Minamata Convention Pre-COP6 side Event

Managing mercury wastes in the healthcare sector: from existing tools to inclusive applications

Minamata Convention Pre-COP6 side event
14 October 2025 - Online

For the smooth running of the webinar, please:

GLOBAL MERCURY PARTNERSHIP

UN environment programme

Microphones and cameras disactivated; Please raise your hand for questions.

Use the **"Chat"** to ask questions or share views.

The **meeting will be recorded.** Please indicate if you have any objection.

Agenda

The side event will be moderated by the UNEP Global Mercury Partnership.

Opening remarks - Grace Halla, UNEP Chemicals and Health Branch

1. Mapping of facilities for mercury waste management - Christabel Chilekwa Mibenge, UNEP Global Mercury Partnership
2. Progress, challenges and needs for the sound management of mercury medical devices wastes in national health facilities :
   i. Case of Albania - Ledjana Bojaxhi, Mercury waste expert, Albania
   ii. Case of Montenegro – Gordana Dukanovic, World Health Organization, Montenegro
3. Experiences on Environmentally Sound Management (ESM) of Mercury-containing Medical Measuring Devices (MCMMD's) - Guilberto Borongan, Regional Resource Centre for Asia and the Pacific
4. Next steps and closing remarks – Grace Halla, UNEP Chemicals and Health Branch

Minamata Convention Pre-COP6 side Event

Opening remarks

Grace Halla, UNEP Chemicals and Health Branch

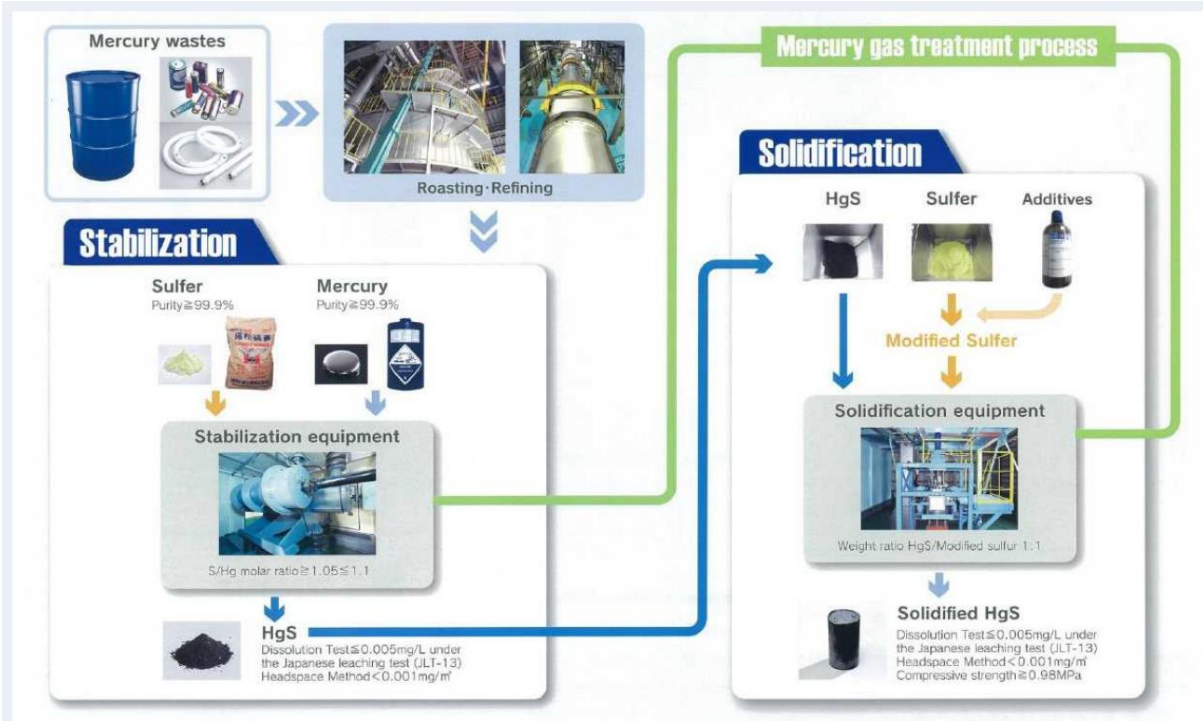
Mapping of Facilities for Mercury Waste Management

Global Facilities & Project Countries

PRE-COP Side Event – 14 October 2025

Why Map Mercury Waste Management Facilities?

