Summary

After several months of work with the General Health Council (CSG) and the Ministry of Health (MOH), a technical meeting and thematic meetings had greater attendance than expected (box), intense participation, allowing the integration of knowledge of the situation in Mexico. There was a dedicated presence of the Secretary of the CSG and the Under-Secretary for Prevention and Health Promotion (SPPS). Strong presence of the Ministry of Environment (SEMARNAT) (the Minister and the Head of the Ecology and Climate Change Institute) and the National Council for Science and technology (CONACYT). The meeting highlighted that:

- Chemicals drive the reshaping of environmental health agenda in Mexico, as a priority problem, to work with other institutions, and to transform health regulation in this area.
- The *pro-bono* participation of international experts was unique, and they were involved in analyzing, and offering immediate implementation of technical cooperation.
- The presentations allowed vehement discussion from the audience. A diagnosis was assembled of government attributions, actions and limitations, knowledge on chemicals and health, the will of industry, and the contribution of academy and civil society
  - The opportunity to comply with the **Constitutional Right to Health Protection** by acting on substances that individuals cannot protect themselves.
  - Participating government institutions expressed the political will to support comprehensive national chemical management action. The CSG gives the legal framework for integration, given the mandatory nature of their agreements.
  - **Situations critical of** government inaction, disinterest, and conflict of interest for several decades despite knowing it.

Some critical situations identified

Toxic levels of lead in one million children aged 1 to 5 years, in locations under 100,000 people. Estimate of 2.5 million children nationwide. Glazed ceramic with lead as the main source of exposure. Lead paints continue to exist for home use. In the opinion of external advisers, this constitutes a national emergency. Imported asbestos for new products, when restricted or prohibited even in countries that extract it. Already an epidemic of mesothelioma associated with asbestos is being shown. Highly hazardous pesticides, in addition to having more than 122 globally restricted substances on the free market. DDT continues to be applied illegally; Lindane has been on the market for 20 years. 90% of chemicals are imported. But there is no knowledge on the substances that are imported, marketed, used in industry, used by consumers, or exported. There are some listings, registration pilots, and limited registration by CICOPLAFEST (a coordination mechanism between four ministries). It can't be handled properly. In Mexico, the industry does not have the burden of proof of what is regulated, but falls to the government or the community. Regulation is not done on the basis of risk assessment of the population, but why how dangerous the product is said to be. There are no legislation, standards, guidelines or guidelines for Risk Analysis despite having 19 years in the Health law. The insufficiency of COFEPRIS (the health regulatory agency) in regulating chemicals, and their risk analysis.
TOWARDS A NATIONAL POLICY

- **There is analytical capacity of laboratories** (INDRE – the public health lab, and CCAYAC – the regulatory national lab) to initiate biomonitoring, with the need to generate legal mandate, and expand some human and technical capabilities.
- **Exist fragmentation, duplicity, gaps, dispersion with weakness, institutional, legal and regulatory inadequacy**, with a lack of coordination and cooperation between ministries. A renewed legal framework is required that integrates the system for proper comprehensive management of chemicals. Reform in **cross-sectoral coordination** within the Article 21 in the Federal Public Administration's Organic Law in 2018, and the challenge of the new Law on Quality Infrastructure (SE) are opportunities now for a new law on chemicals. It is urgent to include the methodological basis of health regulation that includes evaluation and characterization for risk-assessment in human health.

They are **components for the action**:
- Protection through the **identification and registration of substances and chemicals**, their authorization based on Risk Analysis appropriate to the reality of the population (considering children, pregnant women, the poorest and most indigenous) and the ability to manage risk, communicate it to users, and implement compliance verification.
- Environmental **health monitoring**, based on exposure biomonitoring, and key health effects.
- **Promotion** that produces social recognition, the right to know the risk to which the consumer is exposed, the community organization, the care of individuals and families, and the reorientation of care services to clinical prevention of exposure, timely detection and reduced load.
- **Proper management of substances and chemicals within** health services, and the protection of health workers.

- The flow of funding for its management must fall primarily on regulated subjects, supplemented by government resources.

**Numeralia**

1565 scientific articles were compiled in Mexico on 26 substances
A total of 114 people attended on the day of the technical meeting under the support and headquarters of the National Academy of Medicine, including (7) international speakers (CDC (2), REACH, EPA, OECD, PAHO/WHO, Harvard), and GW.
With 22 presentations by government institutions (7), including SPPS and COFEPRIS, SEMARNAT, Agriculture (SAGARPA), CONACYT, Labor (StyPS), Trade (ECONOMIA)), academy (4), industry (1), civil society (3).
On day two at least 81 people held (7) 2-hour thematic meetings including health policy (13), lead (8 people), regulation (11), surveillance (19), international trade (10), research (8), and capacity of analytic laboratories (12).
In addition to the CSG, 6 Sponsors (INSP, ANM, IMSS, NIEHS, GWU, Collegium Ramazzini)

**On the follow-up and possible agreement of the CSG**
- It ended with high **expectations from civil society** and academia, and a follow-up commitment through a CSG **binding agreement (to be discussed and if agreed, approved on December 4th, 2019)**. This would include the integration into the sectoral programs of each Secretariat, their contribution to the implementation of the appropriate national policy of chemicals management.
- An agreement of the CSG, in addition to **securing sectoral programs**, should define policy principles.
- The agreement may include taking advantage of international **opportunities** offered by advisors such as:
  - A **diagnostic assessment of national conditions and capacities to inform the development strategy**, using the approach offered by OECD and already implemented by multiple countries (Colombia).
  - Supporting the identification, registration and authorization of chemicals by leveraging the IUCLIDE platform offered by **REACH-ECHA** and the OECD.
  - The boost to environmental health surveillance based on biomonitoring and the identification of health effects, with the support of the laboratories and the experience of “tracking” of the **CDC**.
Towards a National Policy

- Capacity development in *Risk Analysis*, with participation in OECD working groups, and in the WHO risk assessment network.

- The agreement should include the legal analysis of inadequacies and duplications to propose *legal reform and the necessary institutional redesign* addressing the strategic management system for chemicals.

- Consider the special management of *the emergency* for lead poisoning in the child population, and other legacies of inaction in previous administrations.

Annex

Note: The title of the meeting, Living in a Chemical World, was taken from the Collegium’s influential initial meetings in the 1980’s

List of international speakers

- Pat Breysse, PhD, CIH, Director of CDC NCEH/ATSDR.
- Jack de Bruijn, Director of Risk Management, European Chemicals Agency.
- Dr. Antonia Calafat, Chief of the Organic Analytical Toxicology Branch, Division of Laboratory Sciences, National Center for Environmental Health, U.S. Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia.
- MAR GONZALEZ, Administrator, Environment Directorate, Organization for Economic Cooperation and Development (OCDE)
- Marcelo Korc, Unit Chief, Climate Change and Environmental Determinants of Health at Pan American Health Organization, the regional office of the World Health Organization.
- Jeffery Morris, Director of the United States Environmental Protection Agency’s Office of Pollution Prevention and Toxics (OPPT)
- Dr. Joel Schwartz, Professor in the Departments of Epidemiology and Environmental Health at the Harvard School of Public Health, and in the Department of Medicine at Harvard Medical School.

Sponsoring Institutions (all acknowledged by the CSG and at the end of the meeting)

- Consejo de Salubridad General
- National Institute of Environmental Health Sciences
- National Academy of Medicine, Mexico
- National Institute of Public Health
- Mexican Institute of Social Security
- The Collegium Ramazzini
- The George Washington University

Website (presentations and meeting report to be uploaded before the end of November, before the CSG Council meeting)