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on mercury**

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Item 3 of the provisional agenda\*

**Preparation of a global legally binding instrument on  
mercury**

**Analysis of the extent to which the provisions of the draft  
mercury instrument reflect the content of article 20 bis on  
health aspects**

**Note by the secretariat**

1. At its fourth session, the intergovernmental negotiating committee to prepare a global legally binding instrument on mercury requested the secretariat to analyse, in cooperation with the World Health Organization (WHO), the extent to which the provisions of the draft mercury instrument reflected the content of article 20 bis of the draft text on health aspects and to prepare a report setting out the results of its analysis for consideration by the committee at its fifth session.<sup>1</sup>

2. The report set out in annex I to the present note contains an analysis prepared by the secretariat, in cooperation with WHO, on the extent to which the provisions of the revised draft text resulting from the fourth session as contained in annex I to the report of the committee on the work of its fourth session<sup>2</sup> (hereinafter “fourth session draft text”) reflect the content of article 20 bis on health aspects. For each subparagraph of article 20 bis, the secretariat has listed the main provisions of the fourth session draft text that, according to its analysis, reflect best its content. Several articles contain different policy options; the secretariat has not incorporated the brackets signalling those differences. In some instances, it was necessary for the secretariat to infer possible outcomes of measures set out in the provisions of article 20 bis or other draft articles. Such interpretations have been made for the purposes of the analysis only and do not purport to represent a basis for the legal interpretation of provisions of the fourth session draft text. A table is included at the end of the report to relate each subparagraph of article 20 bis to relevant references elsewhere in the fourth session draft text.

3. In addition, the secretariat has analysed the Chair’s text<sup>3</sup> and determined that, although the wording may have evolved, the concepts reflected in the articles of the fourth session draft text highlighted in the present analysis are also reflected in the equivalent articles of the Chair’s text.<sup>4</sup>

\* UNEP(DTIE)/Hg/INC.5/1.

1 UNEP(DTIE)/Hg/INC.4/8, para. 204.

2 UNEP(DTIE)/Hg/INC.4/8.

3 UNEP(DTIE)/Hg/INC.5/3, annex II.

4 The exception is article 11 alt, which is contained in the fourth session draft text only.

4. Among the conclusions that could be drawn from this analysis, the committee may wish to note the following:

(a) Some provisions of article 20 bis, including elements of subparagraphs (a), (b), (c) and (d) of paragraph 1, may be directly covered under other articles of the fourth session draft text. Those provisions are addressed through articles that respond directly to decision 25/5 of the Governing Council of the United Nations Environment Programme (UNEP) aimed at reducing the risks posed by mercury to human health and the environment;

(b) Some provisions of article 20 bis, including elements of subparagraphs (a), (b), (c) and (f) of paragraph 1, may be covered indirectly under other articles of the fourth session draft text. Hence, the intended outcome of such provisions could be achieved through means other than those foreseen under article 20 bis;

(c) Some provisions of article 20 bis, including subparagraph (e) and elements of subparagraph (f) of paragraph 1, as well as subparagraphs (a) and (b) of paragraph 2, may not be clearly covered or may be only partially covered under articles elsewhere in the fourth session draft text.

5. Annex II to the present note contains a further contribution by WHO providing an overview of the objectives and functions of the organization and of the elements of its programme of work relevant to mercury that could contribute to addressing the objectives of the provisions proposed in article 20 bis. The table at the end of annex II relates each subparagraph of article 20 bis to relevant WHO functions and its mercury programme.

## Annex I

### **Analysis of the extent to which the provisions of the revised draft text contained in annex I to the report of the committee on the work of its fourth session reflect the content of article 20 bis on health aspects**

**Under subparagraph (a) of article 20 bis, paragraph 1, each party shall:**

**“Establish and implement programmes to identify vulnerable populations and/or populations at risk from the exposure of mercury and its compounds”.**

