

AIM Declaration: “Limiting exposure to EDCs, a responsibility for all”

Growing evidence highlights the links between the exposure to endocrine disrupting chemicals (EDCs) and serious health conditions such as adult and childhood obesity, gestational diabetes, reduced birthweight, infertility, endometriosis, prostate and breast cancer (to cite but a few).¹ Apart from the public health gains that tackling EDCs would bring, it also represents a huge economic opportunity. It is estimated that the health costs arising from EDC exposure amount to at least €163 billion per year in Europe alone.² According to the European Commission’s support study on the Non-Toxic Environment, an annual €1.5 billion is spent on female reproductive disorders and diseases in the EU as a result of exposure to EDCs.³

The European Parliament called for action on EDCs in its Resolution of 10 July 2020 on the Strategy on the Sustainable Use of Chemicals.⁴ On 15 March 2021, the Council Conclusions entitled “Sustainable Chemicals Strategy of the Union: Time to Deliver” in turn called for a strengthening of the European legal framework in the area of EDCs in order to minimise exposure of humans and the environment to them.⁵ In its Chemicals Strategy for Sustainability, the European Commission stresses the need for “(...) the adoption of the preventive generic approach to risk management across legislation, especially to avoid the use of endocrine disruptors in consumer products”.⁶ Beyond that political will, the evidence clearly supports urgent action at EU level to minimise exposure to EDCs.

AIM supports the initiatives taken so far by the European Commission in its Green Deal, its zero-pollution ambition for a toxic-free environment and its related sustainability strategy for chemicals. In this declaration, AIM emphasises the need to take concrete action and makes the recommendations listed below.

¹ [https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(20\)30129-7/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(20)30129-7/fulltext)

² https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5244983/#_ffn_sectitle

³ <https://www.env-health.org/wp-content/uploads/2020/06/090166e5d08fe590.pdf> ; p. 1-2

⁴ https://www.europarl.europa.eu/doceo/document/TA-9-2020-0201_EN.html

⁵ <https://www.consilium.europa.eu/media/48827/st06941-en21.pdf> ; p.10

⁶ <https://ec.europa.eu/environment/pdf/chemicals/2020/10/Strategy.pdf> ; p. 11

Proper identification: Propose harmonised horizontal identification criteria, based on the hazard profile of a substance, and reflecting the available level of scientific evidence, under the Classification, Labelling and Packaging Regulation (CLP).

A strict approach to risk management: Introduce restriction measures for all identified endocrine disruptors across sectors and legislations and prevent consumers' exposure through strict bans of endocrine disruptors in consumer products.

Apply the precautionary principle before allowing chemicals onto the market: a substance suspected to be an endocrine disruptor should at least be restricted in consumer uses.

Empowered consumers: Inform individuals on their exposure to EDCs as well as on the consequences for their health and empower them to take action to avoid exposure.

Safe Workplaces: Develop and implement sound occupational health and safety regulations to protect workers from exposure to EDCs and strengthen the (continuous) training of professionals by integrating environmental health issues and chemical risks, including endocrine disruptors, in certificate courses.

Healthcare professionals as valuable allies: Include EDCs as part of the medical curriculum and training of healthcare professionals so that they have the necessary knowledge to raise awareness among their patients.

Industry & agriculture playing their part: The industry and farmers should be incentivised to reduce the use of ED chemicals and invest in a transition to EDC-free materials and practices.

Thorough research: Increase the number of chemical substances investigated each year so as to build the evidence, keep it up-to-date and set a sound basis for policy-making. Invest in research on alternatives and substitutes for endocrine disruptors.

Proper identification: Propose harmonised identification criteria based on the hazard-profile of a substance, and reflecting the available level of scientific evidence, under the Classification, Labelling and Packaging Regulation (CLP).

The following arguments support our recommendation:

1. Consumers should be protected from all potential sources of exposure.

A proper identification is a first step towards regulation. AIM believes that the identification of an EDC under one regulation should have regulatory consequences in all legislation that addresses the use of and exposure to this substance. Moreover, the development of harmonised criteria would be an important basis to the development of adequate and coherent regulatory measures (see next recommendation).

