GLOBAL MODEL WORLD HEALTH ASSEMBLY **WHA4.4**
Committee A4 **9 November 2026**
Zero Draft Resolution

Plastics and Health

The Fourth Global Model World Health Assembly,

Recalling resolution WHA76.17 (2023) on the impact of chemicals, waste and pollution on human health, which identifies potential impacts of plastics, including microplastics and associated chemicals;

Recognizing that health risks linked to plastics can arise when plastic materials are manufactured, used, recycled, burned or discarded;

Noting that plastics also serve important functions in health care, including medical devices, protective equipment and sterile packaging;

Concerned that exposure to hazardous chemicals associated with some plastics and pollution from unsafe waste management can affect workers and communities;

Recognizing that very small plastic particles have been found in the environment and in human samples, but that researchers have not yet established how much exposure causes particular health effects in people;

Emphasizing the need to distinguish health harms supported by evidence, such as exposure to certain hazardous chemicals or unsafe waste burning, from possible effects of microplastics that still require research;

Noting that governments are separately negotiating an international agreement on plastic pollution, and that WHO can contribute health evidence without deciding the terms of that agreement;

Recognizing that WHA76.17 (2023) already calls for action on the health effects of chemicals, waste and pollution, while countries still need to decide which exposures to measure, what chemical information to require and which plastics used in health care can be safely replaced,

1. URGES Member States:

(1) to identify priority health risks from the manufacture, use, recycling and disposal of plastics, distinguishing documented harm from hazardous substances or unsafe waste practices from possible effects of microplastics that remain uncertain;

(2) to identify which health, environment, labour, industry and waste-management authorities will assess plastics-related risks, exchange findings and advise the officials making national policy decisions;

(3) to decide which chemicals, dusts or emissions should be measured near plastic production, recycling and waste-burning sites, and how workers and nearby residents will be informed and protected;

(4) to consider requiring manufacturers to provide information about chemicals in plastic products that may pose health risks, particularly products used with food, by children or in medical care, while respecting national rules on confidential business information;

(5) to review how health facilities buy, use and discard plastic products, and identify items that could be reduced or replaced without compromising infection prevention, treatment quality, affordability or access to care;

(6) to assess whether alternatives to plastic products are safe, work as required and cause fewer environmental and health harms during production, use and disposal before recommending replacement;

(7) to support research that examines not only whether microplastic particles are present but also how different levels of exposure may relate to specific health outcomes;

(8) to ensure that health authorities can provide evidence to the national bodies participating in international plastics negotiations without duplicating or prejudging those negotiations;

2. INVITES international, regional and national partners and other relevant stakeholders:

(1) to share methods for deciding which chemicals and ways of exposure require urgent health assessment, while stating clearly what is known and what remains uncertain;

(2) to help countries with limited resources measure workers' and communities' exposure to potentially harmful substances and improve protection at workplaces;

(3) to exchange evaluated approaches to health-care waste reduction that maintain sterility, infection prevention and access to essential products;

(4) to share research methods and results on microplastics and nanoplastics, including remaining uncertainties;

3. REQUESTS the Director-General:

(1) to continue, in line with WHA76.17 and available resources, reviewing evidence about chemicals used in plastics, how people come into contact with them and the possible health effects of microplastics, identifying where evidence is insufficient;

(2) to communicate available public-health evidence to Member States and relevant international processes without recommending that WHO replace their negotiating mandates;

(3) to share decision tools for assessing safe reduction and substitution of plastics in health-care settings, including trade-offs involving patient safety and affordability;