

Strategic planning for implementation of the health-related articles of the Minamata Convention on Mercury



WHO LAUNCH OF THE GUIDANCE DOCUMENT

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"HEALTH-RELATED" ARTICLES:

ARTICLES WHERE MoH
IS ENVISAGED TO PLAY
A LEADING ROLE!



Article 4 and Annex A: Mercury-added products

Phase-out manufacture, import and export by 2020 thermometers, blood-pressure monitors, antiseptics and skin-lightening cosmetics

Dental amalgam – phase-down use

"HEALTH-RELATED" ARTICLES:

ARTICLES WHERE MoH
IS ENVISAGED TO PLAY
A LEADING ROLE!



Article 7 and Annex C: ASGM

Development of public health
strategies is required

Article 12:

Contaminated sites

Human health risk assessment

Article 16:

Health Aspects

Development & implementation of
strategies & programmes to identify
& protect populations at risk

"HEALTH-RELATED" ARTICLES:

ARTICLES WHERE MoH
IS ENVISAGED TO PLAY
A LEADING ROLE!



Article 17:
Information exchange
Health information

Article 18:
Public information, awareness &
education
Human health

Article 19:
Research, development and monitoring
Health assessments and monitoring
levels of mercury & mercury compounds
in vulnerable populations

NEW WHO GUIDES PUBLISHED SINCE COP2

*Strategic planning for
implementation of the
health-related articles
of the Minamata
Convention on
Mercury*

Published 2019

Available here:

<https://www.who.int/health-topics/chemical-safety>



METHODOLOGY ESSENTIALS FOR PLANNING AND PRIORITIZING UNDER THE MINAMATA CONVENTION ON MERCURY

1.

Establish a health-sector coordination mechanism

2.

Take stock of mercury risk assessment and control programmes already ongoing

3.

Gap analysis

4.

Determine priorities

5.

Strategy development and implementation

6.

Monitoring and reporting



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NEW WHO GUIDES PUBLISHED SINCE COP2

*Results from country
workshops:
Sri Lanka and
Lao People's
Democratic
Republic*

Published 2019

Available here:
<https://www.who.int/health-topics/chemical-safety>



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<https://www.who.int/health-topics/chemical-safety>



NEW WHO GUIDES PUBLISHED SINCE COP2



WHO mercury website

Available here:

<https://www.who.int/health-topics/chemical-safety>



Mercury in skin lightening products

Published 2019

Available here:

<https://www.who.int/health-topics/chemical-safety>

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EXPERIENCES FROM SRI LANKA

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MERCURY AND HEALTH IN SRI LANKA



Sri Lanka became Party to the Convention on June 19, 2017

- Ministry of Mahaweli Development & Environment chairs coordinating committee with Ministry of Health as a member



Major sources of releases & emissions: mercury-added products, medical products, waste incineration, combustion of coal & biomass

- more research needed on mercury content of skin lightening creams & cosmetics

MERCURY AND HEALTH IN SRI LANKA



Populations at risk:

- Workers & general public exposed to industry-related mercury
- Dentists & Ayurvedic practitioners & patients
- Frequent fish consumers
- Users of skin lightening creams
- Jewelers

MEASURES TO ASSESS AND CONTROL MERCURY RISKS



2014: Government health service started phasing out mercury-added medical products

Measures to achieve phase out will be strengthened & extended to private health services

- Guidance on procurement of mercury-free alternatives & safe management of mercury waste
- Health worker training (ongoing)
- Mercury issues integrated in bachelor curricula & post-graduate community medicine program



MEASURES TO ASSESS AND CONTROL MERCURY RISKS



Ongoing investigation of alternatives to amalgam, & national objectives for dental caries prevention & reduction of amalgam use



Information & awareness-raising programs for occupationally exposed groups & general public

