

The global plastics treaty: much needed, but still not there

The need for an effective, health-protective global plastics treaty continues to build.¹ Plastic production is accelerating, waste plastic is accumulating, evidence of the harms of plastics to human and planetary health is growing, and the annual health-related costs of these harms are conservatively estimated at US\$1.5 trillion and rising.²⁻⁴

Against this background, the failure to agree a global plastics treaty at the reconvened fifth session of the Intergovernmental Negotiating Committee (INC-5.2) in August, 2025 is concerning.⁵ More than 100 of 183 UN member states present at the meeting worked together to try to craft an ambitious, science-based treaty that would be legally binding, protect health, and cover the entire plastic lifecycle.⁶ Opposing them were a small group of petroleum-producing nations⁵ that blocked agreement. They opposed any limits on production of new plastics, a position aligned with the oil industry's pivot towards plastic production,⁷ refused to address the full lifecycle of plastics, objected to any controls on chemicals in plastics, and refused to create the financial mechanisms essential for an effective treaty. These states insisted on decision making by consensus, which was interpreted as requiring, in effect, unanimity. Once again, the talks ended without a treaty.⁵

What comes next? The most direct option is to continue negotiations under UN auspices and move forward with an INC-5.3. This approach has the advantage of respecting the UN process and thus encompassing all member states. It also aligns with the International Court of Justice's 2025 ruling that member states are obligated to work together to preserve the earth's environment.⁸ Continuing negotiations in this way would build on the work done by states that favour a strong treaty, and especially on the momentum these states generated at the INC-5.2 meeting when they definitively rejected two drafts of a weak treaty that failed to address the root causes of the plastics crisis.⁵

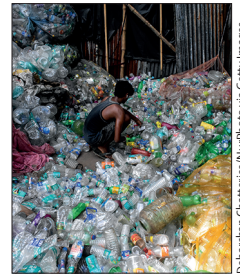
To make progress in a reconvened INC, member states will need to confront the main obstacle to an effective global plastics treaty: the outsized impact of the petroleum-producing states. We suggest that to overcome this barrier the negotiators would need to consider new rules for treaty adoption that move away from decision making by consensus—ie, unanimity—to

decision making by simple or two-thirds majority. Such approaches could be adopted when efforts to achieve consensus have failed. They will overcome gridlock, respect the will of the majority of member states, and safeguard global health.

Another option would be to move the negotiations to a forum in which member states seeking a health-protective treaty could devise their own rules.⁹ There are two precedents for such an approach: the 1997 Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction¹⁰ and the 2017 Treaty on the Prohibition of Nuclear Weapons.¹¹ This coalition of the willing approach has the advantage that it can bypass opposition by the petroleum-producing states and get past decision making by unanimity. But while faster and more flexible, such treaties do not anticipate universal participation.

Additional alternatives are to develop non-binding statements, declarations, and recommendations through venues such as the G7, the G20, or the Organisation for Economic Co-operation and Development. Although unlikely to be sufficient, such actions could advance international standards for plastics and protect health by, for example, requiring full disclosure of the chemical composition of plastic products and mandating pre-market toxicity testing and post-market biomonitoring of plastic chemicals.¹² And while they are not likely to change the position of the petroleum-producing states, such declarations could modify the behaviour of consumer-facing companies concerned about brand image and future liability.

In any of these scenarios, as well as in the upcoming seventh session of the UN Environment Assembly (UNEA) in December, 2025, negotiators will need to resist potential pressure to modify the mandate of the UNEA treaty resolution or to craft a weak, least-common denominator treaty in the unrealistic expectation that deep, structural disagreements can somehow be papered over in future Conferences of the Parties (CoPs). A stepwise approach could, in theory, produce a health-protective plastics treaty, but only if there is agreement within the INC from the outset on core principles and substantive obligations, with only matters of lesser priority deferred to future CoPs.



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Whatever the path taken, there are grounds for hope. First, the treaty process has catalysed the generation of new, independent scientific knowledge about the harms of plastics to health^{6, 13} and moved the health argument to centre stage. It is now indisputable that plastics harm human and planetary health at every step of their lifecycle.² Although plastics' environmental harms remain of deep concern, plastics can no longer be viewed as solely an environmental threat. Second, economic data highlighted during these negotiations have raised awareness of the massive, externalised costs of plastics' harms.^{2, 3} These data have broadened understanding of the role of governmental subsidies in supporting plastic production, questioned the need for these subsidies, and underscored the liabilities of inaction.^{4, 14–16} Economic data also underscore the importance of financial mechanisms as key to treaty implementation.⁵ Third, the collective engagement in the INC process of the member states that favour a health-protective treaty has sharpened these countries' awareness and argument, forged bonds among them, and steeled them for continuing negotiation.⁵

In this context, the ongoing work of the *Lancet* Countdown on Health and Plastics² to quantify the burden of disease and premature death attributable to plastics and track trends in plastic production, pollution, and exposure will be key, informing evidence-based policy at global, national, subnational, and local levels.

Going forward, the medical community has an important role in relation to plastics and health.⁶ Doctors can collaborate with basic scientists to produce and share new scientific knowledge on the harms of plastics to health.⁶ They can educate their colleagues and patients about the dangers of plastics, especially to the health of children and disadvantaged populations.² They can urge plastic use reduction in their hospitals and health-care systems and spearhead efforts to develop safer, more sustainable materials.¹⁷ And, as they are doing with climate change, health professionals can raise their trusted voices to call for a strong and legally binding global plastics treaty that safeguards health and protects our planet.

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