



The Economics of Addressing Pharmaceuticals in the Environment



1 October 2026 | 14:00 – 15:30 CEST | Online (Webex)



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The Economics of Addressing Pharmaceuticals in the Environment



Welcome and Introduction



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The Economics of Addressing Pharmaceuticals in the Environment



Diana RIZZOLIO

Coordinator, Geneva Environment Network



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SPEAKERS



Ludovic BERNAUDAT 

Head, GEF Chemicals and Green Chemistry Unit, UN Environment Programme



Erta KALANXHI 

Director Partnerships, One Health Trust



Andreia SANTOS 

Associate Professor, St Mary's University, London, United Kingdom



Peggy LEFORT 

Pollution & Circular Economy Lead, UN Environment Programme Finance Initiative (UNEP FI)



Ann-Lise MIKOLAJCZAK 

Associate Director, Innovation and Sustainability Policy, IFPMA



Antoine ICHAS 

Chemicals and Environment Manager, EFPIA



Jorge Enrique TRUJILLO SANCHEZ 

Executive Director, Punto Azul Colombia



Elvana RAMAJ 

Director of Circular Economy Directorate, Albania



Stéphanie LARUELLE 

Programme Management Officer, Chemicals and Health Branch, UN Environment Programme | Co-Moderator



Gastón ITURBURU 

Pharmaceutical Lifecycle Expert, UN Environment Programme | Co-Moderator



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Addressing **Pharmaceuticals** in the Environment Through a Lifecycle Approach **Event Series**

The Global Framework on Chemicals - The first International Conference

Registration and Logistics

Registration



Information for
participants



Communications



The Economics of Addressing Pharmaceuticals in the Environment



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AGENDA

Welcome and Introduction

- **Stéphanie LARUELLE** | Programme Management Officer, Chemicals and Health Branch, UN Environment Programme | Co-Moderator

Opening Remarks

- **Ludovic BERNAUDAT** | Head, GEF Chemicals and Green Chemistry Unit, UN Environment Programme

Costs of Inaction / Benefits of Action

The Economic Cost of Inaction on AMR

- **Erta KALANXHI** | Director Partnerships, One Health Trust

Potential Economic Impacts Related to the Presence of Pharmaceuticals in the Environment

- **Gastón ITURBURU** | Pharmaceutical Lifecycle Expert, UN Environment Programme | Co-Moderator

The Benefits of Action for the Sustainable Management of Chemicals – Planned Health and Economic Analysis

- **Andreia SANTOS** | Associate Professor, St Mary's University, London, United Kingdom

Economic & Financial Incentives

Pharmaceuticals in the Environment: Risks and Opportunities for Financial Institutions

- **Peggy LEFORT** | Pollution & Circular Economy Lead, UN Environment Programme Finance Initiative (UNEP FI)

Perspectives of the Innovative Pharmaceutical Industry

- **Ann-Lise MIKOLAJCZAK** | Associate Director, Innovation and Sustainability Policy, IFPMA
- **Antoine ICHAS** | Chemicals and Environment Manager, EFPIA

Panel Discussion

Business Models & Investment Cases

EPR: An Investment Rather than a Cost for the Pharmaceutical Industry

- **Jorge Enrique TRUJILLO SÁNCHEZ** | Executive Director, Punto Azul Colombia

Sound Chemicals Project-Experience in Albania

- **Elvana RAMAJ** | Director of Circular Economy Directorate, Albania

Panel Discussion

Closing



The Economics of Addressing Pharmaceuticals in the Environment



Opening Remarks



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Ludovic BERNAUDAT

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Costs of Inaction / Benefits of Action



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Costs of Inaction / Benefits of Action



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Gastón ITURBURU

Pharmaceutical Lifecycle Expert,
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Andreia SANTOS

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The Economic Cost of Inaction on AMR

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Director Partnerships, One Health Trust



 **ONEHEALTH**
TRUST



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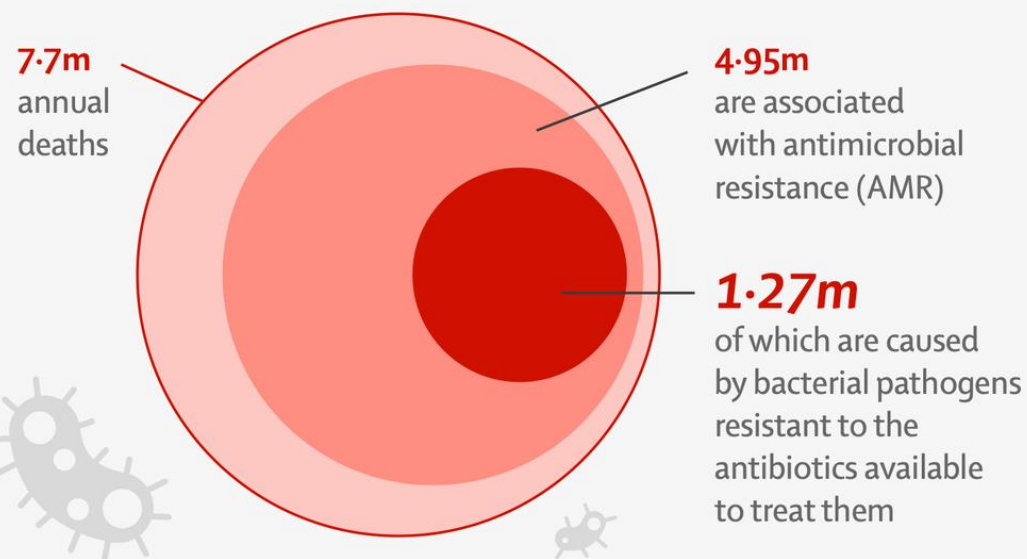
AMR - The cost of inaction

Erta Kalanxhi, One Health Trust

October 01, 2026

Antimicrobial Resistance

Each year, an estimated 7.7 million deaths are associated with bacterial infections

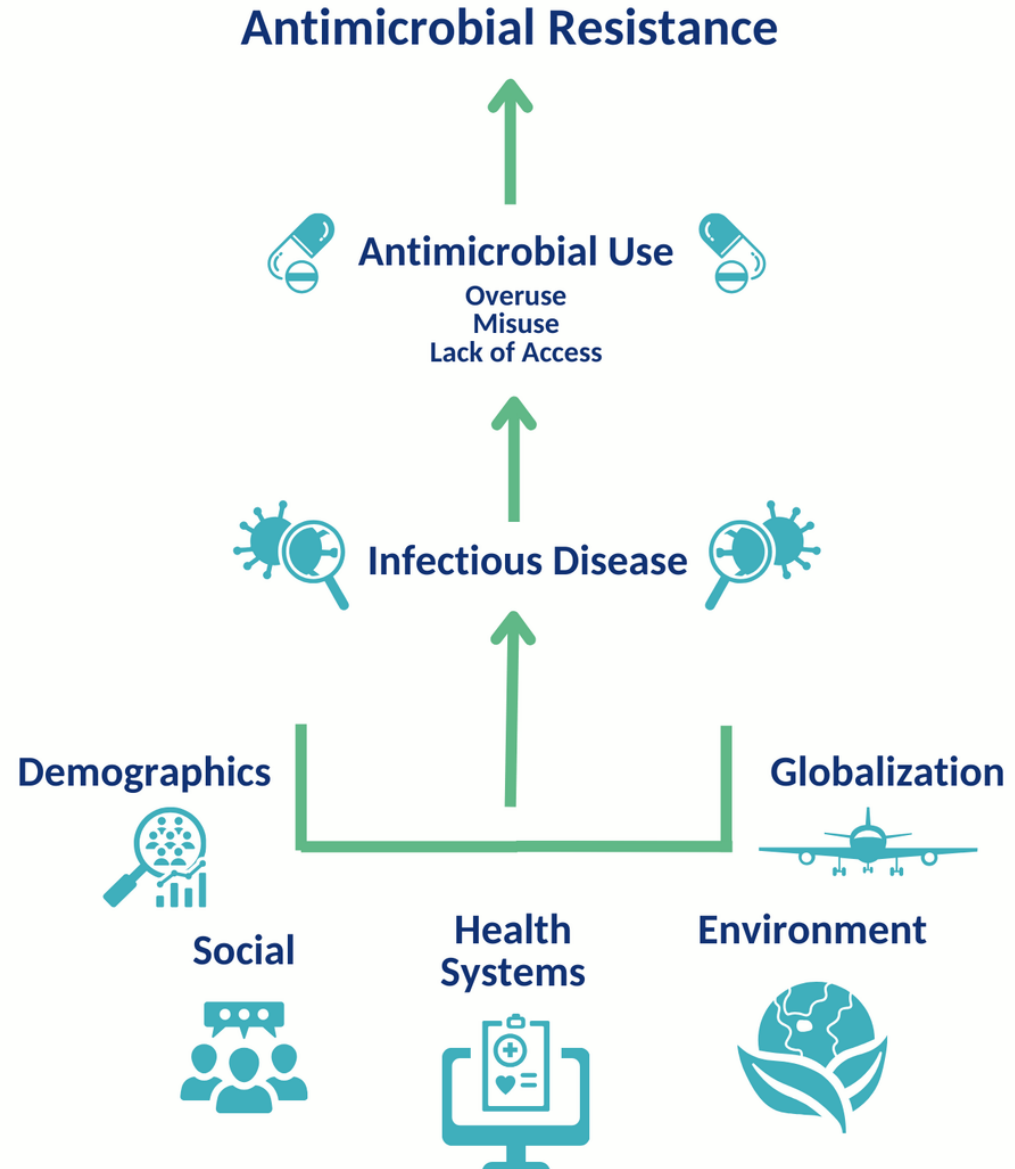


Everyone is at risk—including those that have never taken an antibiotic. Those most vulnerable include:



Image credits: Ariel Skelley; RUNSTUDIO; Alexander Grey; Guido Dingemans, De Eindredactie

