

The Roles of the Health Sector on the Implementation of the Minamata Convention on Mercury

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The Sixty-Seventh World Health Assembly has adopted the [Resolution](#) on “Public Health Impacts of Exposure to Mercury and Mercury Compounds: the Role of WHO and Ministries of Public Health in the Implementation of the Minamata Convention on Mercury” as recommended by the Executive Board Secretariat [EB 134.R5](#) with the request to report to the Seventieth WHA in 2017 on the progress made in the implementation of this Resolution.

Mercury as a global pollutant of major public health concern

Mercury is released into the environment mainly as a result of human activity, particularly from coal-fired power stations, artisanal and small-scale gold mining, and other industrial processes. Once it is in the environment, due to its long-range transport in the atmosphere, elemental mercury is transformed into methylmercury, which accumulates in fish and shellfish. Methylmercury poses a particular threat to the development of the child in uterus and in its early life. It has been estimated that among selected populations that rely on subsistence fishing, between 1.5 and 17 per 1000 children showed cognitive impairment.

People are also exposed directly through their work and use of consumer products to elemental and inorganic mercury compounds, which are known to cause neurological and kidney damage. Elemental mercury is used to extract gold in artisanal and small-scale gold mining activities where miners and community in general are exposed to elemental mercury.

Health workers can be exposed to mercury through broken thermometers and poorly maintained sphygmomanometers. Dental amalgam contains mercury, and cremation and the improper disposal of amalgam scrap contributes to environmental pollution. Kidney damage has been reported in women using skin-lightening cosmetics containing mercury.

Health in the Minamata Convention on Mercury

Health aspects are directly addressed in one specific article and across the [convention](#). The inclusion of health aspects is a result of discussions carried out during the Intergovernmental Negotiating Committee meetings, with WHO analysis of health in the convention text.

The roles of WHO, PAHO and Ministries of Public Health on the Convention are well defined: 1) development and implementation of strategies and programs to identify and protect population at risk from exposure to mercury and mercury compounds, particularly vulnerable populations, which may include adopting science-based health guidelines relating to exposure to mercury and mercury compounds, setting targets for mercury exposure reduction, where appropriate and public education, with the participation of health and other involved sectors; 2) Phase-out of mercury added products in medical devices (thermometers, sphygmomanometers) and products (antiseptics and skin-lightening cosmetics); 3) development of health strategy for the national action plan to eliminate or reduce the use of mercury in the artisanal small scale gold mining; 4) dissemination of WHO Guidelines on

capacity building, mercury exposure levels and other related topics; and 5) Information exchanges among intergovernmental organizations, governments and other institutions.

Funding guidelines for enabling activities for the Minamata Convention on Mercury have [been issued](#) to be implemented through the Global Environment Facility to highlight particular articles to be funded, for which artisanal small scale gold mining and mercury phase out products are quoted. Country preparation for ratification and entry-into-force of the Minamata Convention has been discussed by WHO, UNIDO, GEF, UNEP, UNITAR and other organizations. Modalities for WHO engagement include WHO health materials used to ensure authoritative health advice which is provided by all countries. WHO has developed a range of material that will support implementation of the Minamata Convention, and more are in the pipeline. PAHO can engage in single and regional projects to tailor policy and programs on “health entry points”, below described by article.

Supported by the WHA Resolution, WHO/PAHO can assist in getting a high level commitment as well as engagement of ministries of health.

The Minamata Convention Implementation will require multisectoral action including the health sector. The involvement of the ministries of health is indicated for a range of measures, in particular for Article 16 (Health aspects).

- Under **Article 16**, Parties are encouraged inter alia: to promote the development and implementation of strategies and programs to identify and protect populations at risk from exposure to mercury and mercury compounds; promote appropriate health care services for populations affected by exposure to mercury or mercury compounds; and establish and strengthen institutional and health professional capacities for the prevention, diagnosis, treatment and monitoring of health risks related to exposure to mercury and mercury compounds. Article 16 establishes that the Conference of the Parties, in considering health-related issues or activities, should consult and collaborate with WHO and promote cooperation and exchange of information with WHO.
- In relation to **Article 4** on mercury-added products, a leading role for ministries of health is envisaged in implementing the required phasing-out of the manufacture, import or export of thermometers, sphygmomanometers and antiseptics and skin-lightening cosmetics that contain mercury by 2020 (with provision for exemptions to 2030 in specified circumstances.) The Convention also provides a menu for phasing down the use of dental amalgam, from which Parties are to select two or more measures, taking into account domestic circumstances and relevant international guidance.
- Involvement of ministries of health is also indicated for the required development of public health strategies in national action plans to reduce the health impacts of mercury use in artisanal and small-scale gold mining (**Article 7**) as well as assessment of contaminated sites for risks to health (**Article 12**).
- **Article 17** on information exchange specifically mentions information on health impacts and makes reference to cooperation with WHO. **Article 18** on public information, awareness and education in particular, mentions human health. **Article 19** (Research, development and monitoring) calls for cooperation, including monitoring of levels of mercury and mercury compounds in vulnerable populations.

- **Article 23** (Conference of the Parties) provides a mandate for collaboration with WHO “shall... cooperate, where appropriate, with competent international organizations and intergovernmental and non-governmental bodies.”
- **Resolution 3 of the Conference of Plenipotentiaries** recognizes the importance of the activities of international bodies such as WHO, and invites it to cooperate closely with the Conference of the Parties “to support the implementation of the Convention, particularly Article 16, and to provide information to the Conference of the Parties on the progress made in this regard.”

In order to implement the Minamata Convention, the health, environment and other relevant sectors at national level will need to collaborate in order to realize the Convention’s full potential to protect human health.