1. In accordance with the “Guidance for identifying populations at risk from mercury exposure”<sup>a</sup> developed by UNEP in cooperation with WHO, “vulnerable populations and/or populations at risk” from the exposure of mercury and its compounds can be understood to fall into two subpopulations: those who are more sensitive to the effects of mercury, such as foetuses, newborns, children, pregnant women and those with pre-existing medical conditions, and those who are exposed to higher than average levels of mercury. The latter category contains populations exposed to higher than average levels of methylmercury owing to fish and seafood consumption, individuals with dental amalgam, workers with high occupational exposure (such as miners using mercury in artisanal and small-scale gold mining), individuals who use various consumer products that contain mercury (such as some skin lightening creams and soaps), individuals who use traditional ethnic medicines containing mercury, or who use mercury for cultural and religious purposes.<sup>b</sup>

2. The identification of vulnerable populations and/or populations at risk appears in some cases as a prerequisite for the implementation of provisions of the fourth session draft text, for example:

(a) Article 19, paragraph 1 (b) relating to education, training and public awareness;

(b) Article 20, subparagraph (b) relating to modelling and geographically representative monitoring of mercury levels in vulnerable populations and subparagraph (c) on assessments of the impact of mercury and mercury compounds, particularly in respect of vulnerable populations;

(c) Annex E, paragraph 1 relating to the national action plan on artisanal and small-scale gold mining (in particular subparagraphs (g) to (j)).

3. Furthermore, there are several provisions that would support the process of identifying vulnerable populations and/or populations at risk, namely:

(a) The identification by each party of mercury supply sources located within its territory (article 3, paras. 5 (a) and 5 alt (a));

(b) The identification of mercury-added products in use (article 6) and facilities that use mercury or mercury-compounds in the manufacturing processes listed in annex D, including the estimated annual amount of mercury used (article 7, para. 2 (c));

(c) The collection and dissemination by each party of information on estimates of its annual quantities of mercury and mercury compounds released or disposed of through human activities (article 19, para. 2);

(d) Possible measures under articles 10, 11 and 11 alt<sup>c</sup> on emissions and releases that will target specific source categories which parties will need to determine so as to identify potential vulnerable populations and/or populations at risk.

a The guidance document was made available to the committee at its second session (see UNEP(DTIE)/Hg/INC.2/19 and UNEP(DTIE)/Hg/INC.2/INF.3).

b UNEP(DTIE)/Hg/INC.2/INF.3, annex, paras. 18–20.

c Article 11 alt is contained in the fourth session draft text only.

**Under subparagraph (b) of article 20 bis, paragraph 1, each party shall:**

**“Develop and implement strategies and programmes to protect the above-mentioned identified populations from risk, which may include, inter alia, adopting health-based guidelines relating to the exposure of mercury and mercury compounds, setting targets for mercury exposure reduction and public and worker education, with the participation of health and other involved sectors”.**

4. Consistent with UNEP Governing Council decision 25/5 III, paragraph 25, the provisions contained in the fourth session draft text are aimed at reducing risks to human health from mercury and its compounds. These provisions include:

- (a) The limitation of sources of mercury supply and restriction of trade (article 3);
- (b) The reduction of the demand for mercury in products (article 6) and in processes (article 7);
- (c) Measures to reduce and, where feasible, eliminate use and releases of mercury and mercury compounds in artisanal and small-scale gold mining (article 9);
- (d) The reduction of mercury emissions to air and releases to water and land (articles 10, 11, 11 alt);
- (e) Environmentally sound storage and disposal of mercury (articles 12 and 13);
- (f) Action to reduce the risks posed by contaminated sites (article 14).

Several of these provisions also provide an opportunity or a mechanism by which parties can establish their own objectives in terms of mercury exposure reduction.

5. Information, education and public awareness play a key role in the reduction of exposure and in the efficiency of protective measures and would be required under several articles, as follows:

- (a) Article 19 would establish a requirement for parties to promote and facilitate the provision to the public of information on, inter alia, the effects of mercury and mercury compounds, their uses and alternatives, estimates of the annual quantities of mercury and mercury compounds released or disposed of through human activities, safety information and the measures being implemented to address the issue of mercury. Some of this information may arise from the implementation of paragraph 1 of article 18 on exchange of information or article 20 on research, development and monitoring;
- (b) Article 19 would also require the provision of education and training and public awareness related to the effects of exposure to mercury and mercury compounds on human health and the environment;
- (c) Annex E, paragraph 1 (h) and (j) would require, under the public health strategy developed pursuant to paragraph 3 of article 9, training for health-care workers and awareness-raising through health facilities and strategies for providing information to miners and affected communities.