Drivers of Antimicrobial Resistance



Drivers of Antimicrobial Resistance

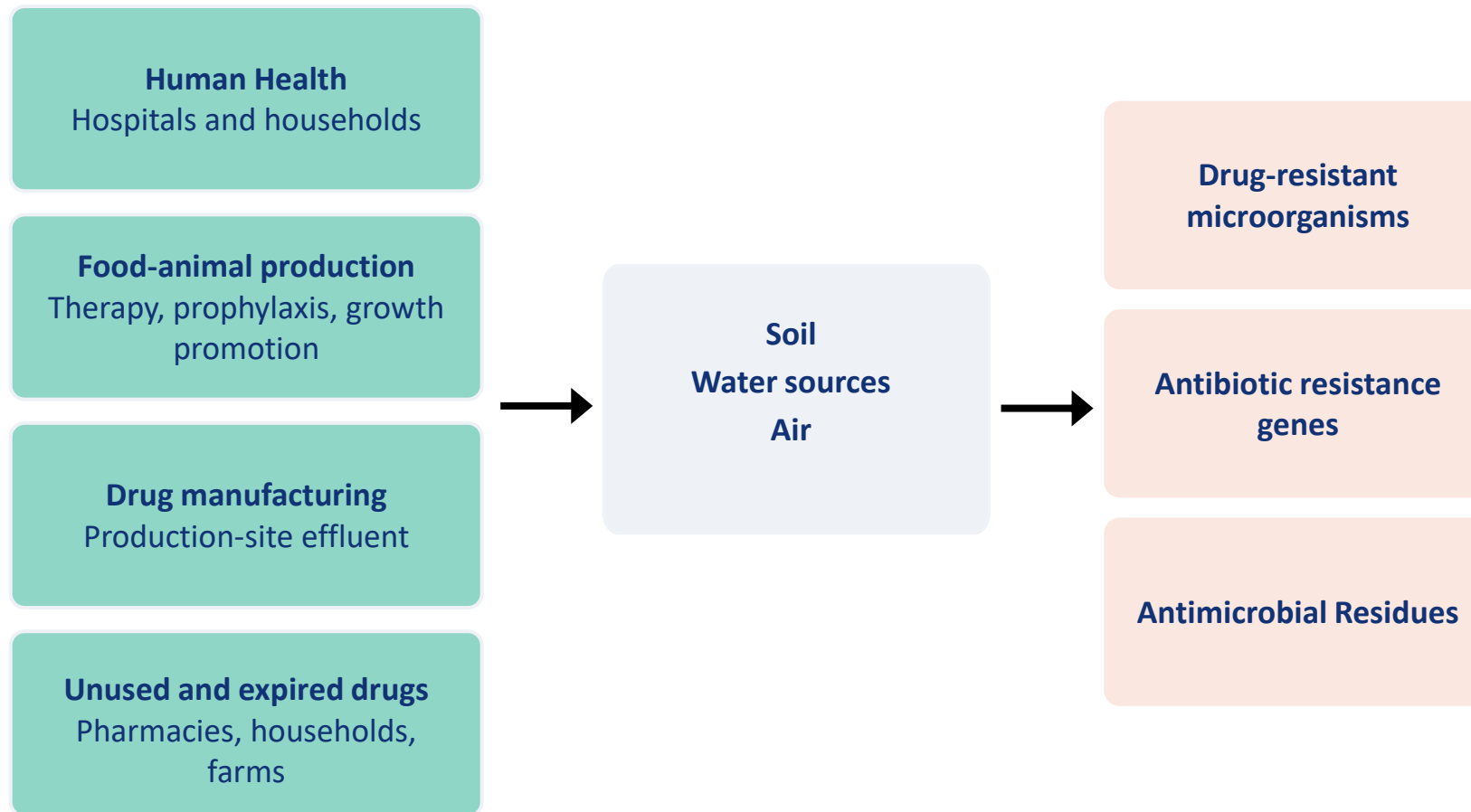


Social, environmental, and economic factors that increase infectious disease burden – poverty, conflicts, climate change

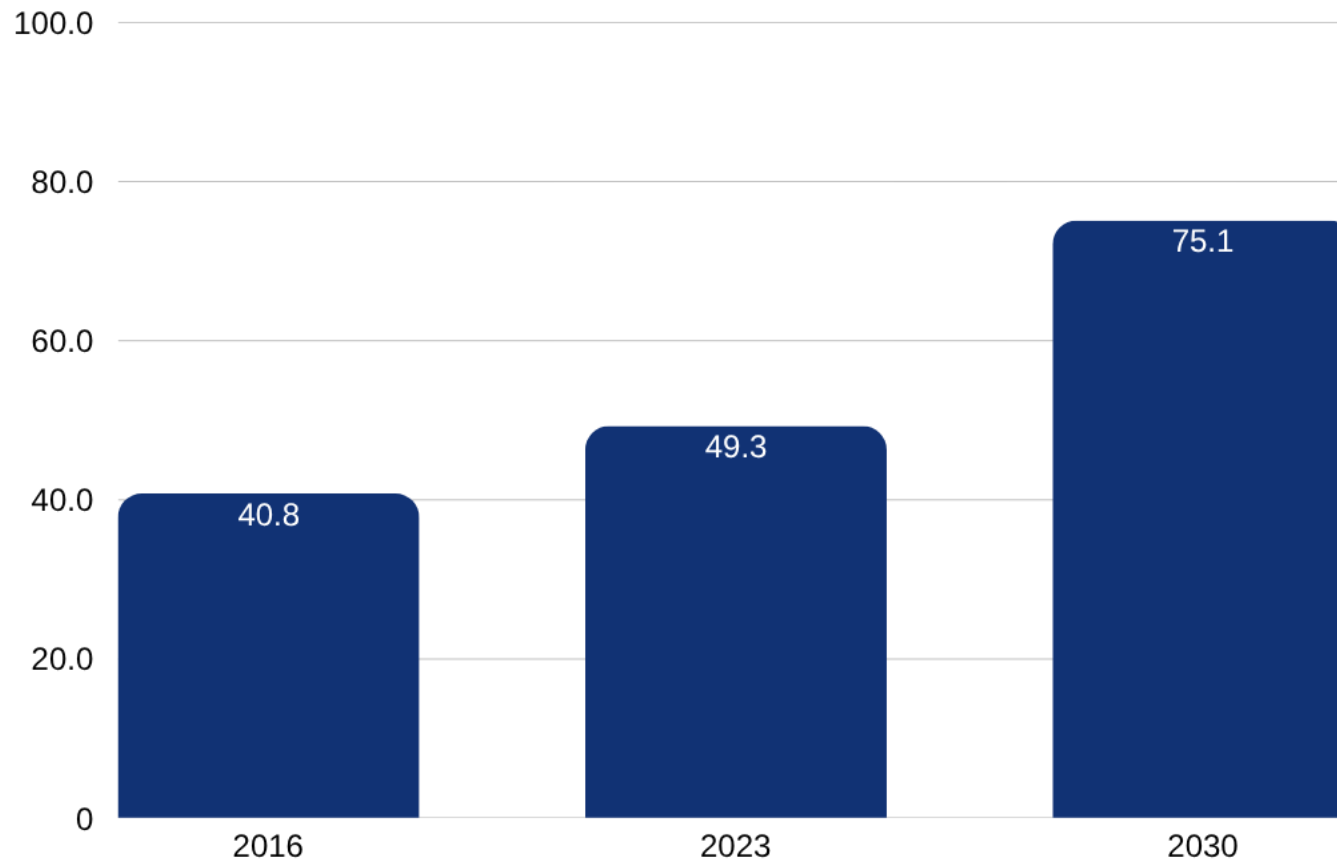


Overuse and misuse of antibiotics in animals and humans
– heavy reliance on antibiotics without proper diagnosis of infections and overuse of antibiotics to prevent infections

Pharmaceuticals in the environment



Antibiotic use in human health



Estimated global consumption, billion defined daily doses (DDD) per year
— observed and projected to 2030 with no policy change

+52%

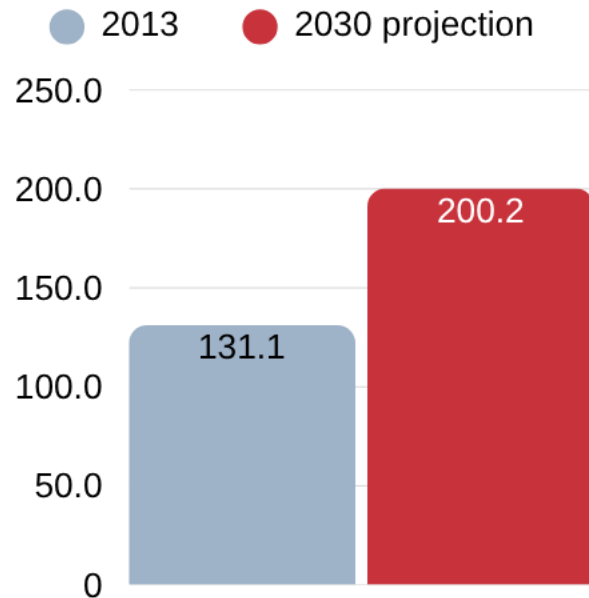
2023–2030 projected:
49.3 to 75.1 bn DDDs;
rate 17.0 to 24.5 per
1,000 per day

LMICs

Growth driven by low-
and middle-income
countries, converging on
high-income rates; last-
resort classes rising
fastest