CHALLENGES TO ASSESS AND CONTROL MERCURY RISKS



- Developing infrastructure for mercury waste safe storage, transport, disposal
- Developing capacity for human biomonitoring
- Identifying populations at risk & for detection, treatment, & follow-up of exposed patients
- Health sector needs to raise awareness within and out
- Working with diverse partners

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Experiences from Lao People's Democratic Republic

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World Health
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MERCURY AND HEALTH IN LAO PDR

Lao PDR became Party to the Convention on September 21, 2017

Ministry of Natural Resources and Environment leads coordination among ministries, including Ministry of Health

Major sources of releases & emissions:

- combustion of coal and biomass
- production of cement & primary metals including copper and gold
- burning & informal dumping of waste
- use and disposal of electrical switches & relays & thermometers

More research needed on skin lightening products, paints with mercury preservatives, light sources, batteries

MERCURY AND HEALTH IN LAO PDR



Populations at risk:

Rural communities dependent on fresh water fish, bivalves, crustaceans, snails, and small crabs as well as paddy rice, especially ASGM communities, other miners, waste handlers & coal handlers

MEASURES TO ASSESS AND CONTROL MERCURY RISKS

- **Under preparation: regulations on procurement of mercury-added products used in health sector, such as thermometers and sphygmomanometers**
Draft Public Health Strategy prepared for ASGM: to be reviewed by MoH
- **Updated national health care waste regulations to address wastes containing heavy metals (e.g. mercury)**
- **Developed SOP and training materials on clean-up of mercury spills**
- **Dental colleges ceased instruction on use of amalgam**
- **Regulation on mercury skin lightening products**
- **Under preparation: Strategic plan for implementation of health-related articles of the Convention**
Elements will be incorporated in 9th Health Sector Development Plan

CHALLENGES TO ASSESS AND CONTROL MERCURY RISKS



- Developing infrastructure for mercury waste safe storage, transport, disposal
- Identifying populations at risk & for detection, treatment, & follow-up of exposed patients
- Health sector needs awareness-raising and training at all levels

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Accelerating implementation of the phase down in use of dental amalgam

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WHO Geneva



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WHERE DO WE STAND TODAY?

