World Health Organization

REVIEW OF MINAMATA CONVENTION INITIAL ASSESSMENT REPORTS

Key findings for health

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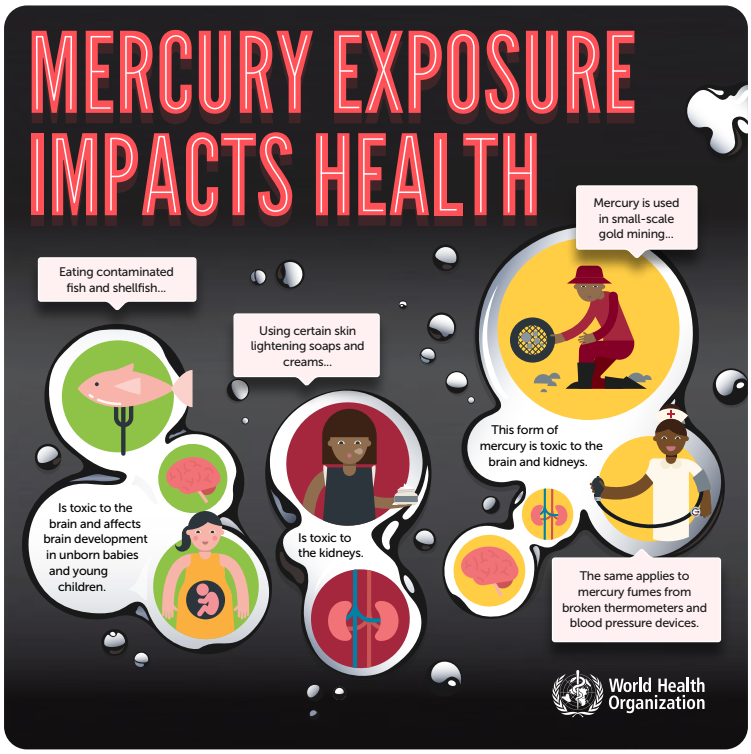
INTRODUCTION



The Minamata Convention on Mercury is a global, legally binding treaty, which was adopted in 2013 and entered into force on 16 August 2017.

The core of the Convention is protection of human health, as stated in Article 1: "to protect human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds". Implementation of the Convention requires multisectoral action, including the health sector.

In May 2014, the Sixty-seventh World Health Assembly adopted resolution WHA67.11: "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". The resolution acknowledges WHO's input to the Convention and defines the roles and responsibilities of WHO and ministries of health in its implementation. The resolution encourages Member States to:

- promptly sign, ratify and implement the Convention;
- address health aspects of exposure to mercury;
- recognize the inter-relationship between health and environment and ensure close cooperation between the respective authorities;
- promote appropriate health-care services for prevention, treatment and care of mercury poisoning; and
- facilitate exchange of epidemiological information among Parties to the Convention and with the international community.

A leading role for health ministries is envisaged in the health-related articles, including:

Article 4
Mercury- added products, in particular, mercury-added thermometers, sphygmomanometers, dental amalgam, skin lightening creams and antiseptics

Article 7
Artisanal and small-scale gold mining, in particular the development of public health strategies

Article 11
Mercury waste

Article 12
Contaminated sites

Article 16
Health aspects

Article 17
Information exchange

Article 18
Public information, awareness and education

Article 19
Research, development and monitoring

In the past few years, many national governments have prepared Minamata Initial Assessment (MIA) reports to strengthen national decision-making to achieve ratification of the Minamata Convention and to assess and build national capacity for implementation of Parties' obligations.

In order to raise awareness about health ministries' preparedness and outstanding needs to be able to implement the health-related articles of the Convention, WHO reviewed all the 59 MIA reports that had been submitted to the Secretariat of the Convention up to 31 July 2021 and also two national implementation plans, from Japan and Peru. The data for each country reported in this review are derived from those sources and were current on the date on which the report was submitted to the Convention Secretariat.

The guidance of the United Nations Development Programme[1] was used as the framework for the review. Use of those guidelines was not, however, mandatory for the countries, and the structure and content of many of the reports differed from those guidelines.

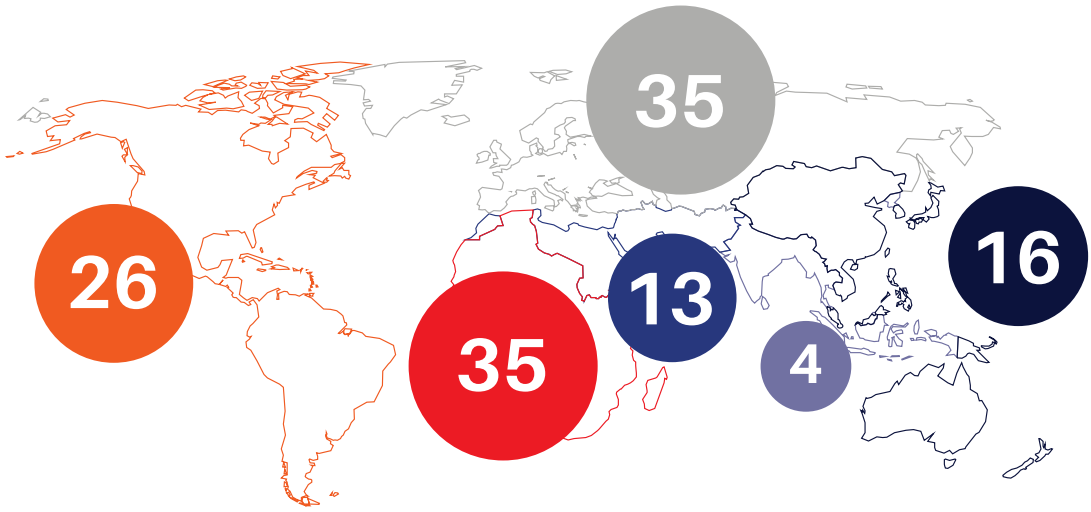
[1] Minamata initial assessment report. Suggested structure and contents. October 2020. Inter-organization Programme for the Sound Management of Chemicals; 2020 (https://www.undp.org/publications/undp-minamata-initial-assessment-guidance).