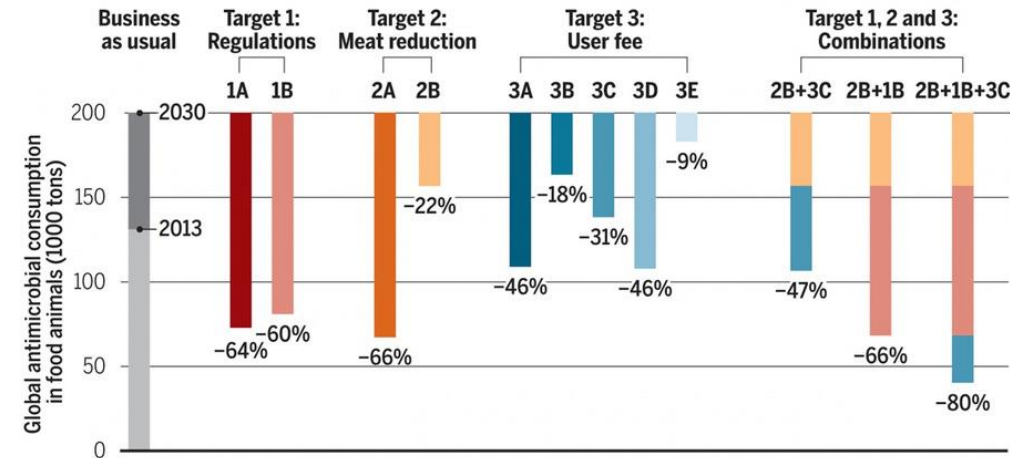


Antimicrobial use in livestock



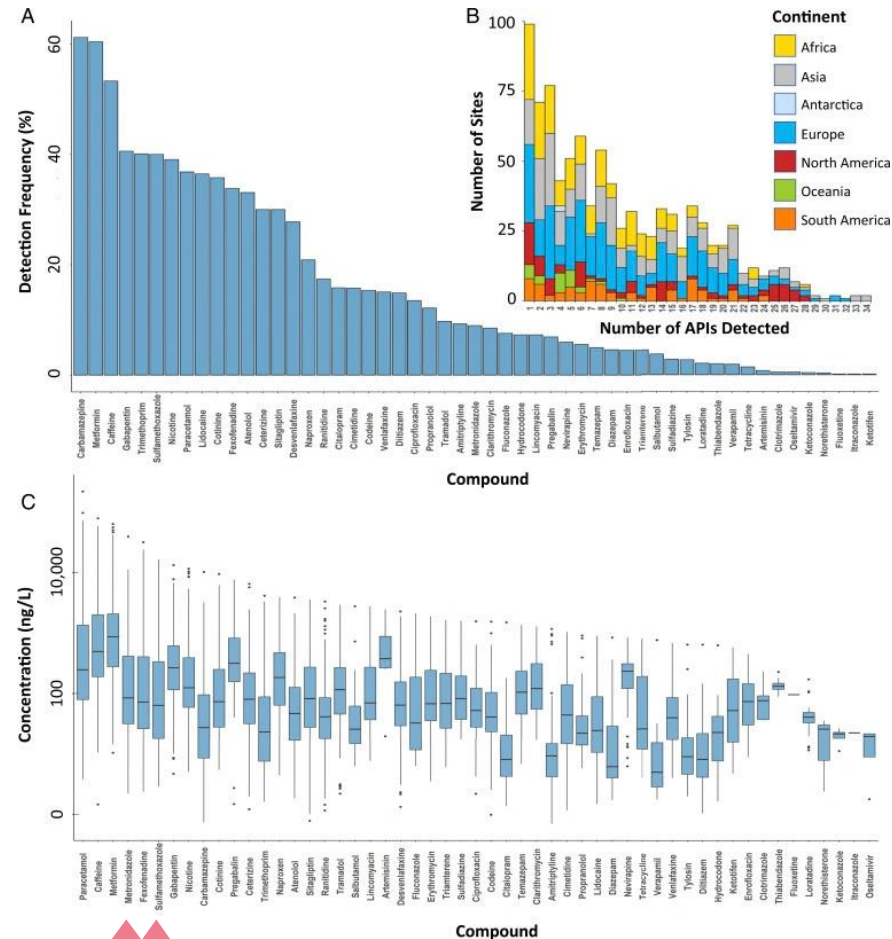
Antimicrobial consumption in food animals by 2030

Business as usual and intervention policies are shown. Revenue ranges are estimated for different fee rates (TR) and price elasticities of demand (PED). For 3C, 3D, and 3E, PEDs are derived from time series of imports of veterinary antimicrobials in each country (Protocol S4); the global average PED was -0.95. See supplementary materials for discussions of uncertainty in all estimates shown in figures. PCU, population correction unit.



Pharmaceutical Pollution in Rivers

1,052 sampling sites along 258 rivers in 104 countries



metronidazole
sulfamethoxazole



The economic cost of AMR

1.8 years

Global life expectancy lost to AMR by 2035

\$412 bn

Annual healthcare spend treating resistant bacterial infections by 2035

\$443 bn

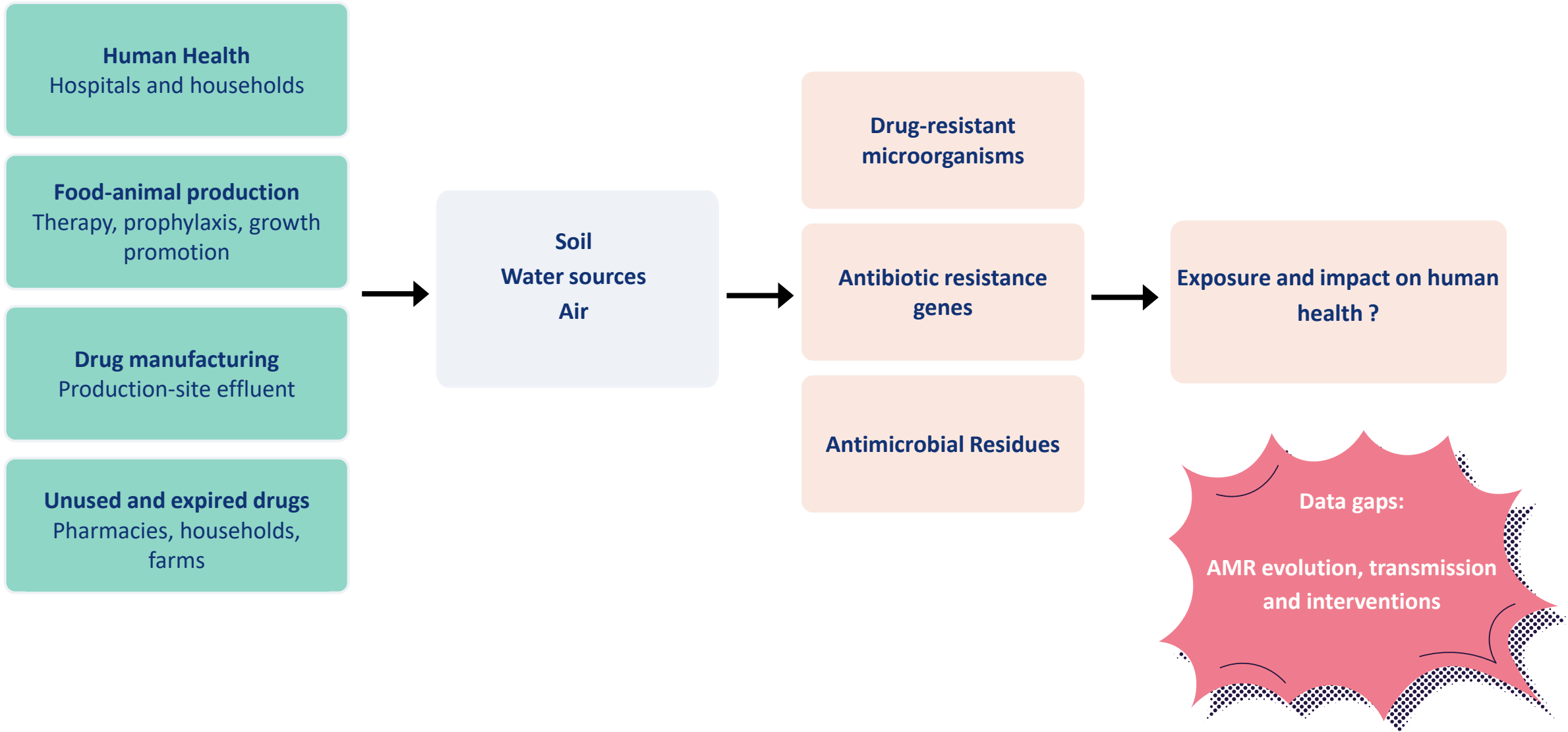
Annual labor-output loss from illness and death by 2035

Net return per \$1 invested

\$10.9 by 2035

\$14.2 by 2050

Pharmaceuticals in the environment



Thank you!

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Costs of Inaction / Benefits of Action



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Potential Economic Impacts Related to the Presence of Pharmaceuticals in the Environment

Gastón ITURBURU

Pharmaceutical Lifecycle Expert
UN Environment Programme



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Potential impacts related to the presence of pharmaceuticals in the environment.

Fernando Gastón Iturburu
UNEP Chemicals and Health Branch

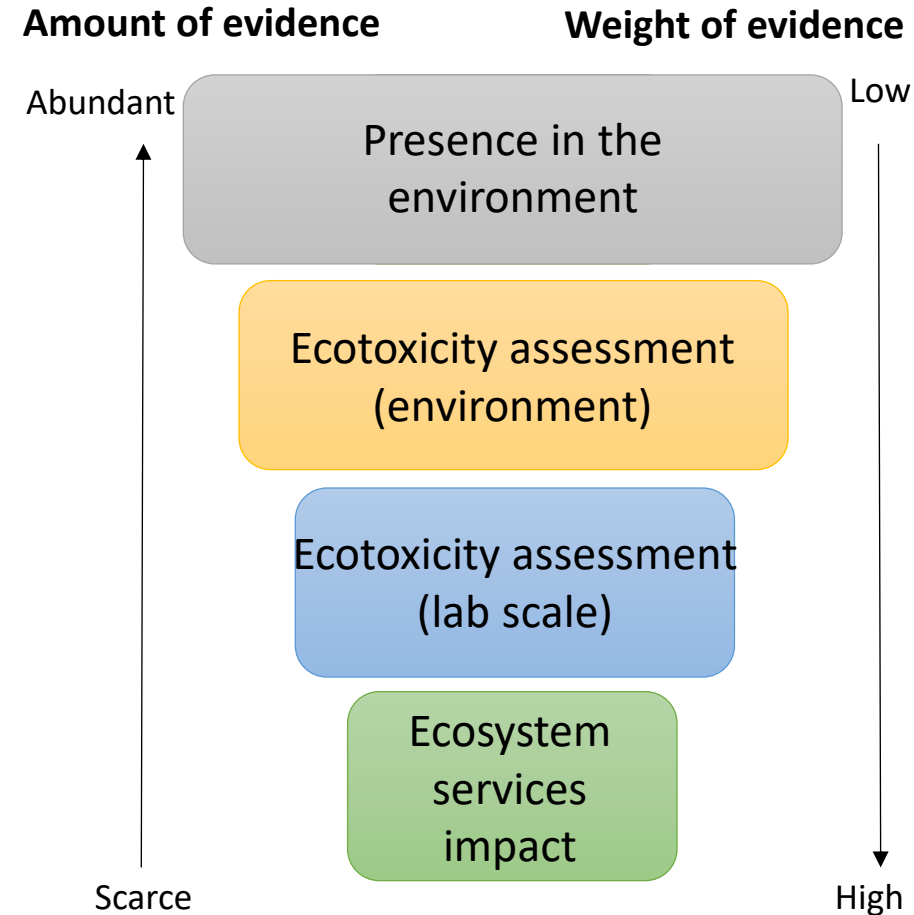
Pharmaceuticals in the environment

- Pharmaceuticals are vital to human, animal and plant health and contribute to food security and economic well-being.
- Production & consumption of pharmaceuticals on the rise globally
- Pharmaceutical residues are now found in water, soils and ecosystems worldwide, reflecting releases at multiple stages of the pharmaceutical life cycle.
- Pharmaceuticals are already in the environment.
- Countries reporting detections: 71 (2015) → 89 (2020).
- Number of substances detected, 631 (2015) → 992 (2020).
- Over 40% of 1,052 sites in 104 countries, at least one pharmaceutical was found at concentrations (Wilkinson et al. 2022).



