

Response to JS

“I'm following up with a few additional questions about your proposal.”

**How certain are you that each of the countries you might work in is open to receive support? Are you already in contact with relevant stakeholders?**

**China** – we are already in contact with the Pesticide Registrar, Dr Tao ChuanJiang. He is motivated by the issue of pesticide suicides and has started collecting data on key pesticides involved suicides in Enshi region (see email). Last in contact with him during the Oct JMPM virtual meeting.

**Guyana** – Mark has long worked with the Guyana pesticide registrar, Ms Trecia David. She has made a formal request for support from CPSP if we were to obtain further funding. See attached letter. Suicide is also well recognised as a [local problem](#). Guyana is influential in the Caribbean region and their actions will be reflected on and probably replicated by other countries.

**Tanzania** – Leah has been in contact with the previous Tanzanian pesticide registrar concerning how we might build on the recent FAO review of HHP in use in Tanzania. This followed on from her visit to Tanzania for a meeting on pesticide harms in 2019. A proposal for a collaboration between CPSP, Tropical Pesticide Research Institute, and Muhimbili University is being drafted. Work on identifying HHPs started in an earlier FAO project for which a subsequent phase has recently been approved. The FAO regional coordinator, Ivy Saunyama, is enthusiastic about collaborating with CPSP to connect actions in the health sector with agricultural perspectives. Lessons learned from Tanzania would be transferred to other countries in the Southern and Eastern African regions that are benefiting from the FAO project.

We are already in contact with key stakeholders in Nepal, India, Sri Lanka, and South Africa.

**Can you take me through how work with WHO and FAO would lead to impact step by step? What needs to happen for the outputs of that work to lead to country decisions to regulate additional pesticides?**

Both WHO and FAO recognise pesticide suicides as a major global problem – as shown by their joint production of the resource on pesticide suicide for [regulators](#). However, their resources are spread thin and there are no individuals focusing on pesticide suicides in WHO or on HHP regulation in FAO. They own a high level of legitimacy on the subjects of pesticides and suicide and are often approached for help by countries, which is often not available due to limited human resources.

Both organizations produce influential policy documents and technical guidelines that countries refer to widely. They are currently working on (and CPSP is providing input to)

- a module in the on-line Pesticide Registration Toolkit to find alternatives to HHPs
- a technical guideline on Pesticide Suicide Prevention
- a global programme to reduce health and environmental risks from pesticides
- a Global Action Plan on Highly Hazardous Pesticides

We aim to provide human resources to strengthen and focus this work. We will provide individuals in each organisation that are in direct contact with each other and with CPSP so that the work is coordinated across health and agriculture. Requests for help from Ministries of Agriculture for

example can then be linked via WHO with the Ministries of Health, increasing coordination. And vice versa.

Both the WHO (Mental Health, Chemical Safety) and FAO (Pesticide Management) have expressed clear interest to receive staff resources to increase their work on suicide and HHPs.

Success of WHO/FAO will be judged by the numbers of regulatory decisions to remove HHPs performed after requests for support, as well as by a higher priority being given to the problem of pesticides suicides.

***Step by step:***

**1.** Agree with WHO/FAO whether to fund employment of UN staff in Geneva/Rome or to employ staff at UoE and provide as consultants to the relevant UN departments. The WHO model contract for directly funding staff has been shared and reviewed in Edinburgh. Then advertise & employ.

**2a. *With WHO staff*,** identify the range of activities ongoing in WHO relevant to pesticide suicides (covering 4 departments: mental health, chemical safety, tropical and neglected diseases, and vector control). Organise regular cross-department conf calls with CPSP to review targets and progress. Use this to increase the focus and activity on pesticide suicides in the organisation.

**3a.** Respond to request for help from countries with high rates of pesticide suicide. Use protocols set up by CPSP to allow data to be collected on pesticides causing suicide. Ensure that countries report on pesticide poisoning and suicides to WHO. Integrate the data with that being collected by FAO on HHPs to ensure a combined agriculture/health approach.

**4a.** Encourage Ministry of Health staff to work with the Pesticide Registrar and Ministry of Agriculture to identify effective alternatives for HHP and to ban their use in agriculture.

**5a.** Support the development of data systems to track the effects of the ban on total and pesticide suicides.

**2b. *With FAO staff*,** increase training in use of the Pesticide Regulation Toolkit by pesticide regulators in LMIC. Ensure that pesticide suicides are represented within the training, providing legitimacy for the subject within the regulation.

**3b.** Develop a communications strategy to disseminate information and raise awareness in Member States on HHP hazards, including suicide as a recognized hazard, and the tools, guidance and technical support that are available to support transitions to less hazardous and more sustainable approaches.

**3c.** Respond to requests for support from countries or regions to help them with reviews and risk assessments of their HHP use. Develop and utilise the model established in Mozambique. Ensure that suicide is included within the risk assessment. Ensure close contact with the Ministry of Health so that health problems are included within the assessment.

**4b.** Connect with ongoing projects and programmes to support identification of effective agricultural alternatives to HHP and then the regulatory activity required to remove them from agriculture.

**5b.** Remain engaged with countries after the HHP assessment to support regulatory decisions, find pathways through roadblocks that occur, and establish monitoring systems to measure impacts on health, environment and agricultural productivity.

We estimate that both WHO and FAO staff will be engaged with 5-15 countries each year to support their reduction of pesticide suicides and HHP use.

They will also support the United Nations Global Action Plan on HHPs that is currently being refined within the FAO and which be implemented by a FAO hosted secretariat and a multi-stakeholder platform.

**Are there major differences between the activities you expect to conduct in different countries?  
Can you provide a bullet pointed list of key activities in each country?**

The activities in each country will follow the same basic path of

1. identifying problematic pesticides
2. supporting regulators and agriculture ministry to identify effective alternatives, using globally accumulating data and tools currently in development
3. supporting removal of the HHPs from agricultural use through regulation in a collaborative multi-stakeholder process
4. setting up systems that will allow monitoring of the effect of the bans on suicides and agriculture
5. CPSP will also work to provide clinical guidance on the best medical management of pesticide poisoned patients (via international guidelines that will be encouraged locally)

**China** already has a sophisticated pesticide regulatory system that has banned most WHO class I OP insecticides as well as paraquat. Speaking to the Registrar, the current issue is that they do not know the currently problematic pesticides. So, in China, the focus wld be on step one above, since steps 2 and 3 are well developed, and there are academics already following step 4 for suicides. We will need to explore what is available for monitoring agricultural outputs.

**Guyana** has a functioning regulatory system and realises pesticides are its key problem with suicides. They are seeking support in data collection on suicides (see attached letter) as well as identification of effective alternatives for paraquat. Guyana is a central player in the Caribbean regional pesticide regulators' forum and its actions will be considered with interest by other Caribbean countries.

**Tanzania** has already reviewed its HHP use with the FAO. There have been medical publications on the problem of pesticide poisoning and suicides, but there are few data at the moment on the key pesticides. The collaboration would therefore start at identifying these pesticides and integrating this information with the FAO HHP analysis, to allow effective pesticide regulation.