GENERAL INFORMATION

WHO Member States that are Parties to the Convention

As of 31 July 2021, 132[2] countries were Parties to the Convention, of which 129 are Member States of WHO, comprising two thirds of WHO's Member States.[3] The numbers of WHO Member States that are Parties to the Convention in each of the six WHO regions are shown in Fig. 1. In nearly all the WHO regions, about two thirds to three quarters of WHO Member States are Parties to the Convention.

Figure 1. **Numbers of WHO Member States per WHO region that are Parties to the Convention (as of 31 July 2021)**



Numbers of WHO Member States that are Parties to the Convention as of 31 July 2021 **129**

Representation by WHO region

- Africa Region
- Eastern Mediterranean Region
- European Region
- South-East Asia Region
- Region of the Americas
- Western Pacific Region

This map presents WHO regions; the boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

[2] Information on countries that have become Parties to the Convention can be found at: https://www.mercuryconvention.org/en

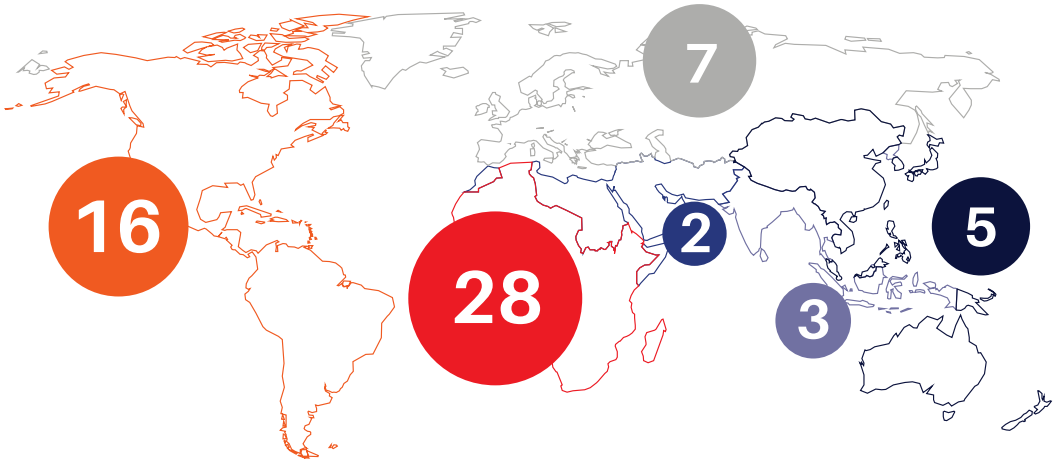
[3] The WHO Member States in each region are listed at: https://www.who.int/countries

Twenty-three of the 41 WHO Member States and associate members that are small-island developing states are Parties to the Convention.

MIA reports by WHO Member States

Fig. 2 shows the numbers of WHO Member States in each Region that have officially submitted MIA reports to the Convention Secretariat.[4] The numbers include 11 Member States that are not yet Parties to the Convention.

Figure 2. **Numbers of WHO Member States per region that submitted MIAs and national implementation plans (as of 31 July 2021)**



Numbers of WHO Member States that submitted MIAs and national implementation plans as of 31 July 2021 **61**

Representation by WHO region

- Africa Region
- Eastern Mediterranean Region
- European Region
- South-East Asia Region
- Region of the Americas
- Western Pacific Region

This map presents WHO regions; the boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

[4] Includes the national implementation plans of Japan and Peru

FINDINGS OF THE REVIEW

Health ministry participation in preparation of MIA reports

One aim of the review was to determine the participation of health authorities in preparing MIA reports. It was found that, overall, only about one half of the MIA reports indicated that ministries of health had participated in their development. Table 1 gives the numbers of MIA reports with evidence of health ministry involvement, by WHO region. Of the 14 reports submitted by small-island developing states, evidence of ministry of health participation was seen in 10.

Table 1. Characteristics of MIA reports by WHO Member States (as of 31 July 2021)

WHO region	No. of Member States	Member States that are Parties to the Convention		No. of Member States that submitted MIA reports[5]	No. of reports that indicated health authority involvement in MIA		
		No.	%		Ministry of health	Other	None stated
Africa	47	35	74	28	14	2	12
Americas	35	26	74	16	11	1	4
Eastern Mediterranean	21	13	62	2	1	–	1
European	53	35	66	7	3	1	3