Pharmaceuticals in the environment and their impact

- Environmental monitoring remains limited and uneven, particularly in low- and middle-income countries.
- Many pharmaceuticals in current use were authorized before environmental risk assessment requirements existed.
- Key pharmaceutical groups of environmental concern:
 - + Environmentally Persistent Pharmaceutical Pollutants (GFC IoC)
 - + Pharmaceutical as endocrine disruptor chemicals
 - + Antimicrobials
 - + Anticancer APIs
 - + Others



Pharmaceuticals in the environment and their impact

Presence

Ecotoxicity (lab)

Ecotoxicity
(environment)

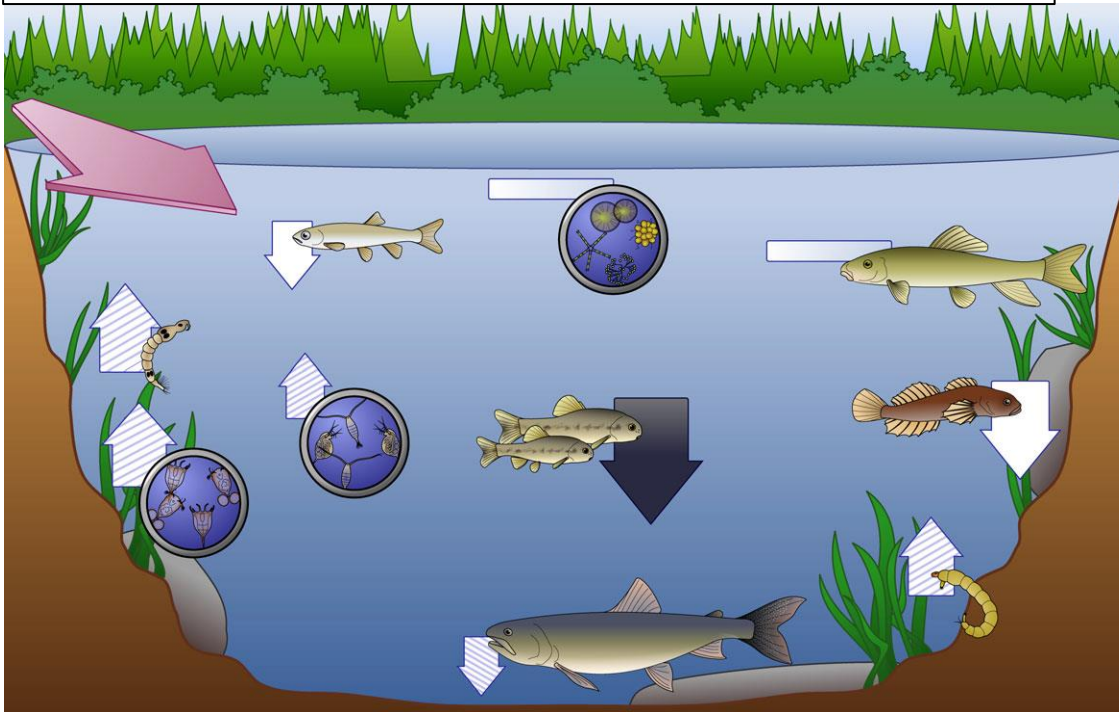
Ecosystem
services

PHILOSOPHICAL
TRANSACTIONS
— OF —
THE ROYAL
SOCIETY

rstb.royalsocietypublishing.org

Direct and indirect responses of a
freshwater food web to a potent
synthetic oestrogen

Karen A. Kidd¹, Michael J. Paterson^{2,3}, Michael D. Rennie^{2,3},
Cheryl L. Podemski², Dave L. Findlay², Paul J. Blanchfield² and Karsten Liber⁴



Long term EE2 exposure in
experimental lakes

Top predator lake trout
decline

Economic
impact?

Reduction of small fish
populations (plankton and
benthos feeders).

Phyto- and Zooplankton
organisms increase

Ecological function?

Pharmaceuticals in the environment and their impact



Presence

Ecotoxicity (lab)

Ecotoxicity
(environment)

Ecosystem
services

Ivermectin excreted in cattle dung after subcutaneous injection or pour-on treatment: concentrations and impact on dung fauna

Effect of ivermectin and dung beetle communities on dung removal rate in cattle pastures

Lizbeth González-Gómez ^a ✉, Daniel González-Tokman ^a, Juan H. García ^c, Andrés Lira-Noriega ^b, Federico Escobar ^a [Show more](#) ✓

“Residues of IVM in the dung of treated animals have the potential to adversely affect non-target dung-breeding insects involved in pasture functioning, like dung beetles, whose primary function, dung removal, represents a key ecosystem service as it facilitates dung degradation and nutrient redistribution in soil.”

Economic value of dung removal by dung beetles in US sub-tropical pastures

Roisin Stanbrook-Buyer ^{a,*}, Mahadev Bhat ^b, Joshua R. King ^c

-Economic benefit of dung decomposition is directly related to both the presence and abundance levels of dung beetles in cattle pastures resulting in additional grass area to become available to raise cows.

- This amounts to an additional income up to USD 1,360,770 per year in Florida sub-tropical livestock systems for pastures sustaining higher abundances of dung beetles.

Pharmaceuticals in the environment and their impact

Presence

Ecotoxicity (lab)

Ecotoxicity
(environment)

Ecosystem
services

Diclofenac poisoning as a cause of vulture population declines across the Indian subcontinent

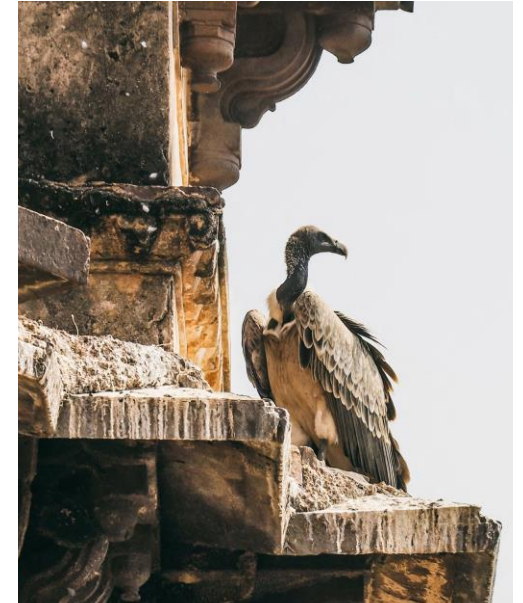
Letter | Published: 28 January 2004

Diclofenac residues as the cause of vulture population decline in Pakistan

THE SOCIAL COSTS OF KEYSTONE
SPECIES COLLAPSE: EVIDENCE FROM
THE DECLINE OF VULTURES IN INDIA*

Eyal G. Frank¹ and Anant Sudarshan²

“Our results suggest the functional extinction of vultures –efficient scavengers who removed carcasses from the environment- increased human mortality by over 4% because of a large negative shock to sanitation. We quantify damages at \$ 69,4 billion per year.”



Key takeaways

- There is growing evidence of the presence and impact of pharmaceuticals in the environment.
- Data gaps remain on some groups of pharmaceuticals and on environmental impacts at population-, community- and ecosystem levels.
- Uncertainty about the full scale of the problem should not be confused with an absence of demonstrated harm.
- The objective is not to constrain access to safe and effective medicines, but to ensure that their health benefits are delivered while minimizing avoidable environmental harm.
- Global cooperation can reinforce and accelerate action at the national and local levels.

Thank you



Fernando Gastón Iturburu
UNEP Chemicals and Health Branch
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The Benefits of Action for the Sustainable Management of Chemicals – Planned Health and Economic Analysis

Andreia SANTOS

Associate Professor, St Mary's University,
London, United Kingdom



St Mary's
University
Twickenham
London



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The Benefits of Action on Sustainable Management of Chemicals

Dr Andreia Costa Santos

Associate Professor, St Mary's University, United Kingdom

The Economics of Addressing Pharmaceuticals in the Environment

1st October 2026

Scope of the study

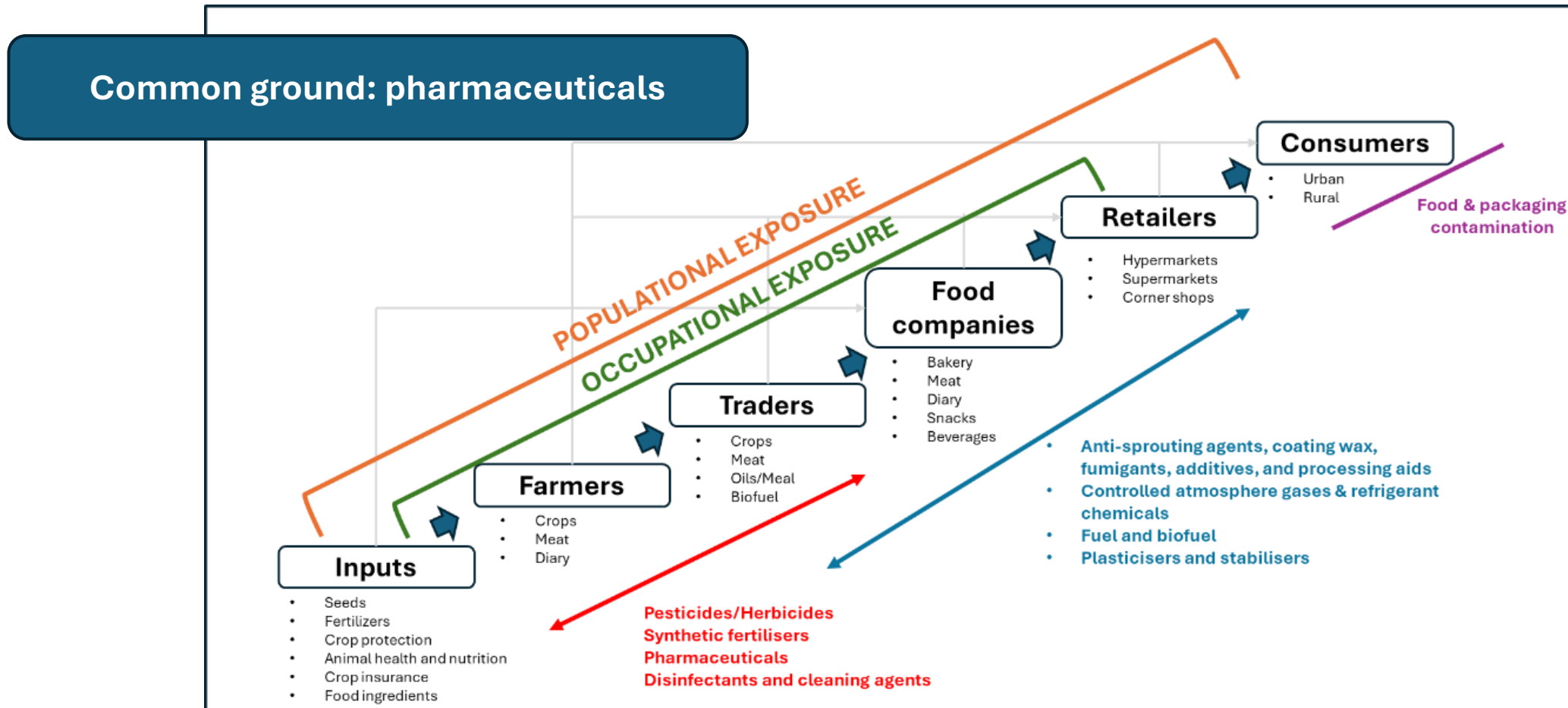
Scope: Health, Environmental & Economic Impact

- **Health Burdens:** Quantifies population-attributable disease impacts (morbidity & mortality) across four initial sectors.
- **Environmental Metrics:** Quantifies environmental impacts due to air, water, and soil pollution
- **Economic Value:** Evaluates direct cost-savings, including productivity gains, and potential environmental gains.
- **Pathways to Action:** Identifies qualitative policy mechanisms and industry interventions to maximise safety.

