

Summary report on the

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Regional workshop on health sector involvement in the implementation of the Minamata Convention on Mercury

Amman, Jordan
30 November–1 December 2016



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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Contents

1.	Introduction.....	1
2.	Summary of discussions	2
3.	Recommendations.....	3

1. Introduction

A regional workshop on the health sector's involvement in implementing the Minamata Convention on Mercury was held from 30 November to 1 December 2016 in Amman, Jordan. The Director of the Regional Centre for Environmental Health Action delivered the opening remarks of the WHO Regional Director for the Eastern Mediterranean Dr Ala Alwan. In his message, he underlined WHO's firm commitment to strengthening joint work and collaboration in the field of chemical safety. This is manifest in the recent World Health Assembly resolution (WHA 69.4) on the role of the health sector in the strategic approach to international chemicals management. Mercury is recognized as one of 10 chemicals of major global public health concern. Protection of human health and the environment from the adverse impact of mercury and its compounds is the prime objective of the Minamata Convention. Implementation of the Convention will require multisectoral action, including from the health sector. In May 2014, the World Health Assembly adopted resolution WHA67.11 on the public health impacts of exposure to mercury and mercury compounds and the role of WHO and ministries of public health in the implementation of the Minamata Convention.

The main objective of this workshop was to highlight the importance of the Convention and inform participants about the risks of mercury to human health. Discussions during the workshop focused on identifying prerequisites for implementation of the Convention and promoting networking among stakeholders. The workshop was attended by participants from Bahrain, Egypt, Islamic Republic of Iran, Jordan, Lebanon, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, United Arab Emirates and representatives from the United Nations Environment Programme and the Arab Labour Organization.

The four sessions of the workshop were chaired respectively by Dr Ola Mira, Head of Environmental and Occupational Health and Safety Department, Ministry of Health and Prevention, United Arab Emirates; Mrs Bayan Awwad, Ministry of Health, Jordan; Dr Ejaz Ahmad Khan, Health Services Academy, Ministry of National Health Services, Regulation and Coordination, Pakistan; and Dr Houda Hassan Al Badwawi, Department of Environmental and Occupational Health, Ministry of Health, Oman. Mrs Nosheen Mohsan (Pakistan) was rapporteur for the meeting.

The WHO Regional Office gratefully acknowledges the financial support of the German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety to conduct the workshop.

2. Summary of discussions

The development of advocacy and educational material for health professionals, vulnerable groups, communities, patients and families is required.

The use of mercury in dentistry should be reduced and subsequently phased out.

The use of mercury-containing equipment and products in health care and occupational health services should be discontinued, where possible, supported by training and capacity-building.

Safe practices for the collection and disposal of mercury-containing hospital waste need to be established and mercury replacement strategies developed.

It is necessary to identify populations at risk to reduce direct exposure to mercury. Known risk populations include nursing mothers and their

infants, women of childbearing age, young children, health professionals, artisanal and small-scale gold miners, dentists and waste collectors.

Implementation of the Minamata Convention will require: needs assessment of technical, financial and human resources at national level; development of updated public health legislation; and development of national strategies and plans to phase out the use of mercury.

Participants identified a number of challenges including:

- lack of updated national level public health legislation with reference to the Minamata Convention;
- financial constraints on ministries of health, as well as on the private sector when introducing new technology to replace the use of mercury;
- lack of safe practices for the collection and disposal of mercury-containing waste;
- lack of community awareness regarding the health risks from mercury;
- validation and calibration of replacement devices to alleviate accuracy concerns among clinicians;
- lack of country-specific information and data.

3. Recommendations

To Member States

1. Sign, ratify and implement the Minamata Convention as soon as possible.
2. Undertake evidence-based research to better understand major exposure routes for mercury in national populations, e.g. the use of fossil fuel, consumption of certain types of fish and seafood,

as well as the effectiveness of disposal systems for mercury-containing waste.

3. Strengthen the intersectoral collaboration required for implementation of the Convention and develop strategies for the systematic phasing out of mercury-containing items and equipment in all relevant sectors.
4. Conduct a needs assessment of technical, financial and human resources at national level required for the effective implementation of the Convention.
5. Phase out the use of amalgam in dental restoration work and encourage the use of alternative materials, especially among identified vulnerable groups.
6. Strengthen consumer education, especially among identified vulnerable groups, based on research of national exposure to reduce excessive exposure to methyl-mercury through the consumption of fish and seafood.
7. Involve nongovernmental organizations, academia and civil societies in raising awareness regarding the risks of mercury use, including in the use of certain types of traditional medicine.
8. Establish and maintain effective systems for the safe collection and disposal of mercury-containing products and equipment.

To WHO

1. Provide technical support to Member States to implement the above recommendations, including in the areas of capacity-building, awareness-raising, needs assessment, development of guidelines, provision of training and dissemination of best practices.
2. Encourage Member States to sign, ratify and implement the Minamata Convention, as soon as possible.



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