- Supports Minamata Convention compliance and phase-down/phase-out plans
- Identifies treatment capacity, technology readiness, and cross-border needs
- Surfaces gaps and investment priorities (collection, transport, storage, treatment, disposal)
- Enables safer healthcare & industry transitions
- Procurement & take-back design
- Training and emergency response



Global Facilities Overview

High-capacity regions	• EU, North America, Japan/Korea: multiple permitted treatment & secure disposal options
Emerging capacity	• China, India, parts of Southeast Asia & Latin America: growing hazardous waste industry
Limited capacity & reliance on export	• Many SIDS and Sub-Saharan Africa: aggregation + controlled export under Basel

Healthcare sector often lacks dedicated Hg streams; co-mingling risks remain without strong segregation

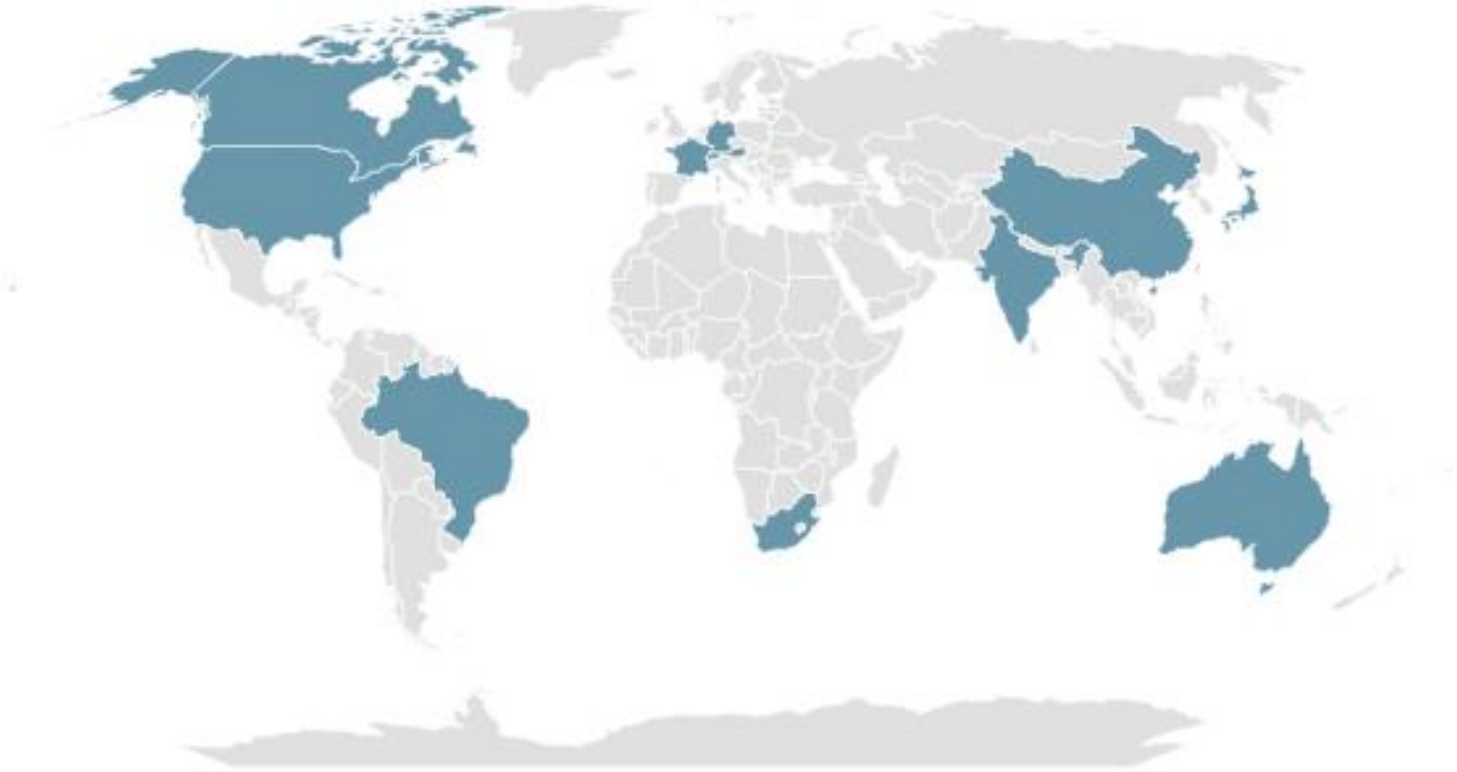
Regional distribution

Region	Country	Facility Type	Treatment Methods
Americas	USA	Veolia North America	Stabilization, Retorting, Secure Landfill
	Canada	Stablex, Terrapure	Stabilization, Secure Landfill
	Mexico	EcoMetales	Retorting, Stabilization
	Brazil	CETREL, Ambipar	Secure Landfill, Stabilization
Europe	Germany	DELA GmbH	Distillation, Retorting, Secure Landfill
	Austria	METASYS	Amalgam waste treatment and recycling
	Switzerland	BATREC	Stabilization and disposal of mercury
Asia	Japan	Nomura Kohsan Co.	Thermal Treatment, Distillation
	China	Various Regional Facilities	Retorting, Stabilization
	India	Ramky Enviro Engineers	Secure Landfill, Recycling
Africa	South Africa	EnviroServ Waste Management	Secure Landfill, Stabilization
Oceania	Australia	Toxfree, Cleanaway	Secure Landfill, Thermal Treatment

