Report on cooperative activities with the World Health Organization and the International Labour Organization

Note by the secretariat

1. Paragraph 2 of article 16 of the Minamata Convention on Mercury, on health aspects, provides that the Conference of the Parties to the Minamata Convention, in considering health-related issues or activities, should consult and collaborate with the World Health Organization (WHO), the International Labour Organization (ILO) and other relevant intergovernmental organizations, and should promote cooperation and the exchange of information with those organizations, as appropriate.

2. At its first meeting, the Conference of the Parties requested the secretariat to continue to actively engage in cooperation and collaboration with WHO, ILO and other relevant organizations in the implementation of the Minamata Convention. That request was reiterated at the second and third meetings of the Conference of the Parties.

3. The key priority areas for such cooperation with WHO and ILO include artisanal and small-scale gold mining, medical devices, dental amalgam, human biomonitoring, and public information, awareness and education on the effects of mercury on human health.

4. The secretariat has continued and strengthened its programmatic cooperation with WHO and ILO during the intersessional period since the third meeting of the Conference of the Parties. The cooperative activities during the intersessional period include the participation of WHO in the ad hoc group of experts established pursuant to decision MC-3/1 on the review of annexes A and B; the submission of an update to the guidance document for the preparation of a national action plan to reduce and, where feasible, eliminate mercury use in artisanal and small-scale gold mining;\(^1\) a contribution to the development of guidance on monitoring for effectiveness evaluation; and the co-organizing of a webinar for the launch of the WHO Guidance on the Development of Public Health.

5. Strategies in the Context of the Minamata Convention. Furthermore, tripartite meetings between the secretariat, WHO and ILO were convened with a view to identifying and carrying out concrete actions to enhance implementation in areas of common interest. The secretariat continues to engage with ILO and WHO through the Inter-Organization Programme for the Sound Management of Chemicals, which is the international coordinating mechanism on chemicals management.

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\(^1\) UNEP/MC/COP.4/6, annex I.
6. Updates on the activities of WHO and ILO relevant to the Minamata Convention are set out in annexes I and II to the present note, respectively. The annexes are presented without formal editing.
Annex I

Work of the World Health Organization relevant to the Minamata Convention on Mercury

1. Collaboration between the World Health Organization (WHO) and the Conference of the Parties to and secretariat of the Minamata Convention on Mercury stems from the Convention text, in particular paragraph 2 of article 16; the resolution on matters pertaining to other international bodies of the Conference of the Plenipotentiaries; and World Health Assembly (WHA) resolution WHA67.11 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.

2. In the period from June 2019 to June 2021, WHO activities relevant to the Minamata Convention have focused on the topics described below.

3. All the documents described in this report are available through the Annotated bibliography of WHO information resources, except where separately referenced.

Annotated bibliography of WHO information

4. In 2021, WHO published the second edition of the Annotated Bibliography of WHO Information resources relevant to the Minamata Convention on Mercury. The publication provides an index to WHO resources, organized by article of the Minamata Convention, along with a brief description of the contents of each of the resources. It is therefore an important source of information for government ministries and other stakeholders involved in the implementation of the Minamata Convention. The document is available in Arabic, Chinese, English, French, Portuguese, Spanish and Russian.

WHO guidance on prioritization and planning for implementation of the health-related articles of the Minamata Convention

5. Owing to the multiple roles required of ministries of health in implementing the Minamata Convention, WHO developed guidance on Strategic Planning for Implementation of the Health-Related Articles of the Convention. The guidance recognizes that the approach taken in any country will need to be adapted to that country’s particular needs and circumstances. Therefore, the document sets out key considerations to be taken into account while developing plans, as well as guidance on the mainstreaming of mercury actions into various health programmes in support of article 16 on health aspects. The guidance was launched at COP3 along with a report describing the experiences of two countries in implementing the approach. The guidance is available in Arabic, Chinese, English, French, Portuguese, Spanish and Russian, and the country experience report is available in English.

6. Due to the COVID-19 pandemic, plans to support additional countries to implement the guidance were disrupted in 2020. However, these efforts recommenced in 2021 with a series of regional webinars for ministries of health to further inform them about the guidance and the support available to implement it. A webinar for the African Region was held on 22 April 2021 in English, French and Portuguese. A bilingual webinar for the LAC region is planned for July, with other regions to follow. In addition, a number of countries are being provided with small grants to develop their strategic plans and to implement priority activities.