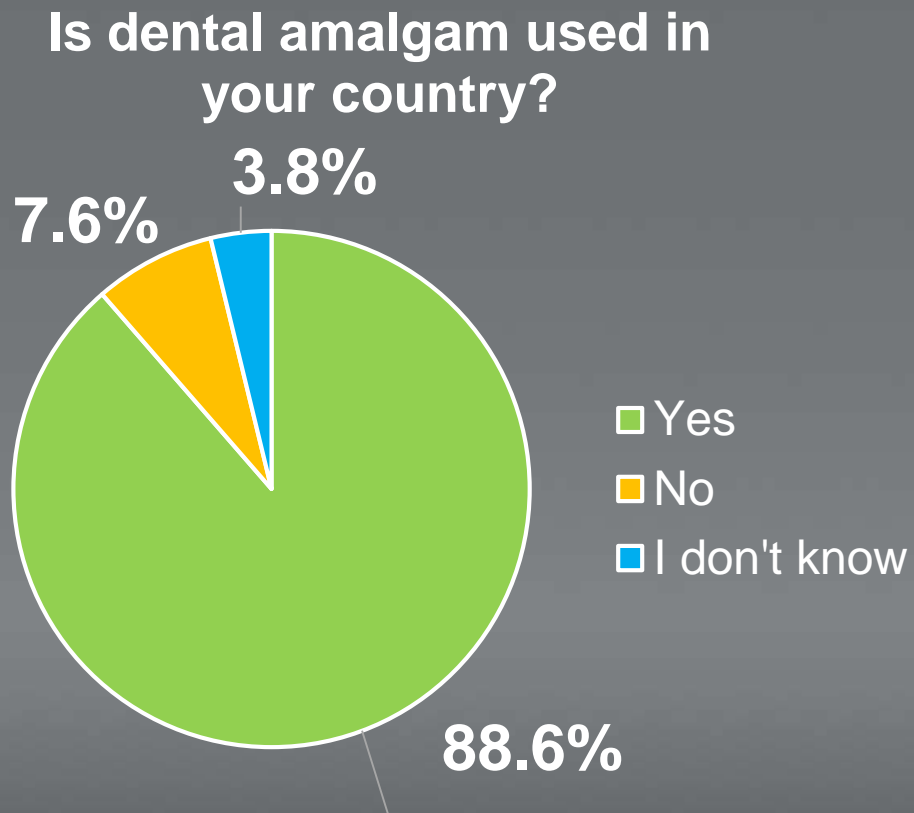


A highly contrasted situation depending on:

- Ministry of Health commitment
- inter-ministerial collaboration (MoH & MoE)
- national health system & insurance policies scheme
- oral health stakeholders' position
- civil society awareness

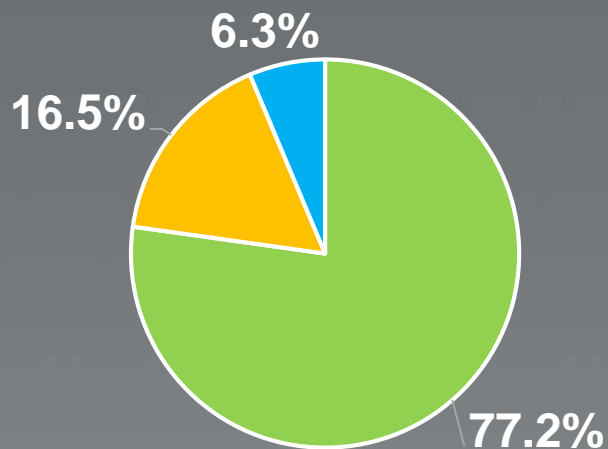
WHERE DO WE STAND TODAY?

89% of participants reported that dental amalgam was used in their countries

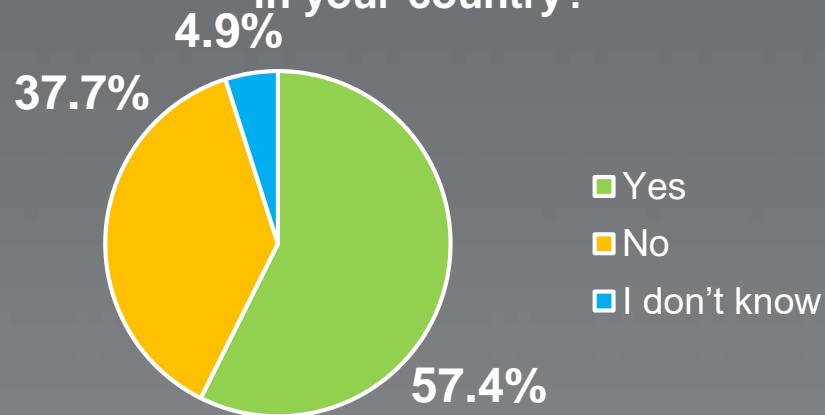


WHERE DO WE STAND TODAY?

Are there mercury-free alternatives that are available in your country?



If "yes", are these affordable to the most vulnerable and marginalized population groups in your country?