6. The adoption of health-based guidelines relating to the exposure of mercury and mercury compounds is not explicitly envisaged in provisions of the fourth session draft text other than in article 20 bis. However, article 1 bis establishes that the convention shall be implemented in a mutually supportive manner with other relevant international instruments that do not conflict with its objective, such as WHO, which has the mandate to develop such health-based guidelines. An analogous provision is proposed in article 13 in relation to wastes, namely that in managing mercury as waste, each party shall take into account guidelines developed under the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal.

**Under subparagraph (c) of article 20 bis, paragraph 1, each party shall:**

**“Apply the programmes, recommendations and guidelines at national level to inform and communicate the risks, as well as to monitor, review and verify that risk prevention and mitigation measures are achieving the intended results, including, where appropriate and feasible, through the use of biomonitoring”.**

7. Information and communication on risks encompass information relating both to the nature of the hazard (the effects of mercury) and to exposure pathways, which can be linked with certain individual behaviours and/or certain type of activities or locations.

8. In relation to providing information on and communicating the risks, the following references in the fourth session draft text are relevant:

(a) Article 19 calls on parties to provide information on the health and environmental effects of mercury and mercury compounds (para. 1 (a) (i)), including epidemiological information concerning health impacts associated with exposure to mercury and mercury compounds (para. 1 (a) (iv)) and health impact assessment from their research, development and monitoring (para. 1 (a) (v)). It also refers to exposure pathways (para. 1 (a) (iv));

(b) Article 6, paragraph 4, on new products calls for parties to provide to the secretariat information on the health impacts of such products, which shall be made publicly available;

(c) Article 18, paragraph 5, states that for the purposes of this convention, information on the health and safety of humans and the environment shall not be regarded as confidential;

(d) Article 20 refers to inventories of use, consumption and anthropogenic emissions to air and releases to water and land, and modelling and geographically representative monitoring of mercury levels in vulnerable populations and environmental media, including biotic media such as fish, marine mammals, sea turtles and birds, from their research, development and monitoring.

9. Concerning the monitoring, review and verification by parties of the effectiveness of risk prevention and mitigation measures relating to mercury, several articles are of particular relevance:

(a) Article 9, paragraph 3, would require concerned parties to review, every three years, the progress made in meeting their obligations relating to artisanal and small-scale gold mining;

(b) Under article 21, a review of the effectiveness of measures might be required under the provisions relating to the development of implementation plans;

(c) Article 22 would require parties to report to the Conference of the Parties on the measures taken to implement the provisions of the convention and on their effectiveness;

(d) Article 23 would establish the basis and methodology, including indicators and monitoring data, for the effectiveness review which will be undertaken by the Conference of the Parties.

**Under subparagraph (d) of article 20 bis, paragraph 1, each party shall:**

**“Implement programmes, recommendations and guidelines on the prevention of occupational exposure relating to permitted uses where potential exposures are of concern”.**

10. Occupational exposure relating to permitted uses of mercury concerns several types of activities:

(a) Those producing mercury or mercury compounds;

(b) Those using mercury to produce mercury-containing products;

(c) Those using mercury in their processes, including artisanal and small-scale gold mining;

(d) Those which involve the use of products and processes using mercury;

(e) Those involved in the management and processing of mercury, such as its storage, transport and end-of-life treatment.

11. Workers employed in such sectors may be at risk of exposure through inhalation of mercury vapours, direct dermal contact or accidental ingestion (UNEP, WHO, 2008). The working environment, work processes in place and the way mercury is used, including in terms of form, quantity, frequency, handling, storage or disposal, play a significant role in potential levels of exposure.