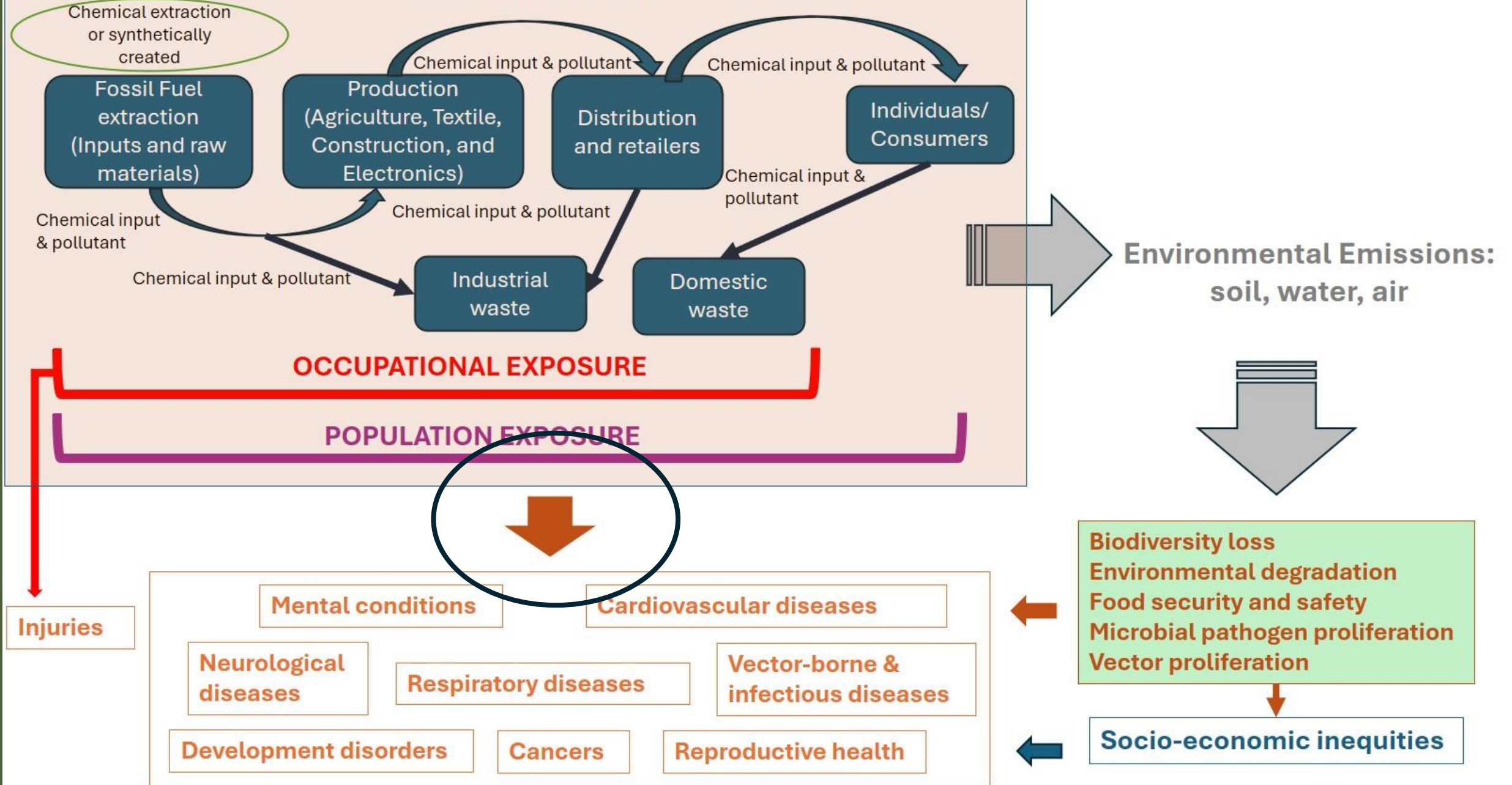
Value Chain Mapping of Hazardous Chemicals

-
- **Novel approach** targeting entire life cycles and specific industries, rather than evaluating chemicals individually:
 - Initially **focused on four value chain industries** (agriculture, textile, construction, and electronics) **and common exposure processes**.
 - **Overcomes limitations** of the Strategic Approach to International Chemicals Management (SAICM).
 - **Aligns and supports regulatory agencies** – looks at entire families of chemicals common in the four value chains (groups of chemicals and chemical-by-chemical)
 - **Aligns with the scientific literature** – evidence of ill-health effects of hazards at the population level

The agriculture value chain and the types of hazardous chemicals used, added, formed, and released



Value Chain Approach



Economic Analysis

$$\text{Economic Valuation} = \underbrace{\text{Cost of Illness}}_{\text{tangible}} + \underbrace{\text{Disutility}}_{\text{intangible}}$$

The background of the slide features three overlapping circles in a teal color, set against a dark grey background. The circles are arranged horizontally, with the middle circle overlapping the other two. A white horizontal band runs across the center of the image, containing the text "Thank you!".

Thank you!

The Economics of Addressing Pharmaceuticals in the Environment



Economic & Financial Incentives



Peggy LEFORT

Pollution & Circular Economy Lead,
UN Environment Programme Finance Initiative
(UNEP FI)



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Economic & Financial Incentives



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Pharmaceuticals in the Environment: Risks and Opportunities for Financial Institutions

Peggy LEFORT

Pollution & Circular Economy Lead,
UN Environment Programme Finance Initiative
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Perspectives of the Innovative Pharmaceutical Industry



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Economic & Financial Incentives



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Panel Discussion



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Business Models & Investment Cases



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The Economics of Addressing Pharmaceuticals in the Environment



Business Models & Investment Cases



**Jorge Enrique
TRUJILLO SÁNCHEZ**

Executive Director, Punto Azul Colombia



Elvana RAMAJ

Director of Circular Economy Directorate,
Albania



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The Economics of Addressing Pharmaceuticals in the Environment



EPR: An Investment Rather than a Cost for the Pharmaceutical Industry

Jorge Enrique TRUJILLO SANCHEZ

Executive Director, Punto Azul Colombia



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Por un planeta feliz

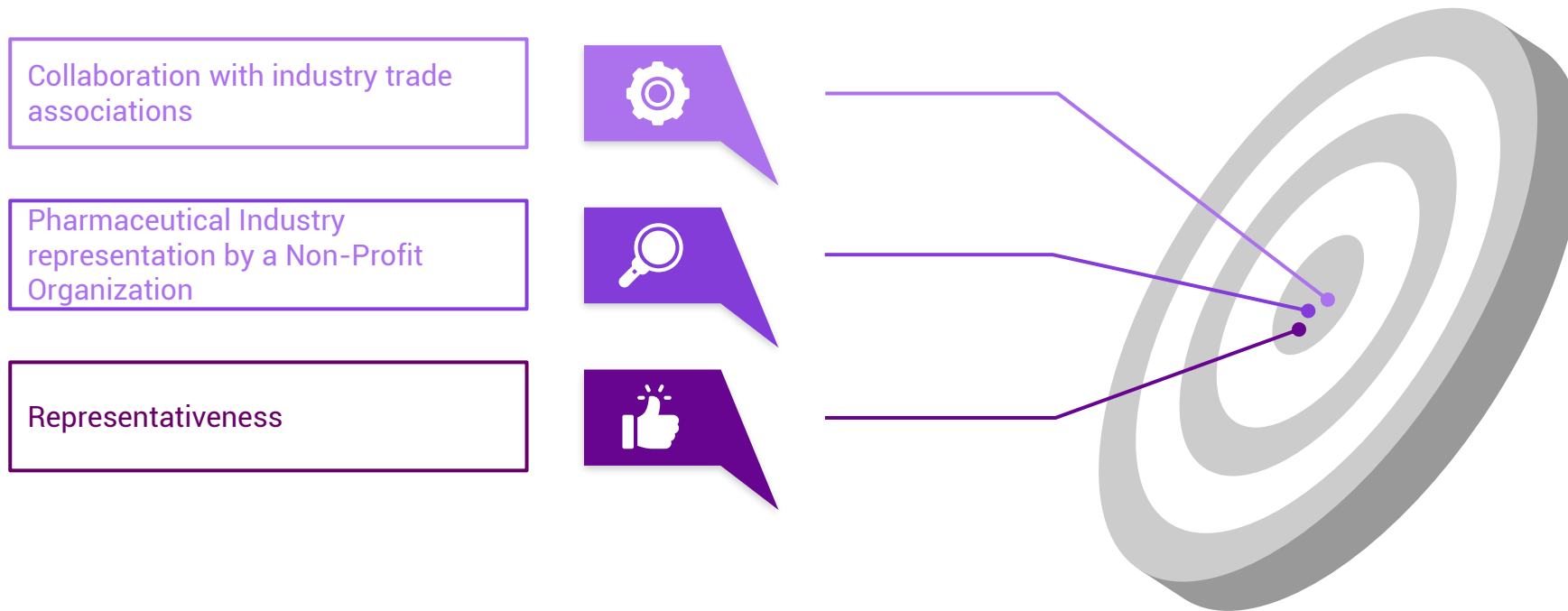
EPR: An investment rather than a cost for the pharmaceutical industry