Currently, the lack of provisions to identify EDCs across all sectors indeed leaves important gaps when it comes to their identification in widely used consumer products such as toys, cosmetics or food contact materials. To close those gaps and efficiently protect consumers, three categories should be applied for the identification of EDCs according to the available levels of scientific knowledge and evidence: “suspected”, “presumed” and “known”.⁷ A category of suspected EDCs is indeed necessary to reflect the varying levels of evidence available and the current limitations in test methods.⁸ AIM encourages the development of those hazard classes under the Classification, Labelling and Packaging Regulation (CLP). That would also be in line with the European Commission’s Chemical Strategy’s⁹ objective proposing to establish legally binding hazard identification.

2. EU regulations on chemicals should be coherent and harmonised.

Some regulations mention EDCs but do not include any identification provisions and propose no regulatory actions as consequence of ED identification. What is more, the identification of an EDC under one regulation does not necessarily lead to regulatory consequences in other regulations addressing the same chemical. For example, a REACH restriction limits the concentration of four phthalates (DEHP, DBP, DIBP, and BBP) in consumer articles but the restriction does not apply to food contact materials.¹⁰ Therefore, AIM calls for coherence and harmonisation of all EU regulations on chemicals.

3. No double standards should be allowed when it comes to public health.

Several Member States have taken initiatives to ban substances which have been proved to have adverse effects on health.¹¹ Following the precautionary principle, those national initiatives should constitute an incentive for banning substances at European level. By not

⁷ See e.g. www.edlists.org The website is aimed at informing companies and stakeholders about substances that have already been identified as endocrine disruptors or are being assessed in the EU for their endocrine-disrupting properties. The database is a joint initiative of Belgium, Denmark, France, the Netherlands and Sweden and aims to offer information that can contribute to a legislation for better protection of public health and the environment.

⁸ <https://www.env-health.org/wp-content/uploads/2020/04/Jan-2020-HEAL-response-to-stakeholder-survey-EDCs.pdf> ; p.1

⁹ <https://ec.europa.eu/environment/pdf/chemicals/2020/10/Strategy.pdf>; p.11

¹⁰ <https://www.foodpackagingforum.org/news/eu-phthalates-restriction-comes-into-force>

¹¹ It is the case for example for France, which banned BPA in all food contact materials in 2015.

doing so, AIM believes that the EU misses an opportunity to protect the health of its citizens and leaves room to the creation of double standards for public health. The European Commission should take the lead in strictly regulating EDCs. It would contribute “(...) to increase levels of consumer protection and to create a level-playing field for industries within the internal market, while boosting safe innovation”.¹² A first step in that fight is setting clear identification categories.

A strict approach to risk management: Introduce restriction measures for all identified endocrine disruptors across sectors and legislations and prevent consumers’ exposure through strict bans of endocrine disruptors in consumer products.

The following arguments support our recommendation:

1. Public health comes first.

EDCs can have an impact at very low doses of exposure, even at exposure levels which are considered safe under traditional risk assessment methods and the timing of exposure is of critical importance. Small doses at key moments of development (e.g. foetus in the womb) can lead to serious health problems later in life, and the effects of exposure can sometimes be observed across generations.¹³ They can also be more dangerous when acting together at the same time¹⁴

Once EDCs are clearly identified and their potential low-dose effects taken into account, chemicals categorised as ‘known’ and ‘suspected’ EDCs should be banned from all products “with a potential derogation, when essential use demonstrated and no suitable alternative exists”¹⁵. Consumers, workers, and the supply chain should be informed accordingly.

2. The EU is committed to meet its general objective of high protection of human health.

Failing to take action on EDCs prevents the EU from meeting its general objective of high protection of human health. Additionally, it hinders the achievement of the targets set in the EU Green Deal. The EU Treaties enshrine the principle of human health as explained hereunder.

Article 168.1 of the Treaty on the Functioning of the European Union clearly states: “[...] Union action [...] shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health.” Those objectives can only be met through the proposed approach to risk management of EDCs.