12. Prevention of such occupational exposures to mercury is primarily achieved through the reduction of mercury in the working environment, through its reduction in uses, including in products, as well as in emissions and releases from the processes. It is also achieved by the implementation of specific measures. Provisions that would contribute to preventing occupational exposure relating to permitted uses where potential exposures are of concern are:

(a) Articles 6 to 9, aimed at reducing and progressively eliminating uses of mercury;

(b) Articles 10, 11 and 11 alt that will address emissions and releases of mercury;

(c) Articles 12 and 13 that would require parties to take measures so that both the storage of mercury and mercury compounds and the management of mercury wastes are undertaken in an environmentally sound manner consistent with the “Technical guidelines for the environmentally sound management of wastes consisting of elemental mercury and wastes containing or contaminated with mercury” developed under the Basel Convention.<sup>d</sup> In addition to measures aimed at reducing releases and emissions of mercury at the different stages of its end-of-life management, these guidelines include recommendations on health and safety to protect workers, on emergency response plans and on public awareness. They also contain useful information on the reduction of discharge from dental amalgam waste, which can represent a significant pathway of exposure.

Recommendations on transportation of mercury wastes are also included in the Basel Convention technical guidelines;

(d) The information available to workers, including specific education, training and awareness-raising related to the health effects of mercury and exposure pathways, is key in preventing their exposure. Article 19 is particularly relevant in this regard;

(e) Provisions on artisanal and small-scale gold mining, a sector where workers’ exposure to mercury is particularly high, provide a comprehensive set of requirements to prevent occupational exposure. They aim at reducing and, where feasible, eliminating the use of mercury and mercury compounds (article 9, para. 2) in practices that lead to the highest exposure by workers (annex E, para. 1 (b)), as well as emissions and releases of and exposure to mercury (annex E, para. 1 (e)). Parties required to develop and implement a national action plan must also include in such plans a public health strategy on the exposure of miners and their communities, strategies to prevent exposure of vulnerable populations and strategies for providing information to artisanal miners and affected communities (annex E, para. 1 (h) to (j)).

**Under subparagraph (e) of article 20 bis, paragraph 1, each party shall:**

**“Facilitate and assure proper access to health care to populations affected by the exposure to mercury or its compounds”.**

13. Specific provisions relating to health that may comprise access to health care are included in the provisions on artisanal and small-scale gold mining (article 9), one of the major activities using mercury and a hot spot of human exposure to it. Parties required to develop and implement a national action plan under article 9, paragraph 3, shall include in their plan a public health strategy on the exposure of artisanal and small-scale gold miners and their communities to mercury.

**Under subparagraph (f) of article 20 bis paragraph 1, each party shall:**

**“Establish the scientific, technical and analytical capacity and strengthening of health professional capacity for the prevention, diagnosis, monitoring and treatment of the exposure of mercury and its compounds”.**

14. Several provisions of the fourth session draft text would contribute to the establishment of scientific, technical and analytical capacity by parties for the prevention, diagnosis, monitoring and treatment of exposure to mercury and its compounds, including:

(a) Article 18 relating to the exchange of scientific, technical, economic and legal information concerning mercury and mercury compounds, including toxicological, ecotoxicological and safety information as well as epidemiological information concerning health impacts associated with exposure to mercury and mercury compounds;

(b) Article 19 on education, training and public awareness related to the effects of exposure to mercury and mercury compounds on human health; and

(c) Article 20 on the development and improvement by parties of their research, development and monitoring programmes, including modelling and geographically representative monitoring of mercury levels in vulnerable populations and assessments of the impact of mercury and mercury compounds on human health.

15. Furthermore, the Basel Convention technical guidelines, which are referred to in article 13, are also relevant in this respect. They include guidance on sampling, analysis and monitoring of wastes consisting of elemental mercury and wastes containing or contaminated with mercury, as well as information that would strengthen the capacity of the dental sector and workers involved in the health sector where mercury-containing products are used.

<sup>d</sup> [www.basel.int/Portals/4/download.aspx?d=UNEP-CHW-GUID-PUB-Mercury.English.pdf](http://www.basel.int/Portals/4/download.aspx?d=UNEP-CHW-GUID-PUB-Mercury.English.pdf).