Exposure to mercury: a major public health concern

7. This information note, updated in 2021, provides detailed information for decision-makers in a concise format describing: how mercury is released into the environment; sources of exposure to mercury; WHO recommendations for national, regional and global actions to reduce or eliminate releases of mercury and its compounds to the environment; strategic actions needed to eliminate mercury-related diseases; WHO guidance values on tolerable weekly intake of methylmercury and WHO guideline values for mercury in water and air; and health effects of mercury. Available in Arabic, Chinese, English, French, Portuguese, Spanish and Russian.

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2 https://www.who.int/publications/i/item/9789240022638
On-line training
8. The on-line course at the PAHO virtual campus on public health: *Mercury effects on human health and the environment, and considerations under the Minamata convention*⁴ has been updated. The course is available in two formats: self-learning in Spanish and English, and with teaching assistance in Spanish. The fourth teacher-assisted session is planned for the second half of 2021, targeting health services personnel working in communities affected by ASGM communities.

Artisanal and small-scale gold mining
9. A suite of materials on artisanal and small-scale gold mining has been published along with additional language versions of earlier publications. Key new publications are described below and all documents can be accessed through the Annotated Bibliography described above or from the WHO website. The documents are referenced in the updated UNEP Guidance on the development of a National Action Plan for ASGM.

10. The WHO *Step-by-step guide for developing a public health strategy for artisanal and small-scale gold mining in the context of the Minamata Convention on Mercury* was published in 2021 and launched on 2 June 2021 at a global webinar co-organized by WHO and the Minamata Convention Secretariat. The step-by-step guide shows how to develop an evidence-based public health strategy for an ASGM National Action Plan (NAP). The guide includes the research methodology and tools needed to conduct a rapid health assessment and institutional capacity assessment in ASGM communities. Users are guided through all steps from conducting the research to developing a public health strategy for the NAP. The step-by-step guide is intended for researchers, ministries of health, environment, and mines, NGOs, and others conducting research on ASGM. Available in Arabic, English, French, Portuguese, Spanish and Russian. A number of companion documents were published with the findings of country experiences in implementing the approach. Additional webinars, including a bilingual webinar for the Region for the Americas are to follow.

11. *Human biomonitoring in the context of artisanal and small-scale gold mining: ethical and scientific principles* was published in 2021. This guidance document provides an overview of internationally agreed ethical and scientific principles that should be adhered to as part of any research carried out in an ASGM context. The document is addressed to (a) Researchers and practitioners conducting assessments involving human biomonitoring in ASGM contexts; (b) government agencies, including ministries of health, mining, environment, labour, and others that may have an interest in such data; and (c) public or private bodies that fund or otherwise sponsor research or assessments in ASGM contexts. Available in Arabic, Chinese, English, French, Portuguese, Spanish and Russian.

Dental amalgam
12. In January 2021, WHO released a report entitled: *Achieving better oral health as part of the universal health coverage and noncommunicable disease agendas towards 2030*⁵. The report stresses the environmental impact of oral health care on planetary health, and the challenges posed to management of chemicals and waste (including mercury), in line with resolution WHA67.11 (2014) on implementation of the Minamata Convention on Mercury. The report also recommends the acceleration of the implementation by Member States of the Minamata Convention as part of a broader environmental agenda, including through the *road map for enhancing health sector engagement in the Strategic Approach to International Chemicals Management* approved in decision WHA70(23) (2017), thus becoming a catalyst for reorienting dentistry and tackling the health, social and economic burden of oral diseases.

13. In May 2021, the Seventy-fourth World Health Assembly approved a resolution⁵ on oral health that recognizes the importance of the Minamata Convention on Mercury, calling for phase-down of the use of dental amalgam taking into account domestic circumstances and relevant international guidance. The resolution emphasizes the concern about the potential environmental impact caused by the use and disposal of mercury-containing dental amalgam, and the use of toxic chemicals for developing x-ray photographs. Finally, the resolution gives a strong mandate to WHO to develop, amongst other elements, technical guidance on environmentally friendly and less-invasive dentistry to support countries in their implementation of the Minamata Convention, including supporting preventive programmes.