Mapping the facilities

- Major facilities in North America, Europe, and portions in Asia; in contrast, Africa and Latin America have little infrastructure specifically designed for mercury treatment

UNEP GLOBAL MERCURY PARTNERSHIP



Project Countries Snapshot

Dental amalgam: Uruguay, Senegal, Thailand

Project Countries Snapshot

Senegal: 2 health facilities; no national treatment/disposal facilities

Thailand:8 health facilities; no treatment/disposal facilities available

Uruguay: Project engagement noted; facility mapping incomplete

➡️ Systemic gaps in local treatment capacity for dental amalgam & other mercury wastes

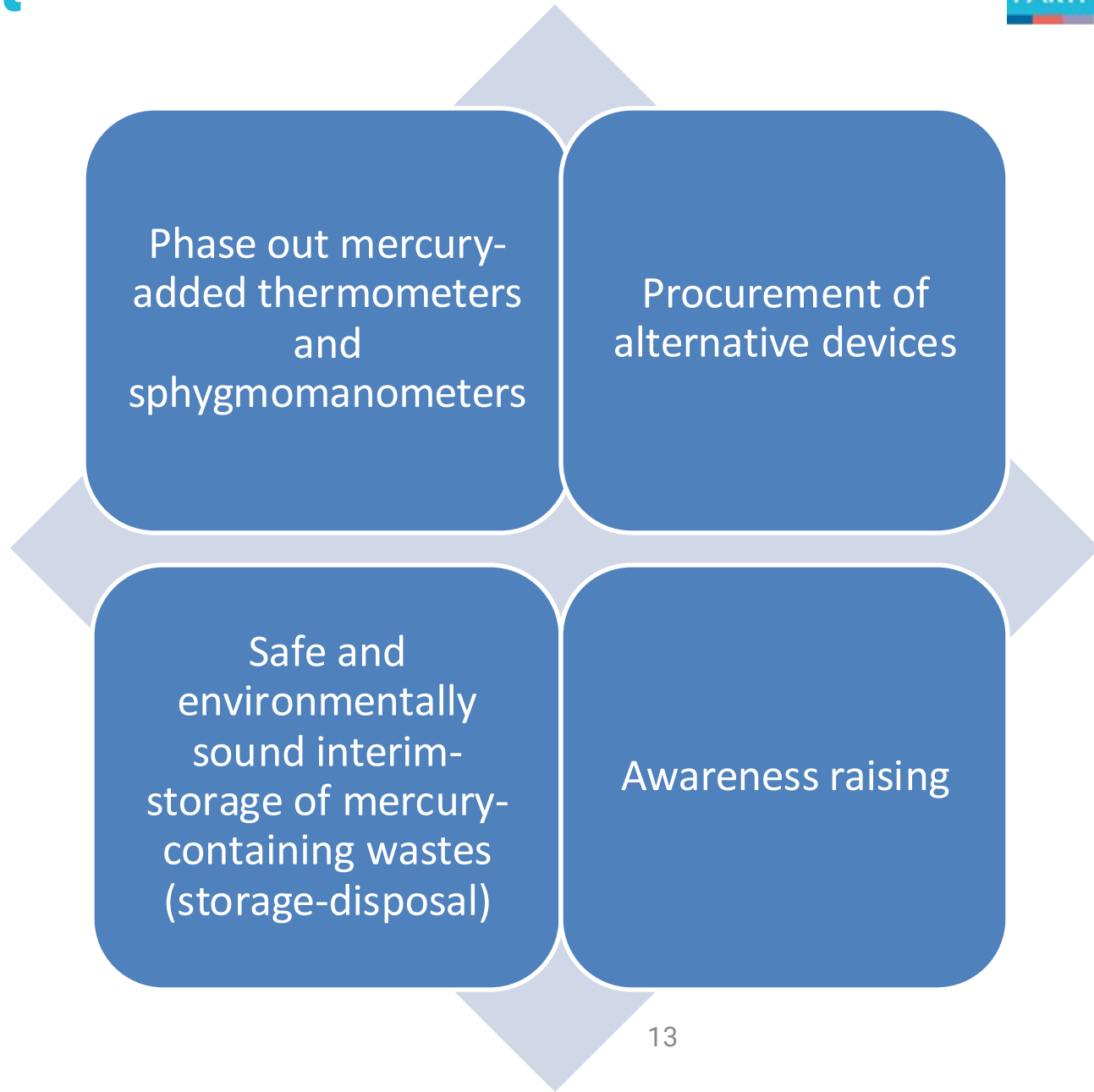
Project Countries Snapshot

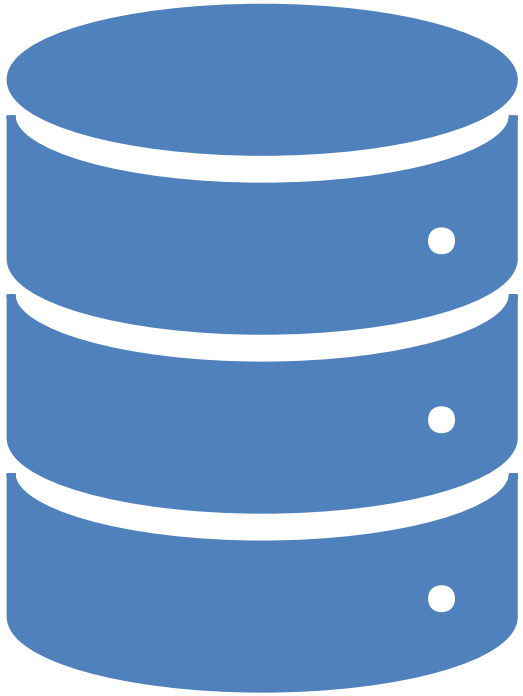
UNEP GLOBAL MERCURY PARTNERSHIP

Mercury in medical devices: Albania, Burkina Faso, India, Montenegro, Uganda

Project Countries Snapshot

Component 2 - Support for conversion, decommission and remediation:





Microsoft Power BI

Interactive mapping of facilities and projects

Regional Overview –implications

Landscape

- Few specialized retort/stabilization facilities
- Expanding and growing hazardous waste generation
- Aggregation hubs in South Africa, Kenya, Ghana ad-hoc storage in many countries

Most Asian and African countries export of MCPs/mercury waste to OECD facilities under Basel when feasible

Implications

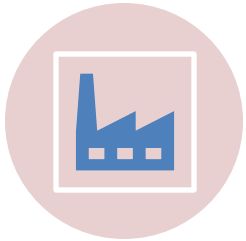
- National collection schemes, temporary storage standards, and emergency response is compromised
- Cost burden for export
- Scarcity of regional treatment options delays implementation of Minamata obligations and increases the risk of environmental contamination from ad-hoc disposal
- Affect healthcare mercury phase-out
- Unsafe temporary storage or informal disposal.

Gaps in waste management

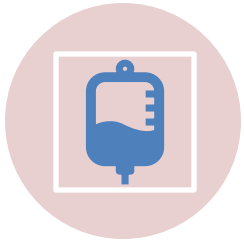
Limited or no treatment/disposal facilities in key project countries

Heavy reliance on external or regional disposal options