16. No other article of the fourth session draft text imposes a general requirement for strengthening the capacity of health professionals. Annex E would, however, require that the public health strategy included in national action plans by parties, in accordance with paragraph 3 of article 9, should comprise training for health-care workers and awareness-raising through health facilities.

**Under subparagraph (a) of article 20 bis, paragraph 2, the Conference of the Parties shall:**

**“Adopt decisions, recommendations and guidelines for the implementation of the activities mentioned in the paragraph 1 supra. These recommendations and guidelines shall be prepared by the Parties, if necessary, with the assistance of international organizations, such as the World Health Organization or the International Labour Organization”.**

17. The Conference of the Parties would be mandated to adopt decisions, make recommendations, and develop and adopt guidelines and guidance in relation to many of the measures contained in the other articles (articles 6, 7, 8, 10, 11, 12, 13 and 14). Some of these would be technical and solely within the mandate of the Conference. Others would involve responsibilities of other bodies, for example those of the Basel Convention, WHO and ILO. In the latter case, the Conference is required under article 24 to cooperate with competent international organizations and intergovernmental and non-governmental bodies.

**Under subparagraph (b) of article 20 bis, paragraph 2, the Conference of the Parties shall:**

**“Assure the flow of scientific, technical and financing resources under this Convention, in order to support the activities mentioned in paragraph 1 supra”.**

18. Articles 15 and 16 lay down responsibilities of the Conference of the Parties with respect to the provision of financial resources and technical assistance. Under article 16 bis, the Conference would also be requested to create a mechanism for the purpose of transferring technology to developing countries.

**Relationship of each subparagraph of article 20 bis to other relevant articles of the fourth session draft text**

Article 20 bis on health aspects	Relevant articles of the fourth session draft text
<b>1. Each party shall:</b>	
(a) Establish and implement programmes to identify vulnerable populations and/or populations at risk from the exposure of mercury and its compounds;	Articles 3, 6, 7, 9, 10, 11, 11 alt, 19 and 20 and annex E
(b) Develop and implement strategies and programmes to protect the above-mentioned identified populations from risk, which may include, inter alia, adopting health-based guidelines relating to the exposure of mercury and mercury compounds, setting targets for mercury exposure reduction and public and worker education, with the participation of health and other involved sectors;	Articles 1bis, 3, 6, 7, 9, 10, 11, 11 alt, 12, 13, 14, 18, 19 and 20 and annex E
(c) Apply the programmes, recommendations and guidelines at national level to inform and communicate the risks, as well as to monitor, review and verify that risk prevention and mitigation measures are achieving the intended results, including, where appropriate and feasible, through the use of biomonitoring;	Articles 6, 9, 18, 19, 20, 21, 22 and 23
(d) Implement programmes, recommendations and guidelines on the prevention of occupational exposure relating to permitted uses where potential exposures are of concern;	Articles 6, 7, 8, 9, 10, 11, 11 alt, 12, 13, 19 and annex E
(e) Facilitate and assure proper access to health care to populations affected by the exposure to mercury or its compounds;	Article 9 and annex E
(f) Establish the scientific, technical and analytical capacity and strengthening of health professional capacity for the prevention, diagnosis, monitoring and treatment of the exposure of mercury and its compounds.	Articles 9, 13, 18, 19, 20, and annex E

Article 20 bis on health aspects	Relevant articles of the fourth session draft text
<b>2. The Conference of the Parties shall:</b>	
(a) Adopt decisions, recommendations and guidelines for the implementation of the activities mentioned in the paragraph 1 supra. These recommendations and guidelines shall be prepared by the Parties, if necessary, with the assistance of international organizations, such as the World Health Organization or the International Labour Organization;	Articles 3, 6, 7, 8, 10, 11, 11 alt, 12, 13, 14 and 24
(b) Assure the flow of scientific, technical and financing resources under this Convention in order to support the activities mentioned in paragraph 1 supra.	Articles 15, 16 and 16 bis



## Annex II

### Further information provided by the World Health Organization related to mercury and its specific role in relation to article 20 bis on health aspects