¹² <https://www.env-health.org/wp-content/uploads/2020/04/Jan-2020-HEAL-response-to-stakeholder-survey-EDCs.pdf> ; p. 17

¹³ https://chemicalsinourlife.echa.europa.eu/guest-corner/-/asset_publisher/vcrOSpl91ebF/blog/time-to-action-european-promises-on-endocrine-disruptors

¹⁴ Also known as the “cocktail effect”. See http://www.disruptingfood.info/images/consumer_guideUPDATE2013.pdf ; p. 8

¹⁵ <https://www.env-health.org/wp-content/uploads/2020/11/September-2020-EDC-Free-Europes-key-recommendations-for-a-reformed-European-regulatory-framework-on-EDCs-update.pdf>

Still in the Treaty, according to Article 191.2: “Union policy on the environment shall aim at a high level of protection taking into account the diversity of situations in the various regions of the Union. It shall be based on the precautionary principle and on the principles that preventive action should be taken, that environmental damage should as a priority be rectified at source and that the polluter should pay.”¹⁶ The current lack of identification provisions and regulatory measures is against both the precautionary principle and the polluter pays principle.¹⁷ For instance, when it comes to water, companies are releasing chemicals in the environment with no obligation to monitor their impact. Public authorities and taxpayers are the ones bearing the costs of monitoring and follow up.¹⁸

Apply the precautionary principle: before allowing chemicals onto the market: a substance suspected to be an endocrine disruptor should at least be restricted in consumer uses.

The following arguments support our recommendation:

1. No risks should be taken when it comes to public health.

As stated above, EDCs can have an impact at very low doses of exposure, even at exposure levels which are considered safe under traditional risk assessment methods and the timing of exposure is of critical importance. Small doses at key moments of development can lead to serious health problems later in life, and the effects of exposure can sometimes be observed across generations.¹⁹ Following the One-Health approach, substances suspected to be endocrine disruptors should be restricted, especially in consumer products, as their use could negatively affect both human and environmental health.

2. EU Treaties call for the precautionary principle.

As already mentioned, Article 191(2) of the Treaty on the Functioning of the EU, states that “Union policy on the environment (...) shall be based on the precautionary principle (...)”. That principle is to be followed whenever “(...) potentially dangerous effects deriving from a phenomenon, product or process have been identified, and that scientific evaluation does not allow the risk to be determined with sufficient certainty.”²⁰

¹⁶ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A12012E%2FTXT>

¹⁷ <https://www.env-health.org/wp-content/uploads/2020/04/Jan-2020-HEAL-response-to-stakeholder-survey-EDCs.pdf> ; p. 3

¹⁸ <https://www.env-health.org/wp-content/uploads/2020/04/Jan-2020-HEAL-response-to-stakeholder-survey-EDCs.pdf> ; p. 9

¹⁹ https://chemicalsinourlife.echa.europa.eu/guest-corner/-/asset_publisher/vcrOSpl91ebF/blog/time-to-action-european-promises-on-endocrine-disruptors

²⁰ [European Commission, Communication on the Precautionary Principle, 2001](#)

Empowered consumers: *Inform individuals on their exposure to EDCs as well as on the consequences for their health; and empower them to take action to limit that exposure.*

The following arguments support our recommendation:

1. Consumers have the right to know.

EU citizens are insufficiently informed about EDCs and the potentially serious health risks associated with EDC exposure. A Eurobarometer survey from 2016 found that around 65% of European citizens are concerned about exposure to chemicals in their daily lives. Less than half of the same group feels well-informed about the potential dangers of chemicals.²¹ More recently, a survey carried out in Belgium by the Mutualités Libres²² found that 48% of interviewees had never heard of endocrine disruptors and up to 60% did not know about their impact on health. One can expect the numbers to be at least as high in most EU countries. There is thus a clear need for action both at EU and at Member State level.

AIM calls on the European Commission, Member States and other stakeholders to raise public awareness of the issue and produce a series of evidence-based recommendations to populations and more particularly to vulnerable groups such as pregnant women and young children. Knowing that “zero” exposure is not possible, limiting hazards by empowering citizens to make healthier choices is crucial. The European Commission should facilitate that awareness raising by contributing to build the evidence and facilitating the collaboration of Member States in the development of clear and efficient messaging for their populations.

2. Properly informed consumers can take action to limit exposure where possible by changing their consumption habits.

Citizens are willing to choose what is best for their health and the environment. They should be provided with information on the risks and impact of EDCs as well as recommendations or guidelines on how to minimise their exposure to those chemicals. The European Commission should ensure that transparent communication about known, presumed and suspected EDCs is available to consumers in an appropriate form and language so that they can make informed choices. EU official lists of EDCs and suspected EDCs should be made publicly available.²³

²¹ [EU Barometer, Report, Chemical Safety, November-December 2016](#) ; p. 4

²² https://www.mloz.be/sites/default/files/events/position_paper_mutualites_libres_endocrine_disruptors_1.pdf

²³ <https://www.env-health.org/wp-content/uploads/2020/11/September-2020-EDC-Free-Europes-key-recommendations-for-a-reformed-European-regulatory-framework-on-EDCs-update.pdf> ; p. 7

Safe Workplaces: Develop and implement sound occupational health and safety regulations to protect workers from exposure to EDCs and strengthen the (continuous) training of professionals by integrating environmental health issues and chemical risks, including endocrine disruptors, in certificate courses.