Lack of comprehensive mapping for certain regions



Weak linkages between health facilities and waste disposal infrastructure



Storage, collection and treatment pathways not well documented

Lack of dedicated Interim storage facilities

Recommendations to Strengthen Mercury Waste Management

- Align national law & standards with Minamata; enable Basel-compliant transboundary pathways
- Build interim storage hubs and roll out clinic-level controls
- Advocacy for regional treatment facilities
- Establish financing (EPR or pooled fund)
- Strengthen institutional coordination

Thank you very much!

Contact:

malgorzata.stylo@un.org
imelda.dossouetui@un.org
christabel.mibenge@un.org
thomas.verbaere@un.org

Any question?

Progress, challenges and needs for the sound management of mercury medical devices wastes in national health facilities

Ledjana BOJAXHI

National waste expert

Overview of the relevant Albanian legal framework and international conventions

- Law No. 27, dated 17.03.2016 "On the Management of Chemicals".
- **Decision of the Council of Ministers (DCM) No. 442**, dated 26.06.2019 "On the approval of rules for the prohibition of the export of metallic mercury, its compounds and certain mercury mixtures, the safe storage of metallic mercury, and specific criteria for the storage of mercury considered as waste ".
- Law No. 10463, dated 22.09.2011 "On Integrated Waste Management", as amended.
- Decision of the Council of Ministers (DCM) No. 418, dated 27.05.2020 "On the Strategic Policy Document for Integrated Waste Management and the National Plan 2020–2035".
- DCM No. 319, dated 15.05.2019 "On restrictions on the production, placing on the market and use of certain hazardous chemicals and specific articles".
- DCM No. 449, dated 03.07.2024 "On detailed rules for the registration of chemicals by manufacturers and importers, obligations to report in the Electronic Register of Chemicals, and the maintenance of the chemical register".