1. The World Health Organization (WHO) was established under its Constitution, which is an international treaty.<sup>a</sup> It is therefore an organization which falls under the scope of international agreements or organizations referred to in a number of articles in the draft text of the mercury instrument, as annexed to the report of the fourth session of the committee.<sup>b</sup>
2. WHO comprises the World Health Assembly, the Executive Board and the secretariat. The World Health Assembly, consisting of 194 member States, is the supreme decision-making body of WHO. Its main function is to determine the policies of the organization. The Executive Board is composed of 34 members, technically qualified in the field of health. The main functions of the Board are to give effect to the decisions and policies of the Health Assembly, to advise it and to generally facilitate its work. The secretariat of WHO is staffed by some 8,000 health and other experts and support staff, working at headquarters, in the six regional offices, and in more than 160 countries. Country cooperation strategies are established between ministries of health and WHO to guide the organization's work at the national level.
3. While not specific to mercury, in relation to access to health care, universal health coverage is a top priority for the organization as it is for the global health community. The importance of universal health coverage to sustainable development was reaffirmed by Governments in the outcome document of the United Nations Conference on Sustainable Development (Rio+20) entitled "The future we want", in which Governments pledged "to strengthen health systems towards the provision of equitable universal coverage". "Universal coverage" or "universal health coverage" is defined as ensuring that all people have access to the necessary promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship ([www.who.int/health\\_financing/en/](http://www.who.int/health_financing/en/)).
4. In the Rio+20 outcome document, Governments reaffirmed article 2 (a) of the WHO Constitution in their declaration: "We support the leadership role of the World Health Organization as the directing and coordinating authority on international health work" (para. 143).
5. Through its Constitution, WHO has been assigned objectives and functions by its member States, some of which are of particular relevance to mercury. The full text of articles 1 and 2 of the WHO Constitution is reproduced in the appendix to the present annex, and pertinent functions have been identified in the table following paragraph 11 below.
6. In fulfilment of its functions, WHO undertakes a substantial programme of work specific to mercury,<sup>c</sup> through cross-cutting programmes at its headquarters, regional offices and country offices, including the following:
  - i. Providing health-related evidence and raising public awareness about the health implications of mercury exposure, through the publication of authoritative risk assessments, health information and advocacy materials on mercury;
  - ii. Setting health-based guidelines for mercury exposure through air, drinking-water and food;
  - iii. Establishing and maintaining the health evidence-base, norms and policies relating to mercury in pharmaceuticals, including vaccines, and herbal, traditional and homeopathic medicines;
  - iv. Providing technical guidance and assisting in the replacement of mercury thermometers and sphygmomanometers in health care with non-mercury alternatives;

a <http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>.

b UNEP(DTIE)/Hg/INC.4/8.

c [www.unep.org/hazardoussubstances/LinkClick.aspx?fileticket=2blN4eJhVDI%3d&tabid=4325&language=en-US](http://www.unep.org/hazardoussubstances/LinkClick.aspx?fileticket=2blN4eJhVDI%3d&tabid=4325&language=en-US);  
[www.unep.org/hazardoussubstances/Portals/9/Mercury/Documents/INC3/3\\_INF4\\_WHO\\_information\\_.pdf](http://www.unep.org/hazardoussubstances/Portals/9/Mercury/Documents/INC3/3_INF4_WHO_information_.pdf); and  
[www.unep.org/hazardoussubstances/Portals/9/Mercury/Documents/INC4/Submissions%20from%20IGOs/WHO%20Submission%20to%20INC4%2019%20June%202012.pdf](http://www.unep.org/hazardoussubstances/Portals/9/Mercury/Documents/INC4/Submissions%20from%20IGOs/WHO%20Submission%20to%20INC4%2019%20June%202012.pdf).

- v. Fostering international dialogue and establishing the health evidence-base relating to dental amalgam and alternatives, as well as working with UNEP on pilot projects relating to phase-down in use of dental amalgam;
- vi. Working with other sectors in advocating effective health-positive interventions and safer alternatives, for example, promoting clean household energy options, such as clean cook-stoves;
- vii. Providing training materials to educate health workers;
- viii. Providing assistance in identifying populations at risk from mercury exposure, including the co-publication of guidance with UNEP, and providing guidance on the estimation of the disease burden attributable to mercury at local and national levels;
- ix. Assisting countries to investigate and respond to disease outbreaks due to mercury exposure;
- x. Sharing knowledge and participating in international mechanisms to solve problems, for example through contributing to the UNEP mercury partnership, and providing information for the mercury treaty negotiations;
- xi. Providing guidance and methods for assessing impacts of policies through monitoring and evaluation, including protocols, guidance and assistance on human biomonitoring, and a global database of the percentage of population per country using coal as the main cooking fuel (rural, urban and total).