October 2026

**EPR is not about making profit;
it's about mitigating
environmental impacts while
ensuring financial sustainability.**

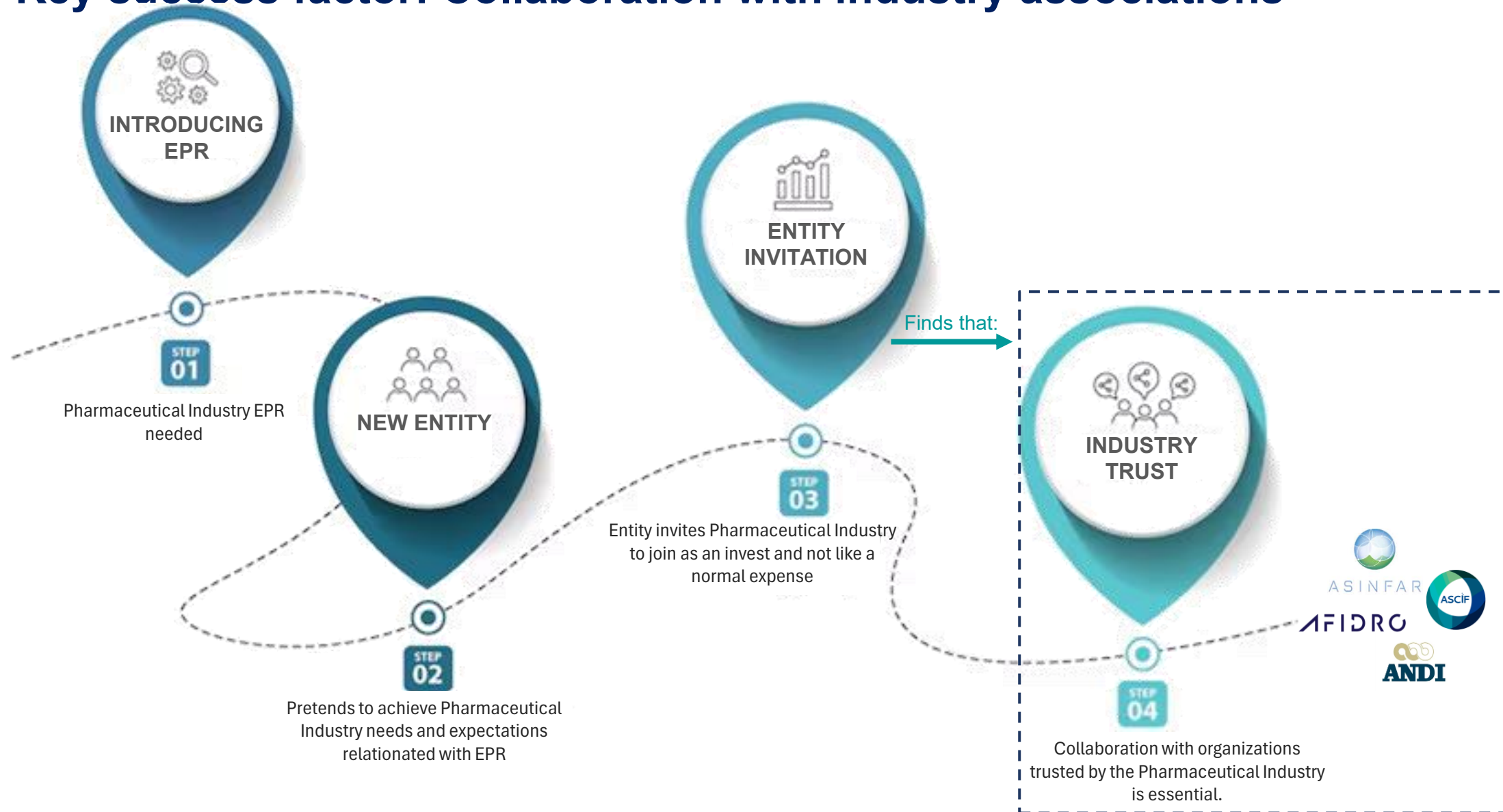


Key Success Factors

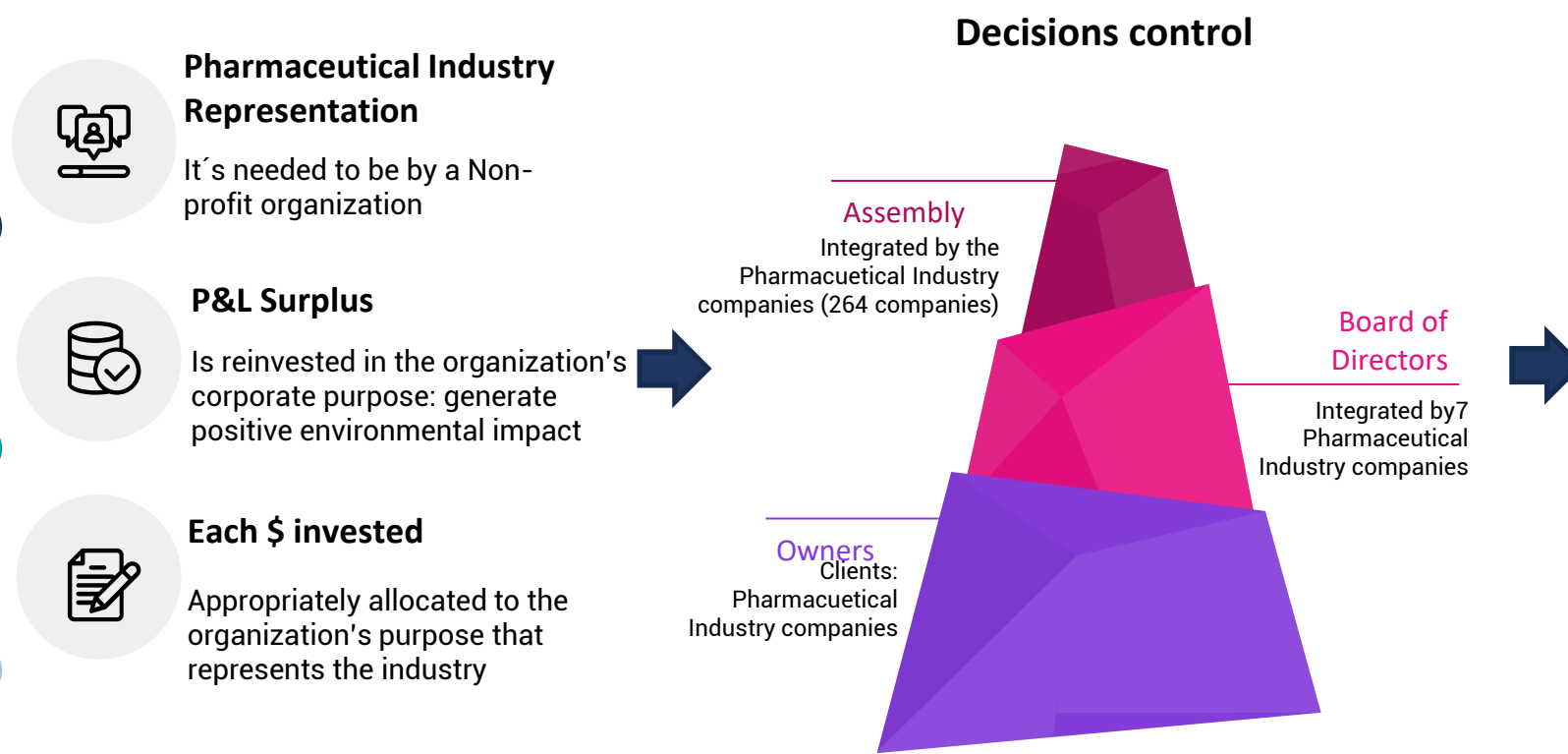


Key success factors for an appropriate financial framework for EPR

Key success factor: Collaboration with industry associations

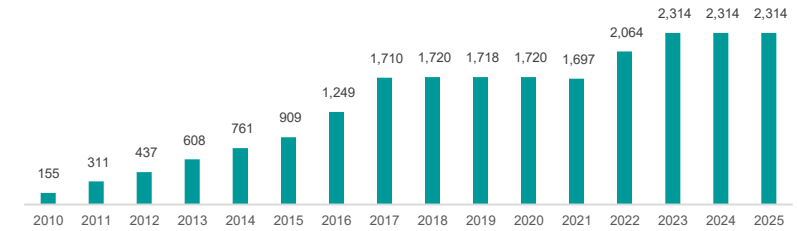


Key success factor: Non-Profit organization model

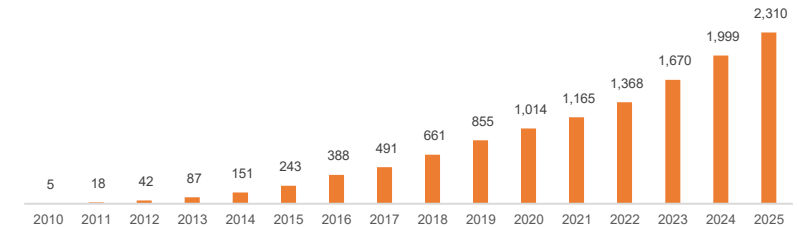


Historical environmental impacts

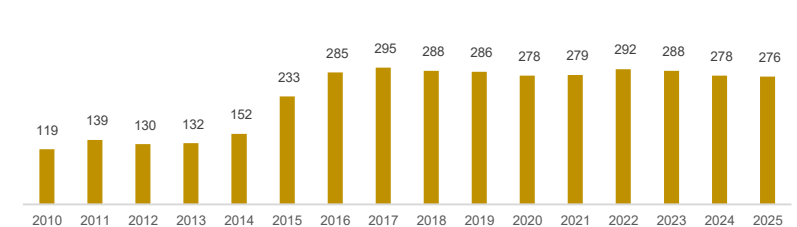
Historical Overview of Puntos Azules Installed



Historical Overview of Waste Collected (Ton.)



Historical Overview of Associated Companies



Key success factor: Representativeness

There is no successful EPR example in the world involving fragmented stakeholders

A NON-PROFIT ENTITY REPRESENTING THE INDUSTRY FOR EPR
COMPLIANCE IS A CRITICAL NEED



STEP
01

INDUSTRY REPRESENTATION BY ONE NON-PROFIT ORGANIZATION

If the pharmaceutical industry's EPR representation is not centralized in a single non-profit organization, economies of scale will not be achieved, resulting in a lower positive environmental impact.



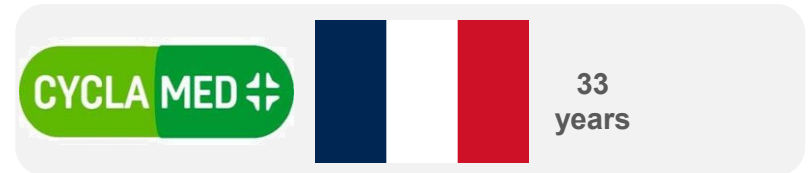
STEP
02

ECONOMIC EFFICIENCIES

The best way to generate positive environmental impacts is through economic efficiencies achieved by consolidating the representation of the pharmaceutical industry under a single non-profit organization.



SUCCESSFUL EXAMPLES OF COUNTRIES WITH A SINGLE ENTITY
REPRESENTING THE PHARMACEUTICAL INDUSTRY FOR EPR



EPR is not about making profit; it's about mitigating environmental impacts while ensuring financial sustainability.