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14. WHO led an informal consultation with the chief dental officers and public oral health leaders at ministry of health level with the aim of informing COP4 about the latest progress achieved in relation to the phase down in use of dental amalgam across regions and in countries. Responses to the consultation were received from 80 countries. The results are used to better understand the level of country implementation of the Convention’s nine phase-down measures for dental amalgam. The results provide knowledge on the use of non-mercury alternatives to dental amalgam, and on any additional measures being implemented or already in place to phase down the use of dental amalgam.

**Mercury-containing thermometers and sphygmomanometers**

15. The WHO technical specifications for automated non-invasive blood pressure measuring devices with cuff was published in 2020. Manual blood pressure (BP) measurement is gradually being replaced by automated measurement because of environmental concerns about mercury, poor calibration and improper measurement with aneroid devices in clinical practice, and the superior consistent accuracy of validated automated devices. There is, however, frequent concern about the accuracy of automated devices that have not been validated. The focus of the publication is on automated non-invasive blood pressure measuring devices (BPMDs) with cuff, including characteristics, regulatory requirements and standards, calibration and maintenance. It also provides guidance on procurement, decontamination and decommissioning. Additional elements on accurate measurement of BP and training for personnel are included. The document updates the WHO 2005 guidance on BPMDs. The manual responds to concern about the lack of accurate, good-quality devices, especially in low- and middle-income countries, through technical consultation and expert review. Currently available in English and Spanish.

16. *Priority medical devices list for the COVID-19 response and associated technical specifications*, published in 2020, includes technical specifications for the purchase of infrared and digital thermometers. This document describes the medical devices required for the clinical management of COVID-19, selected and prioritized according to the latest available evidence and interim guidelines. In order to facilitate access to quality-assured priority medical devices, the document also includes technical and performance characteristics, related standards, accessories and consumables. It is intended for policy-makers and planning officers in ministries of health, procurement and regulatory agencies, intergovernmental and international agencies, and the medical device industry. Available in Arabic, Chinese, English, French, Spanish and Russian.

17. *Decommissioning medical devices* was published in 2019. The document presents guidance for the process of decommissioning medical devices, including mercury-containing devices, and provides tools for determining why, when, and how to decommission such devices. The document is for those involved in health technology policies and implementation: policy-makers, biomedical and clinical engineers in government and facility regulatory agencies, health technology managers, health care facility managers, health care workers who use and handle medical devices, waste handlers and other users of health care technology.

18. WHO published *Guidance for climate resilient and environmentally sustainable health care facilities* to provide health professionals and health care facility managers with key tools and interventions to build resilience and improve environmental sustainability in health care facilities. Mercury devices and products and mercury waste are addressed throughout the document, including targeted interventions to support countries in meeting their obligations under the Minamata Convention. Available in English, French and Spanish.

19. WHO has entered the Project Preparation Grant phase for a GEF/UNEP full-sized project to be executed by WHO entitled: *Phasing out mercury measuring devices in healthcare*. The overall objective of the full-size project is to eliminate uncontrolled releases of mercury from healthcare settings to be implemented in Albania, Burkina Faso, India, Montenegro, and Uganda over a five-year period.

20. WHO has been requested to provide advisory input to a GEF/UNEP project to be executed by China, entitled: *Demonstration of phase-out of mercury-containing medical thermometers and sphygmomanometers and promoting the application of mercury-free alternatives in medical facilities in China*.

21. WHO is partnering in the GEF project entitled “Reducing UPOPs and Mercury Releases from the Health Sector in Africa,” which is being implemented by the United Nations Development Programme. The project introduces mercury-free thermometers and sphygmomanometers in pilot health facilities in four sub-Saharan African countries (Ghana, Madagascar, United Republic of Tanzania, and Zambia).
Mercury in skin lightening products

22. The WHO information document titled *Mercury in skin lightening products* was updated in 2019 and published in Arabic, Chinese, English, French, Spanish and Russian. An accompanying animated video was released in 2020.

Mercury and methylmercury in fish

23. The Codex Committee on Contaminants in Foods is continuing its work on establishing maximum limits for mercury in fish, with the most recent meeting taking place on 3-7 March 2021. A discussion paper developed by an Electronic Working Group is published on the meeting website.

Biomonitoring

24. A new publication on Human biomonitoring in the context of artisanal and small-scale gold mining: ethical and scientific principles is described above in the section on ASGM.

25. *Assessment of prenatal exposure to mercury: human biomonitoring survey: the first survey protocol: A tool for developing national protocols*, and the associated *Standard Operating Procedures* published in 2018, are now available in English, French, Spanish and Russian. The protocol and procedures can be used by countries to fill gaps in data on human exposure to mercury.