Overview of the relevant Albanian legal framework and international conventions

- **Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal:** ratified from Albania on June, 29, 1999 and entered into force on September, 27, 1999;
- **Minamata Convention on Mercury:** ratified from Albania on May, 26, 2020 and entered into force on August, 24, 2020.
- **Rotterdam Convention on the prior informed consent procedure for certain hazardous chemicals and pesticides in international trade** ratified from Albania on August, 09, 2010 and entered into force on November, 07, 2010;
- **Stockholm Convention on Persistent Organic Pollutants (POPs)** ratified from Albania on October, 04, 2004 and entered into force on January, 02, 2005.
- Decision of the Council of Ministers (DCM) No. 442, dated 26.06.2019 "On the approval of rules for the prohibition of the export of metallic mercury, its compounds and certain mercury mixtures, the safe storage of metallic mercury, and specific criteria for the storage of mercury considered as waste ", refer to

  chapter II, point II.3: Export, import and production of products with added mercury and Annex 2: Products with added mercury, Part A: (d. Thermometers, e. sphygmomanometers) of this DCM, the import and export of these devices will not be allowed after **31.12.2025.**

Project “Phasing out mercury measuring devices in healthcare”

- **Stakeholders’ engagement:**
- Inception meeting and the 1st meeting of the National Project Steering Committee were held in September 2024;
- It has been prepared the draft of the Stakeholders engagement plan in consultation with the stakeholders;
- It is issued an Internal Order by the Operator of the Healthcare Services regarding the implementation of the project and the demonstration.
- **Demonstration of the active replacement:**
- Preparation of a plan for the demonstration of the active replacement of mercury medical devices, in December 2024;
- Selection of 2 pilot healthcare facilities.
- Introductory visits and meetings in pilot healthcare facilities
- Organization of a workshop/training on May, 21-23,2025.

Project “Phasing out mercury measuring devices in healthcare”

Situation assessment

It is finalized:

- 1.situation assessment of mercury medical devices and mercury waste;
- 2.the **national inventory** for medical devices, mercury and no-mercury, thermometers and sphygmomanometers;
- 3.the KAP (Knowledge, Attitude and Practice) with the participation of almost all medical staff in healthcare in Albania;
- Has designated an interim storage site for Dibra hospital.

Project “Phasing out mercury measuring devices in healthcare”

Inventory:

Device	In use	In storage	Out of use	Total
Thermometers	4597	4520	447	9564
Sphygmomanometers	291	124	341	756

Challenges in hazardous waste management in healthcare facilities

- Lack of Training, Guidance and Awareness
- Limited Resources and Infrastructure
- Inconsistent Enforcement and Monitoring
- Transportation Procedure
- Substitution of Mercury Devices

Needs and Recommendations

- Phasing Out Mercury-Containing Devices
- Capacity Building and Training, handling of mercury waste, spills, use of alternative devices
- Infrastructure development
- Public Awareness Initiatives

Conclusions

- Albania has a strong legal and regulatory framework in place to manage mercury waste, in line with EU and international standards, including the Minamata Convention.
- Within healthcare facilities, mercury-containing devices, such as thermometers, sphygmomanometers are still in use.
- Healthcare institutions currently lack comprehensive registries to track mercury device inventory and waste and no standardized protocols exist for safe segregation, storage, or disposal.
- Mercury spills, though infrequent, are improperly managed, often resulting in disposal alongside general municipal waste, thereby posing environmental and human health risks.

Thank you for your attention!

Minamata Convention Pre-COP6 side Event

Questions and Answers

GEF 7 10716: PHASING OUT MERCURY MEASURING DEVICES IN HEALTHCARE PROJECT

Progress, challenges and needs for the sound management of mercury medical devices wastes in national health facilities

Minamata Convention Pre-COP-6 Online Events - Mercury Wastes management

14 October 2025

Objective

To eliminate the use of mercury-containing measuring devices in healthcare and ensure the environmentally sound management of mercury waste.

Replace mercury devices with safe digital alternatives.

Strengthen waste management systems for mercury.

Contribute to national compliance with Minamata obligations.

Build capacity among healthcare workers.

