World Health Organization

EXECUTIVE BOARD
134th session
Agenda item 8.6

EB134/CONF./7
22 January 2014

Public health impacts of exposure to mercury and mercury compounds: the role of WHO and minstries of public health in the implementation of the Minamata Convention

Draft resolution proposed by Argentina, Colombia, Costa Rica, Ecuador, Libya, Panama, Switzerland, United States of America and Uruguay

The Executive Board,

Having considered the report 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,[1]

RECOMMENDS to the Sixty-seventh World Health Assembly the adoption of the following resolution:

The Sixty-seventh World Health Assembly,

PP1 Recalling World Health Assembly resolutions WHA60.17 on oral health: action plan for promotion and integrated disease prevention, WHA63.25 on the improvement of health through safe and environmentally sound waste management, and WHA59.15 on the Strategic Approach to International Chemicals Management, as well as the strategy for strengthening the engagement of the health sector in the implementation of the strategic approach adopted by the International Conference on Chemicals Management at its third session;

PP2 Recognizing the importance of dealing effectively with the health aspects of the challenges that chemicals and wastes, including mercury, may pose, particularly to vulnerable populations, especially women, children, and, through them, future generations;

PP3 Recalling the renewed commitments on sustainable development set out in the United Nations Conference on Sustainable Development Rio+20 outcome document "The future we want", of June 2012, as well as the Adelaide Statement on Health in All Policies of

[1] Document EB134/23.

2010, and the 8th Global Conference on Health Promotion, held in Helsinki in 2013, which promoted intersectoral collaboration across all sectors to achieve healthy populations;

PP4 Taking note that negotiations on the text of a new multilateral environmental agreement on mercury were concluded in October 2013 with the adoption of the Minamata Convention on Mercury, being the first time a specific article on health aspects has been included, as well as other relevant provisions, and that the Convention places certain obligations on State Parties that will require action, as applicable, by the health sector, together with other competent sectors, including the phase-out of mercury thermometers and sphygmomanometers, the phase-out of mercury-containing cosmetics, including skin-lightening soaps and creams, the phase-out of mercury-containing topical antiseptics, measures to be taken to phase down mercury-added dental amalgam, and the development of public health strategies on the exposure to mercury of artisanal and small-scale gold miners and their communities;

PP5 Recalling that the objective of the Minamata Convention on Mercury is to protect human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds;

PP6 Bearing in mind that the Minamata Convention on Mercury encourages Parties to: (a) promote the development and implementation of strategies and programmes to identify and protect populations at risk, particularly vulnerable populations, and which may include adopting science-based health guidelines relating to the exposure to mercury and mercury compounds, setting targets for mercury exposure reduction, where appropriate, and public education, with the participation of public health and other involved sectors; (b) promote the development and implementation of science-based educational and preventive programmes on occupational exposure to mercury and mercury compounds; (c) promote appropriate health care services for prevention, treatment and care for populations affected by the exposure to mercury or mercury compounds; and (d) establish and strengthen, as appropriate, the institutional and health professional capacities for the prevention, diagnosis, treatment and monitoring of health risks related to the exposure to mercury and mercury compounds;

PP7 Noting that the Minamata Convention on Mercury states that the Conference of the Parties, in considering health-related activities, should consult, collaborate and promote cooperation and exchange of information with the WHO, ILO and other relevant intergovernmental organizations, as appropriate;

PP8 Thanking the preparatory work of WHO, during the negotiations, analyzing different risks and available substitutes, as well as analysis and identification of areas requiring additional or new effort, under the Minamata Convention, and encouraging further and continuous analysis and other efforts as may be needed;

OP1 WELCOMES the formal adoption by States of the Minamata Convention on Mercury in October 2013,

OP2 ENCOURAGES Member States:[1]

(1) to take the necessary domestic measures to promptly sign, ratify and implement the Minamata Convention on Mercury, which sets out internationally legally binding measures to address the risks of mercury and mercury compounds on human health and the environment;

(2) to actively participate in national, regional and international efforts to implement the Minamata Convention on Mercury;

(3) to address the health aspects of exposure to mercury and mercury compounds in the context of the health sector uses, and also on the other negative health impacts that should be prevented or treated, by ensuring the sound management of mercury and mercury compounds throughout their life cycle;

(4) to recognize the interrelation between the environment and public health in the context of the Minamata Convention implementation and sustainable development;

(5) to promote appropriate health care services for prevention, treatment and care for populations affected by the exposure to mercury or mercury compounds, including national fish consumption advisories and effective risk communication strategies;

(6) to ensure close cooperation between health ministries and ministries of environment, as well as labour, industry, economy, agriculture and other ministries responsible for the implementation of aspects of the Minamata Convention on Mercury;

(7) to facilitate the exchange of epidemiological information concerning health impacts associated with exposure to mercury and mercury compounds, in close cooperation with WHO and other relevant organizations, as appropriate;

OP3 REQUESTS the Director-General:

(1) to facilitate WHO's efforts to provide advice and support to Member States to assist them towards the implementation of the Minamata Convention on Mercury in all health aspects related to mercury consistent with WHO´s programme of work, in order to promote and protect human health;

(2) to support Member States to develop and implement strategies and programmes to identify and protect populations at risk, particularly vulnerable populations, and which may include adopting science-based health guidelines relating to the exposure of mercury and mercury compounds, setting targets for mercury exposure reduction, where appropriate, and public education, with the participation of health and other involved sectors;

(3) to cooperate closely with the Minamata Convention Intergovernmental Negotiating Committee, the Conference of the Parties and other international organizations and bodies, mainly UNEP, to fully support the implementation of the health-related aspects of the Minamata Convention on Mercury and to provide information to the Committee and Conference of the Parties on the progress made in this regard.

[1]And, where applicable, regional economic integration organizations.

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