The following arguments support our recommendation:

1. Certain occupations expose workers to EDCs on a daily basis.

Farming, cleaning, factory work or beauty and the healthcare industry are some of the occupations in which workers can be exposed to harmful chemicals, including EDCs, on a daily basis.²⁴ Minimising that exposure through a ban on the use of known EDCs at the workplace and a call for substitution with safer substances, should be a priority. On top of that, information about the identities and hazards of ED chemicals must be made available and understandable to workers.

2. Protecting workers from exposure is a responsibility of employers, Member States and EU authorities.

According to EU legislation, employers are responsible for reducing their workers' risk of exposure to dangerous chemicals by eliminating the use of or substituting harmful substances, applying control measures, respecting the limits of exposure, and communicating about workplace safety to their employees. Offering continuous training of professionals at risk is thus part of their responsibilities.²⁵

Member States also play a major role in ensuring the safe use of chemicals. They can propose restrictions for certain chemicals which they consider to be of concern. Their enforcement authorities are responsible to ensure that companies comply with both the chemicals and health and safety legislations in place.

Additionally, the European Union has the responsibility to protect workers from exposure to hazardous chemicals and thus to ensure a high level of protection of human health and the environment, notably through its chemical legislation. The EU Framework Directive on Safety and Health at Work should guarantee minimum safety and health requirements throughout Europe.²⁶

²⁴ <https://www.edc-free-europe.org/your-workplace>

²⁵ <https://chemicalsinourlife.echa.europa.eu/who-is-responsible>

²⁶ <https://chemicalsinourlife.echa.europa.eu/who-is-responsible>

Healthcare professionals as valuable allies: Adapt the medical curriculum and continuous training of healthcare professionals to include knowledge on EDC specificities and prevention strategies so that they have the necessary knowledge to raise awareness.

The following arguments support our recommendation:

1. Healthcare professionals are trusted interlocutors.

General Practitioners (GPs) and other healthcare providers are citizens' first contact points to healthcare systems. Their opinion is often trusted and valued by individuals. Physicians, nurses and midwives (for example) are therefore in a perfect position to raise awareness and educate their patients on how to avoid the main sources of exposure to EDCs.

According to the above-mentioned survey by the 'Mutualités Libres', 3 out of 4 Belgian consumers expect healthcare providers (e.g. doctors, pharmacists, gynaecologists) to provide information about endocrine disruptors. This mainly relates to specific information/advice to protect oneself against exposure to endocrine disruptors (47%) and more general information on endocrine disruptors (45%).²⁷

2. Healthcare professionals' knowledge about endocrine disruptors is often limited.

Not all doctors or pharmacists are endocrinologists. If healthcare professionals are to be involved in raising awareness about EDCs for prevention purposes, they should be provided with the necessary knowledge and tools to do so. Including EDCs in the medical curriculum and in further training of healthcare professionals is a necessary step.

Information should also be made available and awareness raised among current medical staff, especially GPs, as they are trusted people patients take advice from. To that end, more specific information material is to be developed for healthcare providers, and made easily accessible (e.g. via screens or posters in waiting rooms) to be used in their practice.

Industry and agriculture playing their part: The industry and farmers should be incentivised to reduce the use of ED chemicals and to invest in a transition to EDC-free materials and practices.

The following arguments support our recommendation:

1. Industry is responsible for its products and their potential consequences.

It is worth considering the high profits of the chemical industry when talking about the (above mentioned) overall societal costs of EDC exposure. "In 2017, the value of the global chemical industry exceeded 5 trillion USD and is projected to double by 2030." AIM believes that those figures and the arguments previously stated support the application of the polluter pays principle.²⁸ In addition, the European Commission underlines in its Chemicals Strategy, the

²⁷https://www.mloz.be/sites/default/files/events/position_paper_mutualites_libres_endocrine_disruptors_1.pdf; p. 12

²⁸<https://www.env-health.org/wp-content/uploads/2020/04/Jan-2020-HEAL-response-to-stakeholder-survey-EDCs.pdf>; p.16

needed transition to chemicals that are safe and sustainable by design. That transition can only happen if industry is made accountable for its products.