Intersessional work of the Conference of the Parties

26. WHO contributed to intersessional work on effectiveness evaluation and the review of Annexes A and B, by providing comments on draft documents and participating in virtual meetings of the groups convened by the Minamata Convention Secretariat.

World Health Assembly

27. In May 2021, the 74th World Health Assembly noted information on WHO’s work to implement the Minamata Convention contained in Document WHA74/42 on *The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond*. The World Health Assembly requested a further report to the 76th World Health Assembly in 2023.

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7 [https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_42-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_42-en.pdf) (also available in Arabic, Chinese, French, Spanish and Russian from [https://apps.who.int/gb/e/e_wha74.html](https://apps.who.int/gb/e/e_wha74.html))
Annex II

Work of the International Labour Organization relevant to the Minamata Convention on Mercury

1. Collaboration between the ILO and the Conference of the Parties to the Minamata Convention on Mercury and the secretariat of the Minamata Convention is based on the text of the Convention, in particular paragraph 2 of article 16. ILO and its constituents have focused their technical support in line with article 7 of and annex C, covering ASGM and have expanded the scope of its initiatives to other sectors. The ILO has increased its research efforts in order to develop a strong knowledge base on mercury in the world of work to promote the development of evidence-based policies.

2. Since the adoption of the Minamata Convention, relevant ILO activities in support of the Convention have included promotion of ILO international instruments, extensive project work at the country level, production of codes of practice, working documents, and technical research reports, as described below.

Promotion of ILO international instruments for the prevention of mercury exposure

3. ILO has been promoting the ratification and the implementation of ILO international instruments relevant to mercury exposure. This includes the Chemicals Convention, 1990 (No. 170); the Prevention of Major Industrial Accidents Convention, 1993 (No. 174); the Safety and Health in Mines Convention, 1995 (No.176) and the Safety and Health in Agriculture Convention, 2001 (No. 184). The Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) aims to strengthen national occupational safety and health (OSH) systems within which to anchor the implementation of the other conventions. The ILO List of Occupational Diseases in the annex of ILO Recommendation No. 194 concerning the List of Occupational Diseases and the Recording and Notification of Occupational Accidents and Diseases, includes diseases caused by mercury or its compounds.

4. ILO is currently developing diagnostic criteria guidance notes to provide assistance to countries that lack the specific knowledge for diagnosis, recognition, reporting, and prevention of the occupational diseases listed in ILO Recommendation No. 194, including diseases caused by mercury or its toxic compounds, which will also be instrumental towards SDG Indicator 8.8.1.

5. ILO has provided continued support to the Philippines in the implementation of the ILO Safety and Health in Mines Convention, 1995 (No. 176). The Philippines is currently revising its list of occupational diseases in line with R194, as are Ethiopia, Indonesia, the Lao People’s Democratic Republic, Myanmar and Namibia.

Projects in the artisanal and small-scale gold mining (ASGM) sector

6. The ILO “Caring Gold Mining Project” has been described in previous reporting periods (the project ended March 2020). A project evaluation highlighted critical achievements and remaining challenges to addressing child labour, including prevention of mercury exposure. Highlights of project activities and evaluation findings are presented below for Ghana and the Philippines.

7. In Ghana, the ILO participated in the drafting, validation and launch of the MIA, which was completed and deposited with the Minamata Convention secretariat. ILO was also a member of the technical working group developing a national action plan on the elimination of mercury and the National Steering Committee overseeing the implementation of the complaint regime for the Minamata Convention. A project evaluation found that the project was most successful at linking ASGM communities to the National Health Insurance Scheme and getting large numbers of persons registered for health insurance. In addition, community child protection committees and school clubs were effective in addressing child labour and hazardous exposures in ASGM. The mining ban on ASGM is underway and appears poised to achieve nearly all its indicator targets. Continued challenges identified included the lack of an acceptable alternative to mercury and limited technical and financial support to help small-scale miners comply with stringent contract requirements so they are able to operate legally.

