicals of concern, while emphasizing protection of vulnerable communities. This is the most direct common-position source for France, Germany and Sweden in this simulation, and it also helps other European delegates identify where their national positions align with or differ from the EU.

Africa Group: INC-5.2 Statements and Negotiating Proposals — 2025

Ghana delivered statements on behalf of the Africa Group at INC-5.2, and the Group submitted negotiating text on issues including definitions and plastic product design. These sources are useful starting points for delegates from African countries when no detailed national submission is available. They should be used as evidence of a regional negotiating position, not as proof that every African government supports every element in exactly the same way.

Arab Group and Like-Minded Countries: INC-5.2 Text Proposals — 2025

At INC-5.2, Saudi Arabia, Egypt and Kuwait submitted text on behalf of the Arab Group and, in some cases, the Like-Minded Countries. The proposals address plastic production, product design, releases and leakages, waste management, existing pollution, financing and just transition. They are especially useful for assigned Arab States because they reveal a negotiating approach that generally places strong emphasis on national circumstances, implementation support and waste management.

Alliance of Small Island States and Pacific SIDS: INC-5.2 Statements and Proposals — 2025

AOSIS and Pacific Small Island Developing States submitted statements and text at INC-5.2, including proposals on existing plastic pollution. These are valuable for Maldives, Mauritius, Seychelles and Fiji because small island states often face high exposure to imported plastics and marine pollution while contributing relatively little to global production. The statements help delegates examine demands for stronger global action, financing and support through the lens of vulnerability and limited domestic waste-management capacity.

Nice Wake-Up Call for an Ambitious Plastics Treaty (Press Release by France's Ministry of Ecological Transition, in French) — 2025

Signed by 95 countries on 10 June 2025 at the UN Ocean Conference in Nice, this ministerial declaration names five elements for the treaty: a global target to reduce the production and consumption of primary plastic polymers, a legally binding phase-out of the most problematic plastic products and hazardous chemicals, binding rules on product design, a financing mechanism that matches the treaty's ambition, and a treaty that can be strengthened over time. Civil society groups welcomed it but noted that it said little about health, human rights and waste pickers.

High Ambition Coalition to End Plastic Pollution: Countries Aim to End Plastic Pollution by 2040 — 2022

This press release announces the launch of the coalition by Rwanda and Norway together with Canada, Peru, Germany, Senegal, Georgia, the Republic of Korea, the United Kingdom, Switzerland, Portugal, Chile, Denmark, Finland, Sweden, Costa Rica, Iceland, Ecuador, France and the Dominican Republic. Members commit to ending plastic pollution by 2040 and cite OECD projections that plastic use could rise from 460 million tonnes in 2019 to 1,231 million tonnes in 2060. Rwanda's minister describes plastic pollution as a planetary crisis with impacts on human health.

ASEAN: ASEAN Member States Adopt Regional Action Plan to Tackle Plastic Pollution

2021

On 28 May 2021 ASEAN launched the Regional Action Plan for Combating Marine Debris in the ASEAN Member States (2021-2025), building on the 2019 Bangkok Declaration on Combating Marine Debris. The plan sets out 14 regional actions across three stages: reducing inputs, improving collection and reducing leakage, and creating value from waste. Since the plan ended in 2025, South-East Asian delegates can ask what should replace it and how health can be included.

Scientists are creating the next generation of plastics to self-destruct through contact with sunlight and microbes 2026

This article describes research on whether plastics could be designed to break down more easily after entering the environment. Northwestern University researchers found that sunlight can alter the surface of polystyrene in ways that allow bacteria to contribute to its degradation, but that natural conditions matter: salts and organic matter in seawater can substantially slow this process. The researchers suggest that future plastics might be deliberately designed to be more susceptible to sunlight and microbial breakdown. The article is useful for delegates considering product redesign and innovation as alternatives to relying solely on recycling and waste disposal, while also showing why claims that new plastics are "biodegradable" need to be tested under realistic environmental conditions.

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IISD SDG Knowledge Hub: Chair of Plastic Pollution Treaty Talks Circulates Update on Intersessional Progress 2026

This August 2026 update summarises INC Chair Julio Cordano's letter of 29 July 2026 after the Nairobi heads-of-delegation meeting (30 June–3 July 2026), the first substantive talks in ten months. It explains that the Chair would prepare an 'Aid to Negotiations' document to guide the next phase, including the Bangkok meeting on 27–30 September 2026. The best short source on where the process stands right now.

Pollutants that stick to microplastics may do more damage than the plastic itself

2026

This article summarizes a review of more than 150 studies showing that microplastics can act as carriers for other pollutants rather than posing risks only from the plastic particles themselves. Pesticides, heavy metals and industrial chemicals can attach to microplastics, while bacteria can form biofilms on their surfaces. These particles may then transport both chemicals and microorganisms through water, soil and air. The review also raises concern that plastic surfaces can concentrate bacteria carrying antibiotic-resistance genes, although evidence from real-world environments remains uncertain. This is useful for delegates because it shows that assessing the health risks of microplastics may require considering the chemicals and microorganisms they carry and how these interact, not simply the effects of the plastic particle itself.

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CIEL: Plastics Negotiations Resume with Multilateralism on the Line

2026

In this July 2026 statement, the Center for International Environmental Law says the treaty talks have become a test of whether multilateralism can still deliver. It welcomes the attendance of senior negotiators in Nairobi but criticises the exclusion of civil society observers from the room. It shows the concerns about transparency that delegates may be asked to address.

