



**AIM** Healthcare and  
social benefits  
for all

## **Healthier citizens on a healthier planet as the guiding principle for an EU Chemical Strategy**

AIM, the leading international umbrella organisation of health mutuals and not-for-profit healthcare payers, welcomes the intentions described in the European Commission's Roadmap on a chemical strategy for sustainability. The Strategy constitutes a key step towards the zero-pollution ambition for a toxic-free environment. AIM underlines that the ultimate objective of the strategy should be the achievement of higher levels of protection of human health and the environment and that these should not be bypassed for the sake of competitiveness.

### *Achieve a more thorough control of chemicals.*

As the roadmap states, chemical consumption is expected to double by 2030. Eurostat<sup>1</sup> data shows that two thirds of the chemicals produced in the EU are hazardous to health. It is therefore vital for the strategy to phase out the most hazardous substances and reach a more protective production, use and recycling for a safer circular economy. In the same vein, it is key to achieve high levels of protection for hazardous chemicals in imports.

### *Produce Safer Chemicals.*

Encouraging and investing in innovation should above all mean properly stimulating the production of safe substitutes for chemicals of concern by using of economic incentives. Better implementation of existing regulation (e.g. REACH) would also ensure that innovation is at the service of public health.

### *Limit exposure to endocrine disruptors and other chemicals of high concern.*

Policy action should aim to limit exposure to major groups of chemicals, starting with endocrine disruptors, PFAs, flame retardants and hazardous pesticides. Those chemicals require urgent action as their negative impact on citizens' health has been demonstrated. By 2030 all hazardous chemicals should be removed from consumer products and food packaging. The strategy should also address gaps in chemicals-related legislation and intend to achieve a better identification of endocrine disruptors across regulations.

### *Cautious on the relocation of chemicals back to Europe*

The relocation of some of the production of chemicals used in pharmaceuticals (e.g) in Europe has been considered by many as a solution to facilitate the transparency of the sourcing chain, increase production capacity as well as support the strategic independence of Europe. However, relocation decisions still remain the sole responsibility of companies themselves. A clear, well thought-out plan, looking into issues such as what kind of medicines we need to relocate, the needs at European level, and the costs of the incentives needed to reshore production, is a prerequisite, should the European Commission wish to go down this path. Consultation of stakeholders will of course be needed all across this process.