8. In the Philippines, the ILO participated in baseline data collection on mercury use in ASGM and the drafting of the MIA. The project lobbied for the expansion of membership of the MIA technical working group to include the Department of Labour and the Department of Social Welfare as
an important step in increasing the multi-stakeholder nature of Minamata Convention engagement and implementation. The ILO promoted the use of the gravity concentration method as a mercury-free gold processing technology in the project’s pilot sites and implemented mercury-free technology training/coaching sessions in mining communities. The ILO organized the first Inter-Regional Knowledge-Sharing Forum on Child Labour and Working Conditions in ASGM\(^8\) which included sessions on the Minamata Convention and mercury-free technologies. The project evaluation found that Strategic Helpdesks for Information, Education, Livelihood and other Developmental Interventions against Child Labor in the Philippines were highly effective interventions. The project successfully linked project communities to the Department of Labor and Department of Social Welfare to receive a range of livelihood and social protection services. Challenges still remain when it comes to lack of acceptable alternatives to mercury and limited support to help miners comply with stringent contract requirements so they are able to operate legally.

9. **In the Philippines**, as a follow up to the Caring Gold Mining Project, the ILO is implementing a new project on “Improving Workers’ Rights in the Rural Sectors of the Indo Pacific, with a Focus on Women”. Since one of the target sectors of the Project is mining, it will ensure that its work on OSH will contribute to the National Action Plan on the Phase Out of Mercury, through working with social partners to integrate relevant initiatives for the mining industry in the national OSH programme, providing support for education and awareness and social dialogue within the industry, and elimination of its use in the workplace and community.

6. **In Guyana**, ILO supported the Guyana School of Mining in the finalization of the OSH inspection manual for small and artisanal open-cast mines. The manual, which makes reference to the Minamata Convention and its principles, was motivated by a recent incident in the Guyana Gold Board related to mercury contamination.\(^9\)

10. **In Suriname**, ILO is in the process of finalizing a draft manual similar to the Guyanese manual. Within the process, ILO will reflect the provisions of the Minamata Convention and explore synergies with the ASGM project being carried out by UNDP.\(^10\) In addition, an ILO decent work country programme agreement (2019-2021) was signed in 2019, which will enhance activities related to this process.

11. **In Mauritania**, ILO is developing initiatives to address the concerns raised by exponentially growing mining activity. L’Union Nationale du Patronat de Mauritanie (UNPM), the national employers’ organization, and the “Office National de Médecine du Travail (ONMT)”, the OSH national institute, has expressed an interest in taking action with ILO to inform artisanal and industrial prospectors of the risks associated with the industry. ILO held discussions with UNPM and ONMT to conduct an assessment of OSH risks and a capacity-development programme for safety officers in gold mines. Discussions are ongoing with ONMT to support capacity building on assessment and management of OSH in ASGM including exposure to mercury. This includes mercury exposure risk assessment and OSH risk prevention efforts.

12. **In Democratic Republic of Congo**, ILO is developing a project to promote OSH in artisanal mines. This will include an assessment of exposure to occupational risks (including exposure to mercury) and capacity building of workers, employers and OSH professionals in managing OSH. The project will also include an assessment of strengths and challenges on the application of international standards on OSH, as well as the Minamata convention.

13. **In Bolivia**, the project “Desarrollo regional productivo, sostenible y con mejores condiciones de seguridad y salud en el trabajo en la minería y manufactura de Bolivia” has been leading a number of activities related to the prevention of mercury exposure. With the support of “Cumbre del Sajama” and in coordination with the Vice-Ministry of Mining Cooperatives of the Bolivian Ministry of Mining, a virtual training program on OSH for miners was carried out, with the objective of reinforcing knowledge for the prevention of accidents and occupational diseases, including those related to mercury exposure. The program incorporated 17 sessions that addressed OSH topics and the ninth session was oriented to diseases caused by mercury and the main causes of intoxication in artisanal mining. In addition, a booklet was prepared on OSH and addressed aspects of mercury-related diseases.

14. **In Africa**, the ILO project “Accelerating Action for the Elimination of Child Labour in Supply Chains in Africa (ACCEL AFRICA)” has the overarching goal of eliminating child labour in selected supply chains in Uganda, Malawi, Egypt, Mali, Nigeria and Côte d’Ivoire, and will include targeted

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actions for the mining sector. For example, in Mali, activities aimed at raising awareness on the dangers of using mercury among artisanal miners through training sessions and communication support are planned for future months. Similarly, in Nigeria and Côte d’Ivoire the project plans to carry out capacity building programs in mining communities on mercury exposure and safety and health risk prevention efforts including the use of mercury-free technologies, with a particular reference to the impact on children. The application of the CRAFT Code is also planned to be rolled out in the three target countries.