Mongabay: With Plastic Treaty in Limbo, Mongabay Speaks to Top Negotiator Julio Cordano — 2026

In this June 2026 interview, the new INC Chair explains his roadmap of virtual and in-person meetings and his aim of an ambitious outcome based on consensus. The article also explains the Like-Minded Group, naming China, Iran, Kuwait, Russia and Saudi Arabia as core members, and notes that the United States has often sided with its positions. Helpful for understanding the negotiating blocs.

Greenpeace Southeast Asia and Partners: Confronting the Plastic and Waste Crises in Southeast Asia — 2026

This joint statement by Greenpeace Southeast Asia, GAIA, IPEN, Nexus3 Foundation, Health Care Without Harm and other groups describes the health effects of plastics in the region. It highlights hormone-disrupting chemicals such as BPA, phthalates and PFAS, high microplastic intake among South-East Asian populations, and dioxins released by burning plastic. It links the issue to the ASEAN Declaration on the Right to a Healthy Environment.

Research Institute for Sustainability (RIFS): Global Plastics Treaty Negotiations, Success Is Still Possible (Nature Comment) — 2026

This summary of a February 2026 Nature Comment argues that structural problems in the INC's procedures are driving the deadlock and that the new Chair must reform them to reach an agreement. The authors warn that failure could weaken multilateral cooperation on climate change and biodiversity as well. Useful for delegates who want to discuss how decisions are made, such as consensus versus voting.

Scientists are creating the the next generation of plastics to self-destruct through contact with sunlight and microbes — 2026

This article describes research on whether plastics could be designed to break down more easily after entering the environment. Northwestern University researchers found that sunlight can alter the surface of polystyrene in ways that allow bacteria to contribute to its degradation, but that natural conditions matter: salts and organic matter in seawater can substantially slow this process. The researchers suggest that future plastics might be deliberately designed to be more susceptible to sunlight and microbial breakdown. The article is useful for delegates considering product redesign and innovation as alternatives to relying solely on recycling and waste disposal, while also showing why claims that new plastics are "biodegradable" need to be tested under realistic environmental conditions.

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The Lancet: The Lancet Countdown on Health and Plastics — 2025

Published on 3 August 2025, just before INC-5.2, this review finds that plastics cause disease and death from infancy to old age and cause health-related economic losses of more than US$1.5 trillion a year. It traces production growth from 2 million tonnes in 1950 to 475 million tonnes in 2022, with 1,200 million tonnes projected by 2060, and notes that less than 10% of plastic is recycled. It also launches an independent monitoring system that will track plastics and health indicators over time.

NON-OFFICIAL RESOURCES ON THE TOPIC (CONT.)

Bulletin of the World Health Organization: Negotiating the Plastics Treaty to Protect Health and the Environment — 2025

This article argues that the draft treaty text has major gaps that put human health at risk. The authors recommend that the treaty make health and the environment core objectives, require health risks to be considered in all decisions, cap and reduce plastic production, and end the use of toxic chemicals in plastics. It connects WHA76.17 directly to the treaty negotiations.

Nature Medicine: Bioaccumulation of Microplastics in Decedent Human Brains — 2025

This study measured micro- and nanoplastics in human kidney, liver and brain samples and found mostly polyethylene. Levels in liver and brain samples were higher in 2024 than in 2016, and brains of people with a dementia diagnosis contained even more plastic. The authors stress the need to understand exposure routes and health effects, since the study shows a link and not proof of cause.

New England Journal of Medicine: Microplastics and Nanoplastics in Atheromas and Cardiovascular Events — 2024

This Italian study examined plaque removed from the neck arteries of patients undergoing surgery and found plastic particles, mainly polyethylene, in nearly 60% of them. Over about 34 months of follow-up, patients with plastic in their plaque had about 4.5 times the risk of heart attack, stroke or death compared with those without. It is one of the most cited studies suggesting a link between microplastics and heart disease.

NON-OFFICIAL RESOURCES ON THE TOPIC (CONT.)

The Lancet Regional Health, Western Pacific: What Are We Waiting For? The Time to Act on Plastic Pollution Is Now — 2024

This editorial notes that Australia, Fiji and the Philippines backed a proposal at INC-4 to cut primary plastic polymer production by 40% between 2025 and 2040. It cites estimates that a circular economy for plastics could cut the plastic entering the ocean by over 80% and save governments US$70 billion by 2040, and that about EUR 25 billion a year is needed to improve waste management in low- and middle-income countries.

Annals of Global Health: The Open Burning of Plastic Wastes is an Urgent Global Health Issue — 2024

This article explains that burning mixed waste containing plastic is common across the Global South and releases dioxins, polycyclic aromatic hydrocarbons and toxic ash linked to heart disease, breathing problems, cancer and birth defects. It cites an estimate of 400,000 to 1,000,000 deaths a year linked to mismanaged waste, much of it likely plastic. It argues that open burning is often ignored because plastic pollution is mostly discussed as litter.

Annals of Global Health: The Minderoo-Monaco Commission on Plastics and Human Health — 2023

Led by scientists from Boston College, the Centre Scientifique de Monaco and the Minderoo Foundation, this was the first study to look at health harms across the whole plastic life cycle, from extraction to disposal. It finds that plastics cause disease and early death at every stage, with the heaviest impacts on poor communities and children, and it recommends a global plastics treaty that caps production and addresses chemicals in plastics.

The Conversation: Burning Waste Must End, African Leaders Look to Recycling for Better Health and Value

2022

This article explains the decision of African environment ministers at AMCEN-18 in Dakar (September 2022) to eliminate open dumping and burning of waste in Africa by 2050. It notes that sub-Saharan Africa generated 180 million tonnes of waste in 2016, that more than 60% went to open dumpsites, and that burning plastic and electronic waste releases more and more harmful chemicals. Useful for African delegates linking waste policy to health.