7. WHO is also responsible for the International Health Regulations (2005) (IHR (2005)), to which there are 195 States parties. IHR 2005 is a legally binding agreement contributing to international public health security by providing a framework for the coordination of the management of events that may constitute a public health emergency of international concern, and for strengthening the capacity of all countries to detect, assess, notify and respond to public health threats, including those involving chemicals such as mercury and mercury compounds. According to IHR (2005), a public health emergency of international concern refers to an extraordinary event that: constitutes a public health risk to other States through the international spread of disease (or disease precursors such as chemicals in the air, water, food or products); and potentially requires a coordinated international (health) response.

8. Although IHR (2005) are based on “international concern”, to meet them countries are required to establish a set of core capacities, and these will assist in the fulfilment of national functions. The established core capacities for chemicals are as follows:

- i. A reviewed and, if necessary, revised legislation appropriate for chemical emergency surveillance and response;
- ii. A national chemical emergency coordinating structure to oversee the implementation of IHR (2005) relating to chemical events;
- iii. A national surveillance system for chemical events (considering also disease outbreaks of unknown but potential chemical aetiology), including ensuring sufficient resources for epidemiological surveillance and assessments;
- iv. A chemical incident and emergency response plan that addresses all health aspects;
- v. Established coordination and collaboration between all relevant stakeholders such as ministries, agencies, industry and others from various sectors;
- vi. A national risk assessment, taking action to reduce risks and prepare for residual risks;
- vii. A source for specialist advice on chemical poisonings, including on diagnosis and treatment; and
- viii. Adequate supplies for managing victims of larger scale chemical incidents (e.g. decontamination equipment, antidotes, devices) for adequate or sufficient specialist healthcare facilities.

9. States parties to IHR (2005) are required to annually report to the World Health Assembly on the implementation of the Regulations, and an assessment of the core capacities has been undertaken.

10. In relation to the production of health guidelines, a WHO health guideline is any document containing recommendations about health interventions, whether these are clinical, public health or policy recommendations. A recommendation provides information about what policy-makers,

healthcare providers or patients should do. It outlines different interventions that have an impact on health and that have implications for the use of resources. Guidelines are recommendations intended to assist providers and recipients of healthcare and other stakeholders to make informed decisions. WHO has adopted internationally recognized standards and methods for guideline development to ensure that guidelines are free from bias, meet a public health need and are consistent with the following principles: recommendations must be based on a comprehensive and objective assessment of the available evidence (i.e., systematic evidence reviews, which can be complex to undertake); and the process used to develop the recommendations should be clear, i.e., the reader will be able to see how a recommendation has been developed, by whom, and on what basis. The WHO *Handbook for Guideline Development* establishes the standards required for the development of health guidelines.<sup>d</sup>

11. As a specialized agency of the United Nations, WHO requires expert advice of high scientific standard on scientific and technical matters, and for technical cooperation programmes. Regulations have been established to govern expert advisory committees, study and scientific groups, collaborating institutions and other mechanisms of collaboration.<sup>e</sup>

#### Relationship of each subparagraph of article 20 bis to the functions of the World Health Organization and its mercury programme