Thank you

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Business Models & Investment Cases



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**Sound Chemicals Project-
Experience in Albania**

Elvana RAMAJ

Director of Circular Economy Directorate, Albania



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Pharmaceutical Waste Management in Albania

Legal framework • risk classification • safe management • collection systems •
implementation roadmap

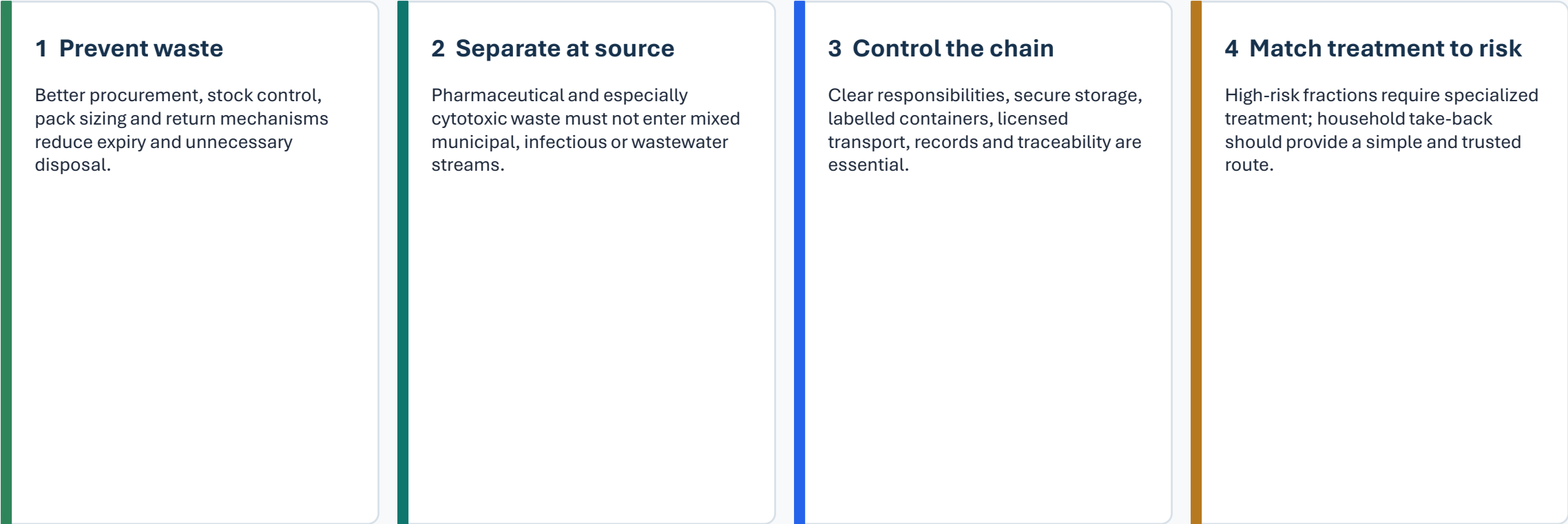
CONSOLIDATED DECK

Synthesis of five technical presentations

October 2026

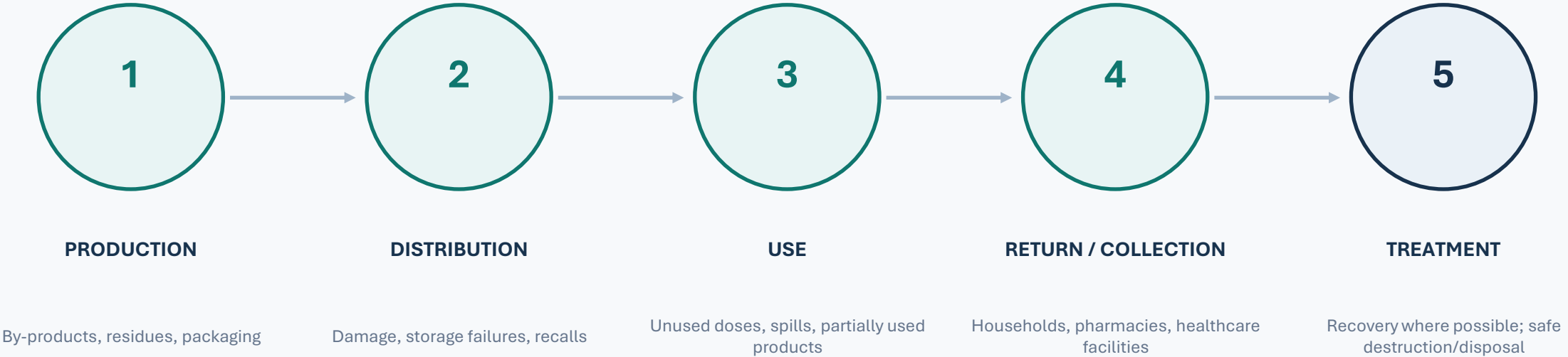
Executive summary

A single management chain is needed from prevention and segregation to safe treatment and final disposal.



Where pharmaceutical waste arises

Waste is generated across the full pharmaceutical lifecycle — not only when medicines expire.



Main drivers of waste: therapy changes • non-adherence • recovery/death • stockpiling and expiry • prescribing/purchasing errors

Source themes: OECD/WHO lifecycle and reasons medicines become waste.

Why it matters

Improper disposal creates linked environmental, health, safety and governance risks.

Water & soil contamination

Active ingredients can reach wastewater, surface water, groundwater and soil when medicines are flushed or mixed with residual waste.

Public & occupational health

Exposure can occur through inhalation, ingestion, skin contact, spills and unsafe handling — especially for hazardous and cytotoxic medicines.

Antimicrobial resistance

Persistent low concentrations of antimicrobials in the environment can contribute to selection pressure and resistant organisms.

Ecosystem impacts

Pharmaceutical residues can affect aquatic organisms and enter food chains; some compounds have endocrine or chronic toxicity concerns.

Misuse & diversion

Unsecured unused medicines can be accessed by unauthorized persons, creating poisoning, diversion and accidental exposure risks.

Classification drives the management route

A practical system must distinguish ordinary pharmaceutical waste from hazardous and cytotoxic fractions.

B3 • Pharmaceutical waste

Unusable medicines due to expiry, opened packaging, recalls or other reasons. Basel guidance allows differentiated classes, but sorting by hazard can be difficult in practice.

Operational implication: where hazard is uncertain, use a precautionary route.

B4 • Cytotoxic / cytostatic

Waste from preparation, administration or manufacture of antineoplastic medicines. Risks include mutagenic, carcinogenic and teratogenic properties.

Operational implication: collect separately in strong, leak-proof, clearly coded containers.

Albanian waste catalogue

Hazardous codes highlighted in the source decks include 18 01 08* (human healthcare) and 18 02 07* (veterinary healthcare) for cytostatic/cytotoxic medicines.

The asterisk denotes hazardous waste.

Legal and policy framework

The system sits at the intersection of waste, healthcare, pharmaceuticals and environmental permitting.

CURRENT WASTE FRAMEWORK	Law No. 57/2025 on Integrated Waste Management — overarching waste-management framework and EU-alignment context.
PHARMACEUTICAL LAW	Law No. 105/2014 on drugs and pharmaceutical services — labelling/disposal instructions and disposal of unusable/confiscated medicines.
WASTE CLASSIFICATION	DCM No. 402/2021 — national waste catalogue, including pharmaceutical and cytotoxic/cytostatic waste codes.
HEALTHCARE WASTE	DCM No. 798/2010 — rules for hospital waste management, including segregation, packaging, storage, treatment and records.
EU / INTERNATIONAL	Waste Framework Directive; EU guidance on household hazardous waste; Basel technical guidance; WHO pharmaceutical-waste best practice.

Note: the five source decks contain some legacy references to Law No. 10463/2011; this summary uses the current Law No. 57/2025 as the overarching waste framework.

Institutional responsibilities

Effective control depends on clear hand-offs between health, environment, generators and licensed operators.

Ministry of Environment

Waste policy and legal framework; environmental governance; coordination on hazardous-waste management and EU alignment.

Health authorities

Pharmaceutical and healthcare-sector regulation, technical requirements, supervision of healthcare practices and medicine controls.

NEA / inspection functions

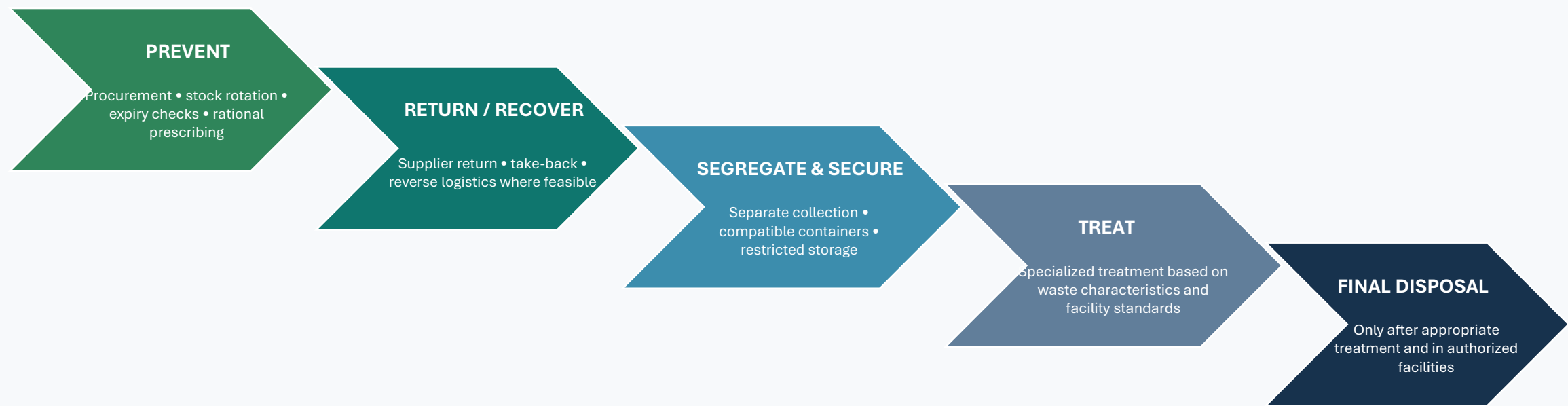
Permitting, reporting/data functions and compliance oversight within the environmental framework, according to applicable competences.

Generators & operators

Hospitals, pharmacies, laboratories and other generators segregate and store correctly; licensed operators collect, transport and treat with documentation.

Preferred management hierarchy

The strongest system prevents waste first, then uses controlled return and treatment routes matched to the hazard.



Avoid as routine practice: open burning • uncontrolled dumping • disposal of cytotoxic/antibiotic waste to sewers • mixing hazardous fractions with general waste

WHO 2025 emphasizes optimal, interim and “to be avoided” options and incremental improvement.

Segregation, packaging and storage

Most downstream failures begin with poor segregation at the point of generation.

Separate streams

Keep pharmaceutical waste separate from infectious, radioactive and general waste; keep cytotoxic/genotoxic waste separate from other pharmaceuticals.

Use fit-for-purpose containers

Strong, compatible, leak-proof and closable containers; solid containers for cytotoxic waste; prevent breakage and spills.

