

HCWH Views on the Global Mercury Treaty and Public Health

Overview

This global agreement is an important step forward in protecting public health and the environment from mercury pollution, although some areas of the treaty leave much to be desired. The following is a review of some of the key provisions the directly address public health concerns.

Negotiated over several years and set to be signed at a diplomatic conference in Japan in October 2013, the Minamata treaty sets a phase-out date of 2020 for most mercury containing products—including thermometers and blood pressure devices, and calls for the phase-down of dental amalgam. Once the convention enters into force it will also prohibit new mercury mines and phase out existing ones. The convention text restricts the trade of mercury and provides for financing for the implementation of some of its provisions.

However, the treaty's strictures on coal fired power plants and artisanal and small-scale gold mining (ASGM) —the two largest sources of mercury emissions—are relatively weak, creating a situation where overall global mercury pollution may continue to climb despite the global agreement. While the treaty will assure that mercury pollution will not be nearly as great as it would have been without it, the weakness in control measures for mercury emissions from coal combustion and ASGM are cause for concern that increases in mercury pollution will continue globally, adversely impacting public health.

Thermometers and Blood Pressure Devices: This aspect of the treaty is a major victory for all who have worked to substitute mercury thermometers and sphygmomanometers (blood pressure devices). The agreed upon 2020 phase-out date represents the global acceptance and institutionalization of 15 years of work by HCWH and many others around the world to substitute mercury-based medical devices with safe, accurate and affordable alternatives. From the nurse on the ward, to the hospital director, to the public health official, to health professional associations, federations, governments and international organizations who have organized for mercury-free health care around the world—all should share in the credit for and celebrate this important achievement.



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As a result of the ongoing global efforts, mercury-based medical devices are already phased-out or being phased out in the United States, Europe, Asia, Africa and Latin America. The treaty will further expand and engage new elements of government and civil society from around the world. We are extremely pleased with this outcome.

HCWH, as part of the joint Global Mercury-Free Healthcare Initiative that it co-leads with WHO, will be focusing on the target date of 2020 set by the treaty. We will be working with health professionals, hospitals, manufacturers, health systems and ministries of health to assure the rapid transition to accurate, affordable alternatives in order to achieve global mercury-free healthcare by 2020. Furthermore, we will continue our effort in promoting and advocating the environmentally sound management of mercury waste from health care facilities.

We note that any country that is party to the treaty can request a 5 year exemption (extension) to the 2020 date, and then 5 more years after that. However, we do not expect that many countries will need to do this with thermometers and blood pressure devices since 2020 is a reasonable timetable for a global transition to accurate, affordable alternatives.

Dental Amalgam: The treaty calls for a phase-down of the use of dental amalgam. While there are no specific target dates, the treaty lays out nine measures of which parties to the convention shall choose at least two. These range from promoting oral health to encouraging the implementation of mercury-free alternatives for dental restoration, to encouraging insurance companies to compensate people for the alternatives. While we believe that this section should have been more strongly worded, HCWH supports this approach to dental amalgam as a first important step that the dental health sector can and should take to reduce its mercury emissions. We note that in the context of the phase-down, particular care should be taken to protect dental workers, as well as children and women of childbearing age.

Vaccines: Thimerosal — a mercury preservative used in multi-dose vaccines primarily in developing countries where it is difficult to maintain the cold chain with individual vaccine vials --was specifically excluded from the treaty. HCWH's stance is similar to the position of leading scientific and health organizations, including WHO. We hold the view that, at the current time, existing evidence does not support the conclusion that the use of thimerosal in vaccines leads to neurologic defects; maintaining global health institutions' ability to vaccinate vulnerable populations across the globe is essential. At the same time, regular review of vaccine safety is

essential with concern as to all potential toxicities. Though these reviews are already carried out on a regular basis by WHO, the treaty could have included added impetus to and frameworks for monitoring this important area.

Health Provisions: The treaty also contains a specific article on health. This article encourages health monitoring, education and training of the health sector about mercury impacts. It sets out to “promote the development and implementation of strategies and programmes to identify and protect populations at risk, particularly vulnerable populations, including science-based health guidelines, targets for mercury exposure reduction and public education.” It is important in that this article recognizes not only that mercury is both an environment AND health issue—as does the entire treaty— but that the health sector has an important role to play in the treaty's implementation. HCWH believes that this article on health will play an important role in engaging the health sector in addressing mercury pollution in the coming years.

Coal Combustion and Small Scale Gold Mining; HCWH remains concerned that while the treaty is taking important steps forward, several major sources of mercury emissions are not adequately addressed and will continue to negatively impact public health. These include small-scale gold mining (ASGM) which is the largest source of mercury emissions, and mercury emitted by coal fired power plants which is a close second. Both continue to grow. ASGM continues to proliferate in countries such as Indonesia, Philippines, some African and several Latin American nations. Coal-fired power plants are being built at a rapid clip in places like India and China.

HCWH believes that the treaty will need to be strengthened over the years in order for it to effectively address the local and global public health impacts of these major sources of mercury emissions.