Key results achieved so far

Identification of key institutions/stakeholders – nomination of Project Steering Committee members

First/inception stakeholder meeting

Stakeholder Engagement Strategy/Comprehensive review of all mercury-related laws and regulations in line with newly adopted legislation and bylaws

Inventory of mercury containing devices in healthcare in Montenegro

Pilot project- Demonstration of the substitution of mercury-containing medical devices in Montenegro

Feasibility Study on sustainable management of mercury-containing and other hazardous medical waste, covering the entire waste life cycle from collection to final disposal, using a holistic approach

… 2025-2026

- KAP Survey and Behavioural Research
- Communication Strategy
- National Strategy for the Phase-Out of Mercury-Containing Thermometers and Sphygmomanometers in Healthcare Facilities in Montenegro / Dissemination
- Capacity Building of Stakeholders – for policymakers and medical and non-medical staff: preparation of educational materials, workshops
- Pilot Activities - 4 health institutions - replacement of measuring devices that contain mercury by mid-2026 and all accompanying capacity-building activities

Results on the inventory of mercury containing devices in healthcare in Montenegro

Scope of the survey

- Conducted Dec 2024 – Jan 2025 in **37 health facilities** (30 public, 7 private)
- Covered all three levels of healthcare (primary, secondary, tertiary).
- Data collected via online WHO/UNEP-aligned questionnaire and on-site visits.
- **Key findings:**
- **100 mercury sphygmomanometers** found in 19 facilities (14 public, 5 private).
- **93 mercury thermometers**, including 69 used in laboratory settings.
- Devices were **no longer procured** in the past decade, but many remain in use.
- **Three times more devices** identified than in 2021, showing gaps in record-keeping and underreporting.

Use and management of mercury equipment

- Mercury devices perceived as **“most accurate”** by cardiologists, GPs, gynecologists.
- Typical lifespan:
  - Thermometers – few months to several years
  - Sphygmomanometers – 4 to 40 years
- Discarded mercury devices often **stored on-site** without proper segregation or records.
- No systematic training on mercury hazards or waste handling.
- **Incidents involving mercury spills** were rarely documented or reported.

Type of thermometers commonly found in health care facilities still in use

Challenges identified

- Lack of **centralized storage or disposal facilities** for mercury waste.
- **Inadequate documentation** on obsolete or broken mercury devices.
- **Low awareness** among staff about mercury toxicity and safety measures.
- Absence of **formal procedures** for mercury waste handling and spill response.
- **Limited technical and financial resources** for transition to mercury-free alternatives.

Recommendations

- Regular training for medical and non-medical staff on mercury risks and safe waste management.
- Develop or update institutional waste management plans to include mercury waste streams.
- Replace mercury-based medical devices with accurate, affordable digital alternatives.
- Establish a national system for collection, transport, and final disposal of mercury waste.
- Strengthen legislation and monitoring related to hazardous waste and chemical management.
- Enhance intersectoral cooperation between health, environment, and waste management authorities.

Moving forward

Continue	Continue the phase-out of mercury devices in all healthcare facilities.
Establish	Establish safe waste storage and treatment infrastructure.
Build	Build institutional capacity for monitoring and data collection.
Support	Support awareness campaigns for a mercury-free healthcare system.
Promote	Promote regional cooperation and knowledge sharing.

May 2028- Adoption of the Action Plan for the Implementation of the Minamata Convention 2025–2026

The plan encompasses a total of 20 priority activities that will contribute to achieving the following operational objectives:

Improve the management of mercury-containing waste;

Reduce exposure to mercury from products containing mercury;

Reduce and control the presence of mercury in the environment originating from existing and former facilities.

Feasibility study - Sustainable management of mercury-containing and other hazardous medical wastes covering the wastes life cycle in Montenegro

- Assessment of the current situation
- Comparative analysis of international

best practices in hazardous waste management

- Feasibility Study and recommendations

Example of medical waste collection, segregation and temporary storage in PHI Dom zdravlja Bar

Location of potential temporary storage of medical waste containing mercury in PHI Dom Zdravlja Bar





Assessment of costs for the temporary mercury containing waste storage in PHI Bar

No.	Cost Item	Description	Cost (USD)
1	Site Preparation & Mobilization	Transport of materials, protective measures, set-up of safe working area	1,000
2	Demolition Works – Interior	Removal of outdated flooring, fixtures, shelving, and damaged infrastructure	7,000
3	Interior Refurbishment & Installation	Wall/floor finishes, chemical-resistant coatings, moisture-resistant ceiling, sealed joints	8,950
4	Safety & Handling Equipment	Shelving, spill trays, lockable cabinets, hazard signage, secure waste bins	7,500
5	Mechanical, Electrical & Safety Systems	Lighting, ventilation/AC, fire detection/suppression, grounding of electrical points	5,120
6	Access door	New door including the code entering	2,500
7	Instalation of ventilation system	Circular ventilarion and aircondition, possibility to be managed remotely	4,000
Total			**36,070**