Label clearly

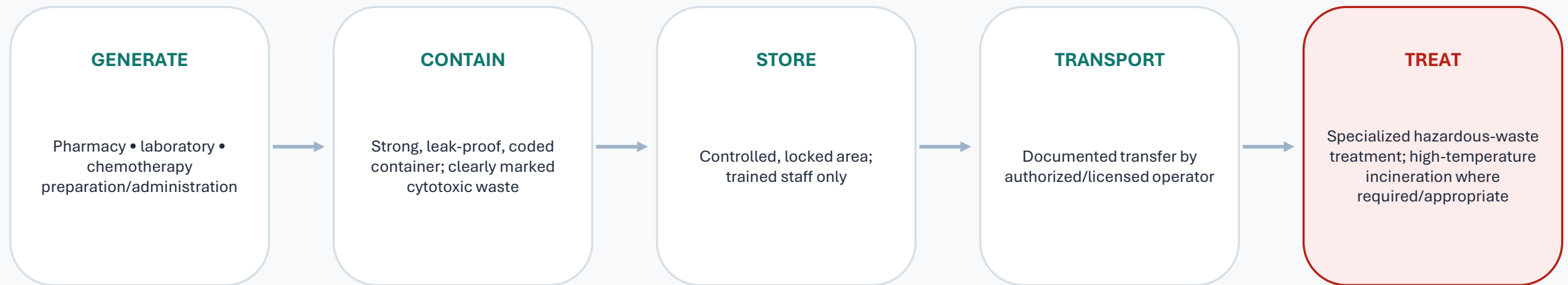
Generator, contents, waste classification, hazard symbols, accumulation date, quantity and emergency/contact information as applicable.

Secure storage

Restricted access, controlled conditions, clear signage and protection from leakage, misuse, pests and unauthorized handling.

Cytotoxic waste requires a stricter control chain

The highest-risk pharmaceutical fraction needs dedicated handling from preparation through final treatment.



Do not dispose of cytotoxic waste in dumpsites or sewerage systems. PPE and spill/emergency procedures must reflect the specific chemical hazards.

Treatment options: choose by waste type and risk

No single technology is appropriate for all pharmaceutical waste.

Option	Typical role	Strength	Key limitation	Position
Supplier return / reverse logistics	Unused/expired products before treatment	Prevents unnecessary destruction; supports control	Requires contractual/logistical system	Preferred
High-temperature incineration	Hazardous / cytotoxic fractions	Effective destruction when properly operated	Requires compliant facility and emissions control	Core for high risk
Encapsulation / inertization	Selected solids where advanced treatment unavailable	Immobilizes waste; practical interim option	Not destruction; requires secure final disposal	Interim
Autoclaving	Mainly infectious waste; limited pharmaceutical role	Useful for suitable healthcare waste streams	Not suitable for many chemical/pharmaceutical hazards	Limited
Landfill / sewer / open burning	Only narrowly defined or emergency cases	May be accessible	Pollution and safety risks; unsuitable for high-risk fractions	Avoid / restrict

Treatment selection must follow national permits, waste characteristics, technical standards and environmental controls.

Household pharmaceutical waste: make the safe route easy

Separate collection works when access, communication and downstream control are designed as one system.

Collection channels

- Pharmacy take-back
- Civic amenity / municipal collection points
- Periodic mobile collection
- Targeted points at healthcare or community facilities

Use a simple rule for citizens: return unused/expired medicines — do not flush or mix with residual waste.

Success factors

- Convenient coverage and opening hours
- Clear accepted/not-accepted items
- Secure containers and chain of custody
- Defined financing and operator roles
- Data on quantities collected and treated
- Healthcare professionals reinforcing the message

Communication

- Consistent national/local message
- Pharmacies and doctors as trusted messengers
- Schools, municipalities and digital channels
- Visible signage at collection points
- Repeat campaigns, not one-off awareness
- Publish results to build trust

European practice: the French take-back model

The source decks use France as an example of a mature, pharmacy-based system for unused medicines.

CYCLAMED MODEL

Producer-financed organization
coordinating return of unused medicines
through the pharmaceutical supply chain.

**Pharmacies → distributors → controlled
treatment**

What Albania can learn

Use existing pharmacy access and
logistics rather than creating a parallel
citizen-facing network.

Governance lesson

Define who finances, operates, reports
and audits the system before launch.

Communication lesson

A recognizable national identity and
repeated messages improve
participation.

Important distinction

A French-style producer-financed model
is a policy example; it is not presented
here as an existing Albanian
pharmaceutical EPR obligation.

Albania: key implementation gaps highlighted by the source material

The recurring challenge is less the absence of individual rules than the need for a complete, enforceable operating system.

Fragmented responsibilities

Clarify institutional roles and hand-offs across environment, health, municipalities and operators.

Household collection gap

Establish an accessible national/local take-back route for unused and expired medicines.

Traceability & data

Standardize records from generator to treatment; quantify household and healthcare pharmaceutical waste.

Treatment capacity

Match national capacity and export options to hazardous/cytotoxic requirements; verify technology suitability.

Awareness & training

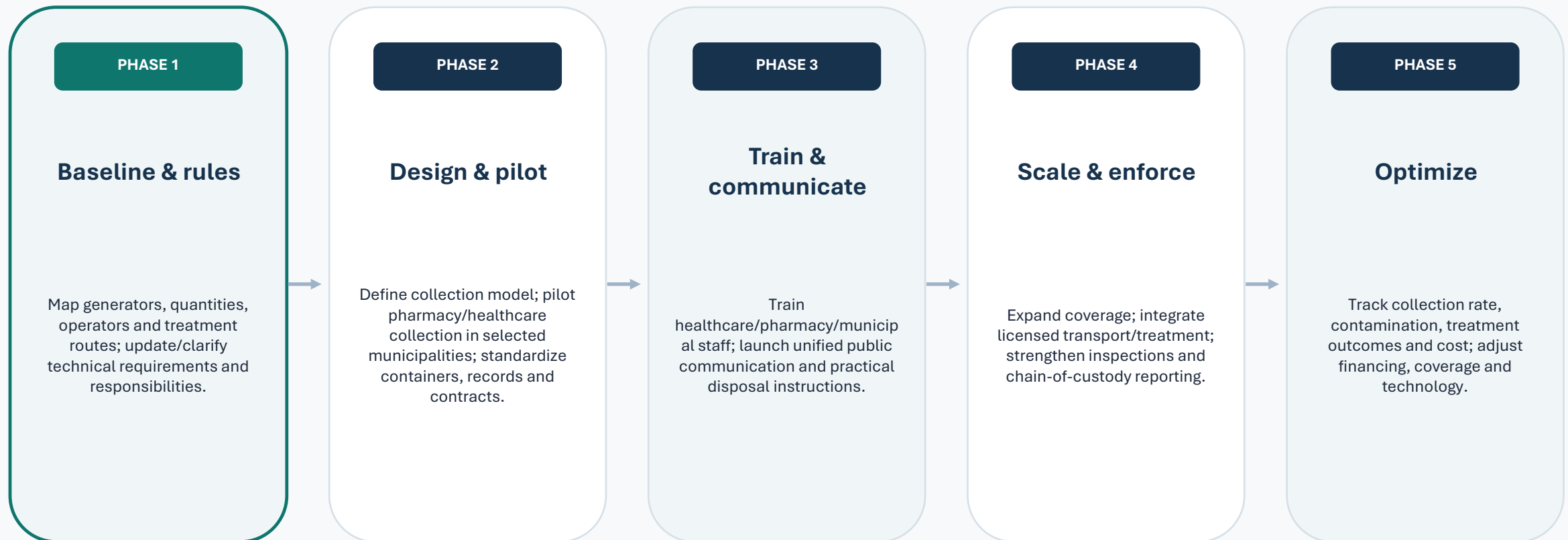
Train healthcare staff and operators; run sustained public campaigns on “return — do not flush”.

Inspection & enforcement

Use risk-based inspection, documentation checks and clear consequences for non-compliance.

Recommended implementation roadmap

A phased approach allows Albania to build a safe system while generating evidence for scale-up.



Minimum performance dashboard

A small set of indicators can turn pharmaceutical waste management into a measurable public service.



Indicators are proposed for management purposes; baselines and targets should be established through the initial assessment.

From fragmented disposal to a controlled national system

The priority is a simple, enforceable chain: prevent → separate → secure → trace → treat → measure.

Immediate focus

Clarify the operating model • pilot household take-back • strengthen cytotoxic controls • build traceability and data

The Economics of Addressing Pharmaceuticals in the Environment



Panel Discussion



**Jorge Enrique
TRUJILLO SÁNCHEZ**

Executive Director, Punto Azul Colombia



Elvana RAMAJ

Director of Circular Economy Directorate,
Albania



1 October 2026 | 14:00 – 15:30 CEST | Online (Webex)



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The Economics of Addressing Pharmaceuticals in the Environment



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Closing



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The Economics of Addressing Pharmaceuticals in the Environment



THANK YOU!



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1 October 2026 | 14:00 – 15:30 CEST | Online (Webex)



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WHAT'S NEXT?

 genevaenvironmentnetwork.org



CONFERENCE
Human Rights at the 17th Conference of the Parties to the Convention on Biological Diversity | HRC63 Side Event
02 OCT 2026 | 12:00 – 13:00
Palais des Nations, Room XI
Armenia, OHCHR, GEN

🌱 Human Rights and Environment | Nature
🌱 SDG14 | SDG15



CONFERENCE
Briefing on the 2027 Meetings of the conferences of the Parties to the Basel, Rotterdam and Stockholm Conventions
05 OCT 2026 | 10:00 – 11:30
International Environment House I | Room 3 & Online | Webex
BRS, GEN

🌱 Chemicals and Pollution
🌱 SDG3 | SDG12



CONFERENCE
Briefing on the 81st Meeting of the CITES Standing Committee | SC81
08 OCT 2026 | 10:00 – 11:30
International Environment House I & Online | Webex
CITES, GEN

🌱 Nature | Trade and Environment
🌱 SDG14 | SDG15



CONFERENCE
How Well Are National Climate Plans Protecting Health? Launching the 2026 Healthy NDC Scorecards
14 OCT 2026 | 18:30 – 20:00
Maison de la Paix | Auditorium A2
IHEID, Geneva Global Health Platform, GCHA, GEN

🌱 Climate | Health and Environment
🌱 SDG3 | SDG13



CONFERENCE
Road to the First International Conference of the Global Framework on Chemicals | Investing for Impact for a Planet Free of Harm from Chemicals and Waste
27 OCT 2026 | 14:00 – 15:30
International Environment House I, Room 2 & Online | Webex
GFC, GEN

🌱 Chemicals and Pollution
🌱 SDG3 | SDG12



The Economics of Addressing Pharmaceuticals in the Environment



1 October 2026 | 14:00 – 15:30 CEST | Online (Webex)



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