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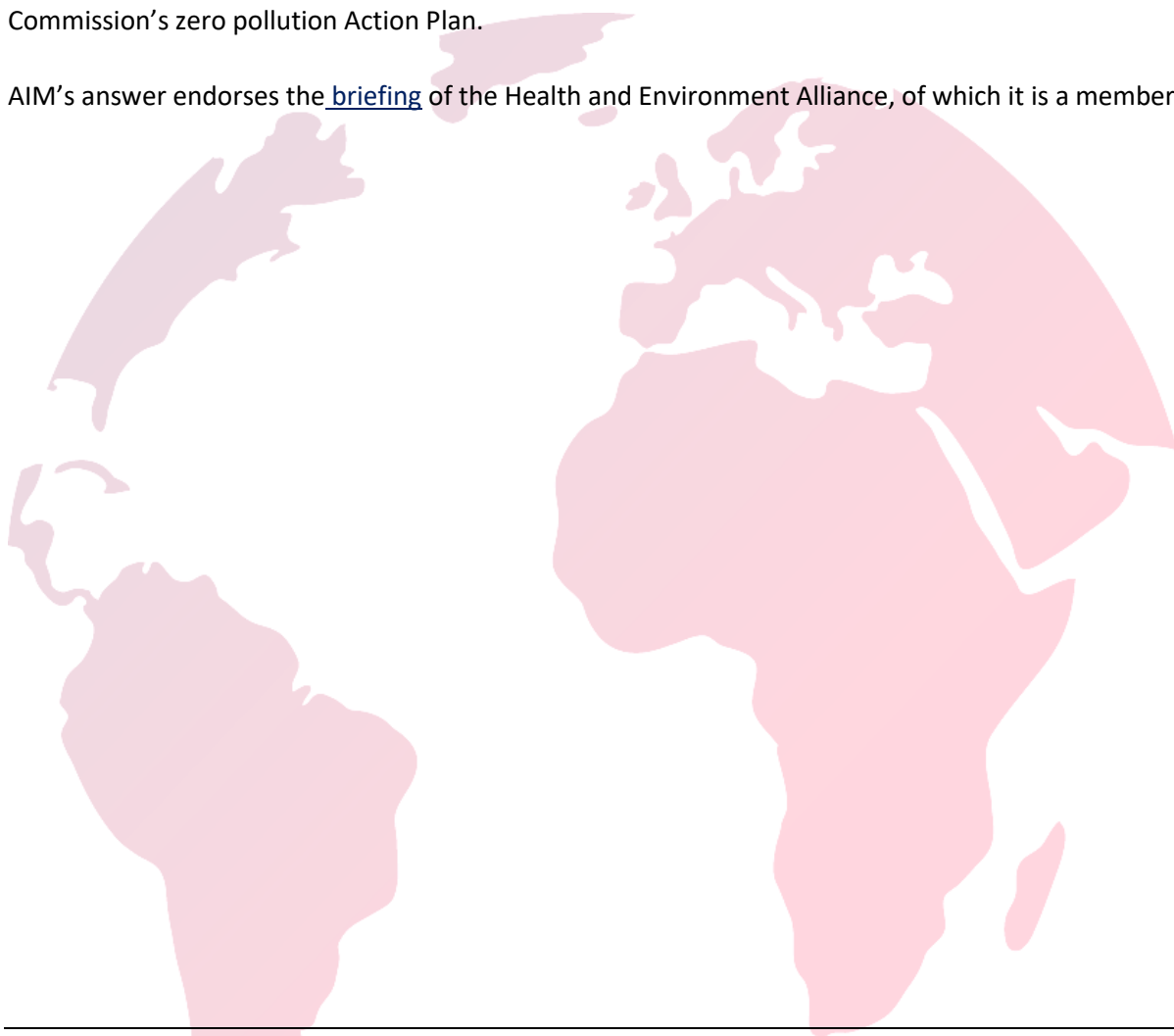
<sup>1</sup> [https://ec.europa.eu/eurostat/statistics-explained/index.php/Chemicals\\_production\\_and\\_consumption\\_statistics](https://ec.europa.eu/eurostat/statistics-explained/index.php/Chemicals_production_and_consumption_statistics)

*Follow the precautionary approach.*

The process of “one substance – one assessment” proposed by the European Commission should not lead to lower levels of protection. Assessments should be based on sound scientific evidence and the precautionary principle should be applied in case of any uncertainty. The principle should not be used as an excuse to bypass or hasten existing regulation.

On top of the concerns listed above, AIM hopes that the European Commission will also seek to eliminate chemical pollution in air, water and soil and to avoid the reuse of materials containing toxic chemicals. If those objectives are not included in the Chemicals Strategy, they should be part of the Commission’s zero pollution Action Plan.

AIM’s answer endorses the [briefing](#) of the Health and Environment Alliance, of which it is a member.



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The International Association of Mutual Benefit Societies (AIM) is an international umbrella organisation of federations of health mutuals and other not-for-profit healthcare payers. It has 57 members from 30 countries in Europe, Latin America and Africa and the Middle East. 33 of its members, from 20 countries, are based in the

European Union. AIM members provide compulsory and/or supplementary health coverage to around 240 million people around the world, including close to 200 million people in Europe, on a not-for-profit basis. Some AIM members also manage health and social services. Collectively, they have a turnover of almost €300 billion. AIM members are either mutual or health insurance fund.

They are: private or public legal entities; solidarity based; not-for-profit oriented organisations: surpluses are used to benefit the members; democratically-elected members play a role in the governance of the organisation.

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