Key Challenges

- The identification process revealed a **significant number of outdated mercury-containing devices** still present in health facilities, including improperly stored discarded equipment and mercury reservoirs from decommissioned sphygmomanometers.
- **Low awareness among staff** about the dangers of mercury and safe handling procedures highlights the need for **continuous education and training programmes**.
- Most facilities **lack mercury spill response kits**, increasing the risk of exposure and environmental contamination in case of accidental releases.
- It is essential to **complete the replacement of all mercury devices** with safe digital alternatives to permanently eliminate potential contamination sources.
- Effective management of hazardous materials like mercury requires **clear institutional guidance, logistical support, and coordination** with relevant authorities (Ministry of Health, Ministry of Ecology, WHO, Environmental Protection Agency, etc.).

Key Challenges

- Montenegro currently has no hazardous waste landfill, making long-term safe storage and disposal impossible at the national level.
- There is a need for a clearly defined national strategy on hazardous waste management to establish responsibilities and sustainable mechanisms.
- Significant financial resources are required to support the export of hazardous waste for environmentally sound treatment.
- Collected mercury-containing measuring devices must be exported to a country authorized to receive and process hazardous waste in compliance with international regulations.

Conclusion

The GEF 7 Project 10716 represents a major milestone toward eliminating mercury in healthcare.

Ongoing commitment from all stakeholders is essential for sustainability.

Together, we are building a safer, healthier, and mercury-free future.

Acknowledgements:

GEF • UNDP • WHO • MoH &MoE• Partner institutions

Thank you

Gordana Đukanović, national project coordinator,
CO WHO Montenegro

Experiences on Environmentally Sound Management (ESM) of Mercury-containing Medical Measuring Devices (MCMMD's)

Online pre-COP6 side event on "Managing mercury wastes in the healthcare sector: from existing tools to inclusive applications"

14 October 2025, 11:00 am to 12:00 pm CEST

Guilberto Borongan, Ph.D.
Director

RRC.AP
Regional Resource Centre for Asia and the Pacific

Development of Capacity for the Substitution & the Environmentally Sound Management (ESM) of Mercury-containing Medical Measuring Devices (MCMMD's)

Fund Support
Japan ASEAN Integration Fund (JAIF)