2. A number of pesticides are suspected or proved to act as endocrine disruptors.

Eating fruit or vegetables can mean ingesting on average residues from 20 different endocrine disrupting pesticides.²⁹ Reducing the use and dependence on chemical pesticides can thus have a considerable impact on citizens' exposure to EDCs.

The European Commission Farm to Fork Strategy recognises the need to reduce the overall use of chemical pesticides and related risks as a key measure to reduce exposure to endocrine disruptors. AIM subscribes to the proposal of a revision of the guideline on the sustainable use of pesticides to significantly reduce the use, risks and dependence on chemical pesticides and to improve integrated crop protection.

3. Industries and farmers willing to make a change should be encouraged to do so.

There is a clear need of a transition towards the production of safe and materials and products which are sustainable by design as well as to the use of alternatives to chemical ED pesticides. Finding alternatives should not mean putting more chemicals on the market. Non-chemical alternatives are also possible and should be encouraged. AIM calls on the European Commission to devise "(...) political and economic incentives towards the safe substitution of chemicals of concern [...] in order to reward health-and environment-friendly industry frontrunners".³⁰ This will in turn contribute to the proper implementation of the polluter-pays principle.

Thorough research: Increase the number of chemical substances investigated each year so as to build the evidence, keep it up-to-date and set a sound basis for policy-making. Invest in research on alternatives and substitutes for endocrine disruptors.

The following argument support our recommendation:

1. Most substances are not being tested.

There are currently an estimated 140,000 different substances on the market and only 1 percent has been tested for endocrine-disrupting properties.³¹

As stated in the European Parliament Resolution of 10 July 2020 on the Strategy on the Sustainable Use of Chemicals, there is a need for ambitious targets to increase the number of chemical substances investigated each year, in particular with regard to their endocrine-disrupting properties.

²⁹ http://www.disruptingfood.info/images/consumer_guideUPDATE2013.pdf ; p.8

³⁰ <https://www.env-health.org/wp-content/uploads/2020/06/090166e5d0342750-2.pdf> ; p. 2

³¹ -Report on the proposal for a decree amending the decree of 21 November 2003 on the preventive health policy, as regards the duty to raise awareness and the preventive policy with regard to exposure to chemical substances that disrupt or may disrupt the normal hormonal functioning of the human organism, 1859 (2018-2019) - No 2, p.3)

AIM calls on the EU to invest in research to identify endocrine disruptors and assess their risks by making endocrine disruptors a priority research topic in European research programmes.

What do AIM members do?

Mutuals and health insurance funds have a clear role to play when it comes to the prevention of exposure to EDCs. Mutual and health insurance funds play different roles, which go well beyond offering healthcare coverage.

They provide for **coaching** and **health education**. Mutuals and health insurance empower their affiliates through their very democratic principles of active participation in the governance. As a consequence, affiliates trust the services provided. Prevention messages and actions are taken seriously as the affiliates are involved in the decision making processes. Mutuals take responsibility for informing on the risks of exposure to endocrine disrupting chemicals and on how to limit that exposure. Mutuals are **front-line collaborators** with healthcare providers. Mutuals support general practitioners in order to facilitate and encourage preventive and awareness-raising actions. Mutuals benefit from their large network in the health systems across at local, European and international level to achieve a greater impact.

Through their systems, mutuals and health insurance funds have access to a large amount of data and information which can be used to develop and evaluate measures implemented. Thus providing for an **epidemiological source**.

Mutuals promote **research**. They also have the capacity to carry-out useful research in the field, by attracting collaboration from all types of stakeholders (providers, etc.) and professionals.

Finally, they are important actors in the **political dialogue**. Mutuals and health insurance funds actively take part in the health policy dialogue. They exert political leverage on governments to take action and protect populations' health, including when it comes to endocrine disrupting chemicals.

AIM members will continue to carry out those important roles and to collaborate with key stakeholders in order to protect citizens' health from exposure to EDCs.



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 56 members from 28 countries in Europe, Latin America and Africa and the Middle East. 31 of its members, from 18 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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