Article 20 bis on health aspects	WHO function (subparagraphs from article 2 presented in the appendix)	WHO mercury programme (listed under paragraph 6 of annex 2)
<b>1. Each party shall:</b>		
(a) Establish and implement programmes to identify vulnerable populations and/or populations at risk from the exposure of mercury and its compounds;	(g), (q) and (d)	i, viii and ix
(b) Develop and implement strategies and programmes to protect the above-mentioned identified populations from risk, which may include, inter alia, adopting health-based guidelines relating to the exposure of mercury and mercury compounds, setting targets for mercury exposure reduction and public and worker education, with the participation of the health and other involved sectors;	(c), (d), (e), (g) (i), (j), (k), (l) and (q)	ii, iv, vi and vii
(c) Apply the programmes, recommendations and guidelines at the national level to inform and communicate the risks, as well as to monitor, review and verify that risk prevention and mitigation measures are achieving the intended results, including, where appropriate and feasible, through the use of biomonitoring;	(f), (n), (o), (q), (r) and (t)	i, vii, viii and xi
(d) Implement programmes, recommendations and guidelines on the prevention of occupational exposure relating to permitted uses where potential exposures are of concern;	(q) and (i)	ii, iv and vi
(e) Facilitate and assure proper access to health care to populations affected by (the) exposure to mercury or its compounds;	(c) and (e)	ix
(f) Establish the scientific, technical and analytical capacity and strengthening of health professional capacity for the prevention, diagnosis, monitoring and treatment of (the) exposure of mercury and its compounds.	(c), (d), (j), (o) and (t)	vii, ix and xi

d [www.who.int/kms/guidelines\\_review\\_committee/en/index.html](http://www.who.int/kms/guidelines_review_committee/en/index.html).

e <http://apps.who.int/gb/bd/>.

Article 20 bis on health aspects	WHO function (subparagraphs from article 2 presented in the appendix)	WHO mercury programme (listed under paragraph 6 of annex 2)
<b>2. The Conference of the Parties shall:</b>		
(a) Adopt decisions, recommendations and guidelines for the implementation of the activities mentioned in paragraph 1 supra. These recommendations and guidelines shall be prepared by the Parties, if necessary, with the assistance of international organizations, such as the World Health Organization or the International Labour Organization;	(a), (k) and (u)	ii and iii
(b) Assure the flow of scientific, technical and financing resources under this Convention, in order to support the activities mentioned in paragraph 1 supra.	Not applicable	Not applicable

## Appendix

### Objective and functions of the World Health Organization

#### Extract from the World Health Organization Constitution

##### CHAPTER I – OBJECTIVE

###### *Article 1*

The objective of the World Health Organization (hereinafter called the Organization) shall be the attainment by all peoples of the highest possible level of health.

##### CHAPTER II – FUNCTIONS

###### *Article 2*

In order to achieve its objective, the functions of the Organization shall be:

- (a) To act as the directing and coordinating authority on international health work;
- (b) To establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate;
- (c) To assist Governments, upon request, in strengthening health services;
- (d) To furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments;
- (e) To provide or assist in providing, upon the request of the United Nations, health services and facilities to special groups, such as the peoples of trust territories;
- (f) To establish and maintain such administrative and technical services as may be required, including epidemiological and statistical services;
- (g) To stimulate and advance work to eradicate epidemic, endemic and other diseases;
- (h) To promote, in cooperation with other specialized agencies where necessary, the prevention of accidental injuries;
- (i) To promote, in cooperation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene;
- (j) To promote cooperation among scientific and professional groups which contribute to the advancement of health;
- (k) To propose conventions, agreements and regulations, and make recommendations with respect to international health matters and to perform such duties as may be assigned thereby to the Organization and are consistent with its objective;
- (l) To promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment;
- (m) To foster activities in the field of mental health, especially those affecting the harmony of human relations;
- (n) To promote and conduct research in the field of health;
- (o) To promote improved standards of teaching and training in the health, medical and related professions;
- (p) To study and report on, in cooperation with other specialized agencies where necessary, administrative and social techniques affecting public health and medical care from preventive and curative points of view, including hospital services and social security;
- (q) To provide information, counsel and assistance in the field of health;
- (r) To assist in developing an informed public opinion among all peoples on matters of health;

- (s) To establish and revise as necessary international nomenclatures of diseases, of causes of death and of public health practices;
  - (t) To standardize diagnostic procedures as necessary;
  - (u) To develop, establish and promote international standards with respect to food, biological, pharmaceutical and similar products;
  - (v) Generally to take all necessary action to attain the objective of the Organization.
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