

MINAMATA CONVENTION WORKSHOP



18th & 19th October, 2016 – Jamaica.
Presenter A. Maraj – Guyana Mercury Situation

INTRODUCTION

GUYANA'S NATIONAL HEALTH STRATEGY
"HEALTH VISION 2020"

In Guyana Environmental Health Concerns arise through **extraction activities**, solid waste and sanitation management, **management of water resources** and access to drinking water, climate change and vulnerabilities to manmade disasters.

Environmental Health factors also impact directly on a number of MDGs including the population with access to imported water sources and sanitation (a number of mining activity sites have negative impacts or are of potential threats to residents of who depend on affected areas for their livelihood. Thus these residents/ employees/ ecosystems are vulnerable to these mining/ activities mentioned above.

Health Vision 2020 is cognizant of the still existing gaps in the legislative framework and the need to build capacity for collaborating across agencies and sectors and advocating at national and subnational levels for healthy environments. (THE ACHIEVEMENT OF PHASING OUT OF Hg IS NO DIFFERENT)

Strategic objectives in Environment Health as stated in our national Health strategy 'Health Vision 2020'.

- ❖ To promote health supportive Environments
- ❖ To ensure preparedness and improve responsiveness to mitigate the health impacts of disasters and environmental health issues.

Strategic Actions of Health Vision 2020 – Promotion of Health Supportive Environments.

- Implement Environmentally sound practices in energy use at health facilities.
- Expand medical waste management systems.
- Develop effective mechanisms for linkages between agencies to facilitate coordinated inter-sectoral actions and seamless transitions between jurisdictions and agencies with responsibilities for environmental issues.
- Develops and implement an evidence based advocacy agenda for:
 - Imported quality of environmental health infrastructure and services nationally including water safety and sanitation services.
- Improved enforcement of public health standards.
- Improved national literacy on environmental health issues.
- Enable communities involvement in the development implementation and monitoring of environmental health plans, particularly in vulnerable communities affected by resource extraction activities.
- Collaborate with mining sector, private sector donor and technical partners to support environmental health research.

Health Vision also speaks to ensuring preparedness and improved responsiveness to mitigate the health impacts of disasters and environmental health crises.

- Develop capacities and proactively address public health concerns and mitigation measures for diseases in national and subnational disaster risk reduction and emergency management plans.

- * Establish in consultation with stakeholders sound multi-sectoral plans for preparing and responding to environmental health challenges and crises.
- * Conduct a coordinated multi-sectoral and multi stakeholder national health emergency response exercise at least every two (2) years.
- * Conduct or update a multi hazard health emergency risk assessment at least every two (2) years.

The Environmental Health Unit of the MOPH of which I am a part, has the mandate / responsibilities to coordinate and implement the entire strategic components mentioned above to promote health supportive environments and to mitigate health impacts of environmental health crises.

It is against this backdrop I was asked to attend this workshop and update on the following;

- (1) The present situation / status of Guyana with respect to the Minamata Convention.
- (2) Constraints and the situation relating to mercury use in the mining area.

Guyana signed onto the Minamata Convention in October 2013 before doing a country assessment. The convention advises that an assessment be done before being a signatory (courtesy of GGMC).

Initial assessments relative to Mercury use in Guyana commenced by consultants via fundings by UNDP. These assessments were found to be skewed and so the assessments could not have been submitted on the April 2016 deadline that was agreed on resulting in delays.

The assessments recommenced (new consultants) with the new deadline set to be sometime in October 2016.

Presently Research works, surveys, public awareness legislative works, analysis of policies, Hg inventory, (quantity used) are in progress training of technical personnel and more.

Some of these assessments are still in the draft stage and could not be accessed since they are regarded as confidential information at this time.

Consequently, since the above assessments are not finalized, the National Action plan has been delayed.

The following were some constraints which were noted by personnel of GGMC & UNDP and which affected works in progress:

- (a) Inadequate technically trained human resources.
- (b) The unavailability of testing facilities.
- (c) Cost factor to send samples overseas for testing.
- (d) Unwillingness/ non cooperation by Miners and some residents to engage in this subject matter.
- (e) Resistance to change, small/ medium scale miners.
- (f) Extensive and difficult terrain to access/ cover.

Ministry of Health Strategies to be included in NAP for Mercury 2016

1. Establish a system for monitoring levels of mercury in populations at greatest risk

- * Conduct baseline assessments of mercury in samples of populations in hinterland regions who reside in areas that have high levels of extractive industries (mining, logging).
- * Conduct baseline assessments of mercury in samples of persons in urban settings who are involved in gold refining and work (GGMC workers, jewelers)
- * Monitor mercury levels in samples from those at greatest risk every 3-5 years
- * Monitor environmental levels of mercury in collaboration with other agencies (EPA, GGMC).

2. Strengthen capacity of Ministry of Health to conduct analysis of mercury levels in human samples

Procure equipment and reagents for completion of mercury testing at the National Public Health Reference Laboratory

- * Train staff in conducting mercury analysis

3. Establish a mechanism for phasing out the use of mercury containing equipment and products in the health sector

- * Develop appropriate policies and/or regulations/legislation to eliminate the importation of medical equipment or products containing mercury (sphygmomanometers, thermometers, dental fillings, cosmetics)
- * Establish inventory of mercury containing medical equipment in the health sector and mechanism for their safe disposal (in collaboration with relevant agency).
- * Review alternatives to mercury containing equipment, establish resource implication and budget and procure them.
- * Sensitize health sector on phasing out of mercury containing equipment and procurement and use of alternatives.
- * Monitor compliance with establish system.

4. Strengthen capacity of health sector in medical management of mercury poisoning

- * Develop guidelines for identification of and medical management of mercury poisoning
- * Train staff in the use of guidelines.

5. Develop and implement disease prevention and health promotion programme on mercury

- * Develop appropriate information, education, communication (IEC) materials on the dangers of mercury and prevention of exposure
- * Conduct health promotion and prevention campaigns on mercury
- * Monitor effectiveness of such campaigns

6. Promotion of production and consumption of alternative sources of dietary protein instead of fish having high levels of mercury, in communities that consume such fish.

- * In collaboration with Ministry of Amerindian Affairs (MOAA) and Ministry of Agriculture (MOA) promote the rearing of poultry and livestock as alternative to fish consumption in communities affected by fish with high levels of mercury.
- * Monitor implementation of effectiveness of this strategy.

***THANK YOU!**