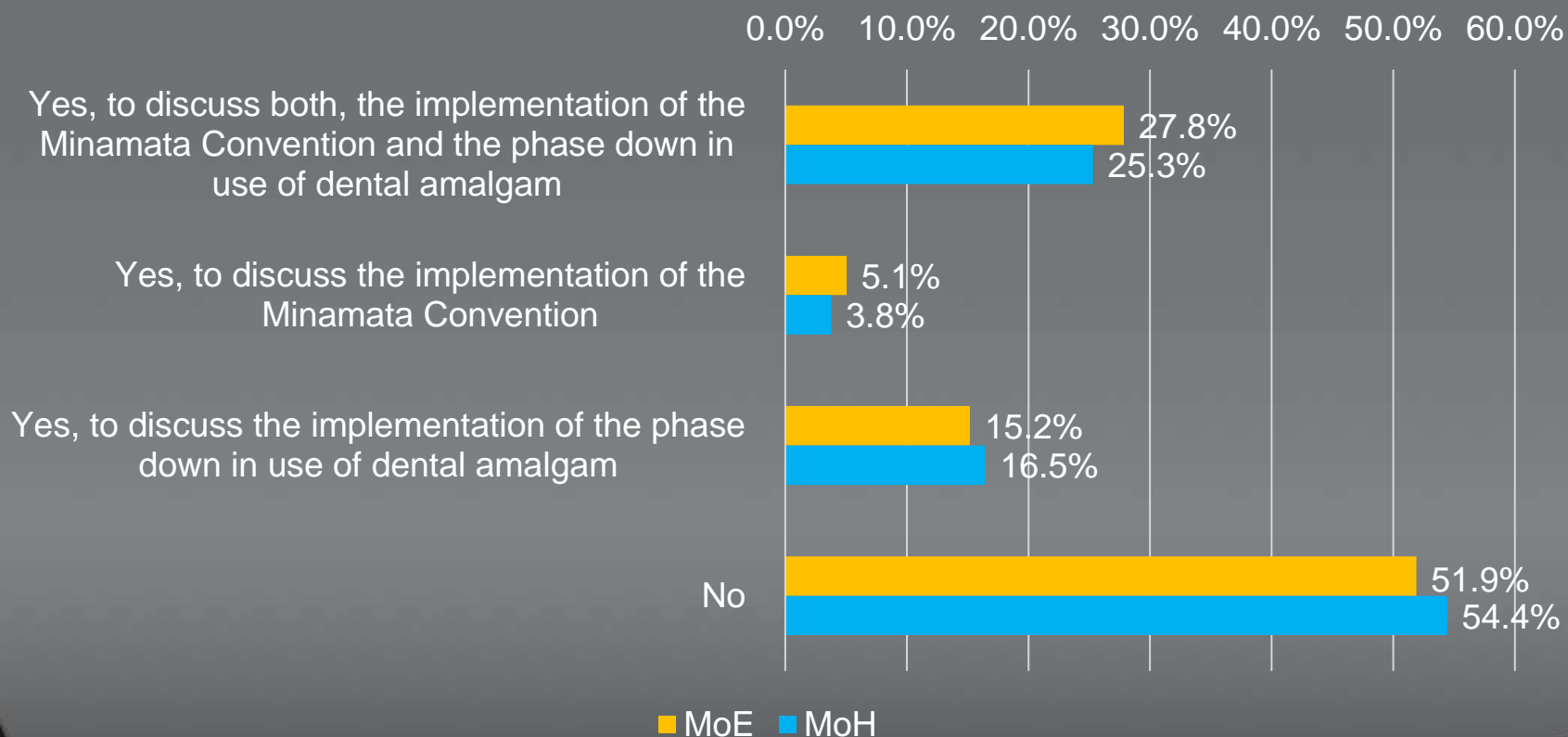


Yes
No
I don't know

Half of the respondents reported that mercury-free alternatives were either not available or affordable to the most vulnerable and marginalized population groups in their countries

WHERE DO WE STAND TODAY?

Involvement with MoH and MoE



HOW TO MOVE THIS AGENDA FORWARD?

- No single “one size fits all” solution to the phase down in use of dental amalgam
- Substantial preliminary work is required at global and national levels before moving toward new perspectives (WHO & UNEP)
- National coordination committee under MoH & MoE leadership would be setup to create an environment conducive to consensus-building for health sector
- Consider a timeframe for implementation according to national context
- Short term priority interventions should focus on protecting human health and environment from releases of dental amalgam waste
- Great opportunity to rethink the model of dentistry

THANK YOU