Projects in the automobile dismantling and e-waste sector

15. **In Fiji,** as a follow-up to the “Promoting decent work and a just transition in automobile dismantling sector in Fiji” (2017-2018; described in the last ILO report), which assisted in the prevention of occupational exposure to mercury and its safe disposal in the automobile dismantling sector, a number of follow-up activities are planned. Future work is foreseen to develop and promote the application of OSH and environmentally friendly waste disposal guidelines on e-waste, chemicals and car battery disposal, including those components that contain mercury. These guidelines will provide the basis for capacity development efforts and widespread training which is envisioned to target policymakers, sector stakeholders and society in general.

16. **In Latin America,** the ILO is implementing the project “Strengthening of national initiatives and enhancement of regional cooperation for the environmentally sound management of POPs in Waste of Electronic or Electrical Equipment (WEEE) in Latin-American countries”. The objective of the project is to mobilize governments, employers’ and workers’ organizations and other private sector and academia to better manage electronic waste, including the hazardous chemicals and heavy metals it contains (including mercury), and promote decent work in the sector in Latin America, starting with Argentina and Peru. The project contributes to a UNIDO Regional Programme funded by the GEF.

Global codes of practice, research papers and working documents

17. The ILO published the Code of Practice on safety and health in shipbuilding and ship repair (revised edition). The revised code promotes a preventative safety and health culture in which the right to a safe and healthy working environment is respected at all levels. Specifically, the Code of Practice has the following provision:

   a. “9.4.1. Spray painting: Spray painting should not be carried out using any toxic material, such as ….mercury, antimony, arsenic, arsenic compounds or methanol, or a mixture containing more than 1 per cent of benzene, unless the workers wear adequate airline breathing apparatus.”

18. The ILO published an issues paper entitled *Decent work in the management of electrical and electronic waste (e-waste).* The paper notes the role played by the Minamata Convention in protecting human health and the environment from mercury emissions and releases, and thus in the management of e-waste, much of which contains mercury. In addition, the ILO published country level case studies on e-waste management in India and Nigeria.

19. ILO has published a study entitled *Sectoral Studies on Decent Work in Global Supply Chains: Comparative Analysis of Opportunities and Challenges for Social and Economic Upgrading,* which it is currently promoting among constituents. The study includes a case study on “Promoting Decent Work in Global Supply Chains: The Gold Industry” (pages 49–88) that refers to OSH concerns related to mercury use in the gold mining sector.

20. In May 2021, the ILO published a technical report: *Exposure to hazardous chemicals at work and resulting health impacts: A global review.* This review presents data on occupational chemical exposures, including a section on heavy metals and mercury. The review also looks at the health effects of these chemicals on exposed workers and examines trends in mercury exposure, including regional trends, the role of gender and main sectors of exposure. The publication includes examples of priority actions that can be taken at the national policy level, as well as examples of enterprise level interventions.

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21. The ILO has developed a technical report titled *Exposure to mercury in the world of work: A review of the evidence and key priority actions* which is expected to be released in July 2021. The report explores ways to reduce ASGM workers’ exposure to mercury, support ILO technical assistance, promote a sustainable culture for accident and disease prevention and improve OSH. It discusses the potential health outcomes on workers who are exposed and outlines several priority actions including policy level, enterprise level and a special focus on the Minamata Convention. The report describes the provisions of the Minamata Convention and discusses how the Convention can assist stakeholders in the world of work and enhance collaboration with the labour sector.

**ILO continued support and future initiatives**

22. In the ASGM sector, formalizing artisanal mining is a crucial step towards resolving the problem of mercury use and ensuring that gold is produced responsibly and in keeping with social and environmental standards. ILO interventions will consist of conducting targeted studies and proposing sustainable mining approaches and projects to Governments through a tripartite arrangement involving the authorities responsible for mining resources, miners’ organizations and employers’ organizations, with the goal of finding alternatives to mercury-based ore processing methods and enhancing OSH practices. Governments will be encouraged to implement binding action plans for reducing mercury use in ASGM.

23. At the global level, the ILO has increased its efforts to enhance the knowledge base on hazardous exposures in the world of work, specifically on the topic of mercury exposures, in order to support the development of evidence-based policies at both the national and enterprise level. The ILO looks forward to enhancing multi-lateral collaboration specifically when it comes to the global implementation of the Minamata Convention and enhancing the labour and decent work component in these efforts.