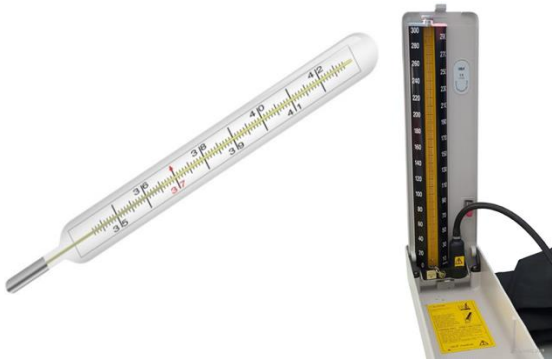
Period
Nov 2019 – Sept. 2021

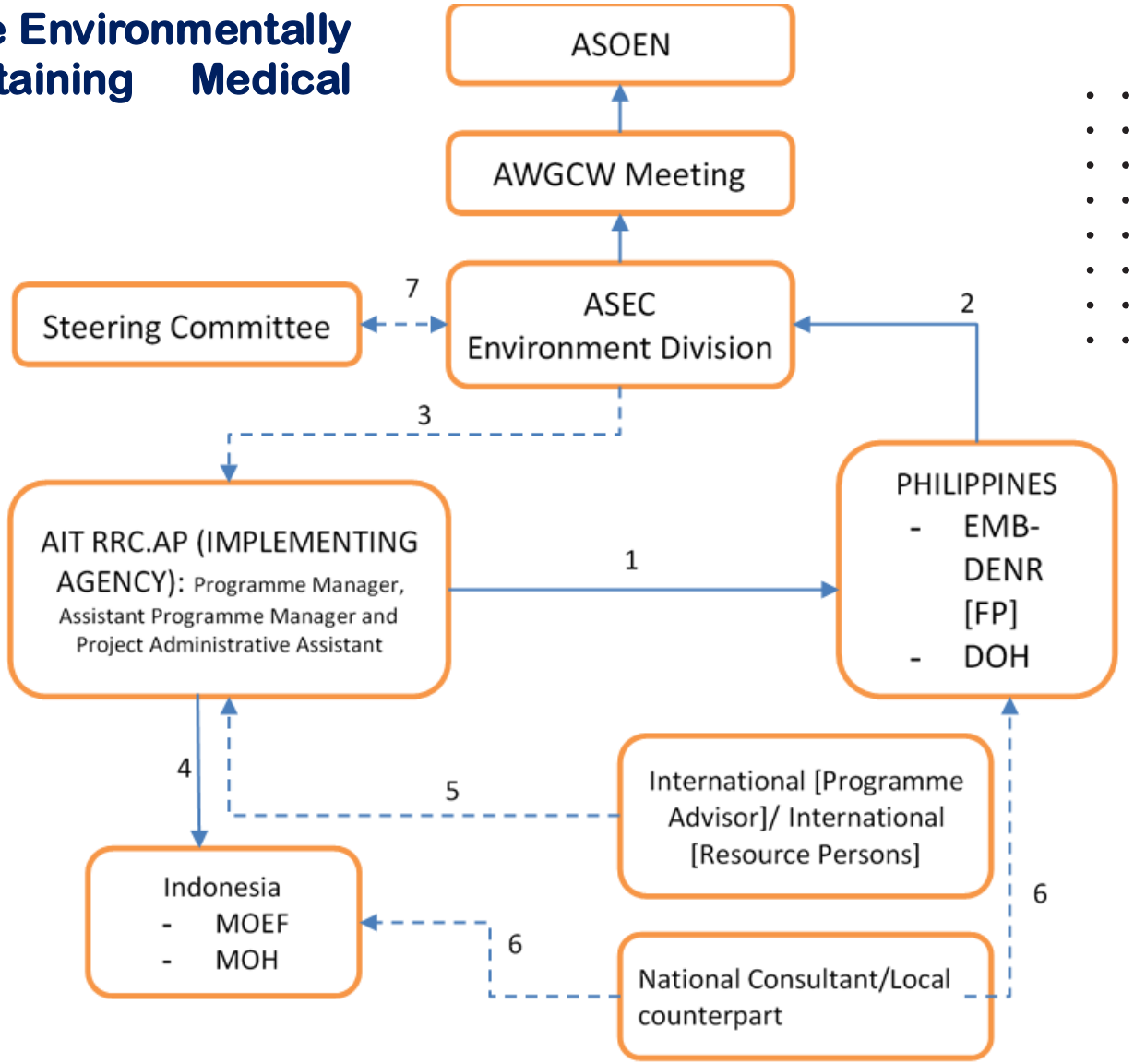
Project Proponent
EMB-DENR, the Philippines; MOEF Indonesia

Implementing Agency (IA)
AIT Regional Resource Centre for Asia and the Pacific (AIT RRCAP)

Project steering committee
Proponent, IA,
Environment Division of ASEC (AWGCW),
Japan Mission to ASEAN,
Ministry of the Environment, Japan (MOEJ)

Project team
Experts from IA, International consultant, National focal point, national/local consultant





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Project Objectives and Scope

Project Title

Development of Capacity for the Substitution & the Environmentally Sound Management (ESM) of Mercury-containing Medical Measuring Devices (MCMMD's)

Goal

Preventing the adverse impacts of mercury on health and the environment through the environmentally sound management, namely used thermometers and sphygmomanometers, in the ASEAN Member States.

1. Assess Current Practices

Understand how mercury-containing medical devices are used, replaced, collected, stored, and disposed of in Indonesia and the Philippines.

2. Identify Gaps & Improve Guidelines

Review or develop guidelines for safe collection, storage, recycling, and disposal of mercury devices in healthcare and municipal settings.

3. Promote Environmentally Sound Management (ESM)

Raise awareness and share lessons learned to support wider adoption and replication across ASEAN countries.

Development of Capacity for the Substitution and the Environmentally Sound Management (ESM) of Mercury-containing Medical Measuring Devices (MCMMD's)

Main Activities

- In-country project kick off
- Situation Analysis and data gathering

- Inception cum stakeholder consultation workshop
- Develop and update inventory on MCMMD's

- Mapping and gap analysis in application existing guideline for ESM of handling discarded MCMMD's;
- Requirements of National Policy Frameworks incl. Int. Minamata and Basel Convention and

- 2 National Consultation workshops in Philippines and Indonesia

AMS Regional Workshop to build capacity and disseminate key findings

Result 1: Situation Assessment

Understand present status of usage, substitution, collection, storage and disposal of MCMMD's

Result 2: Develop/Update (new/existing) guideline

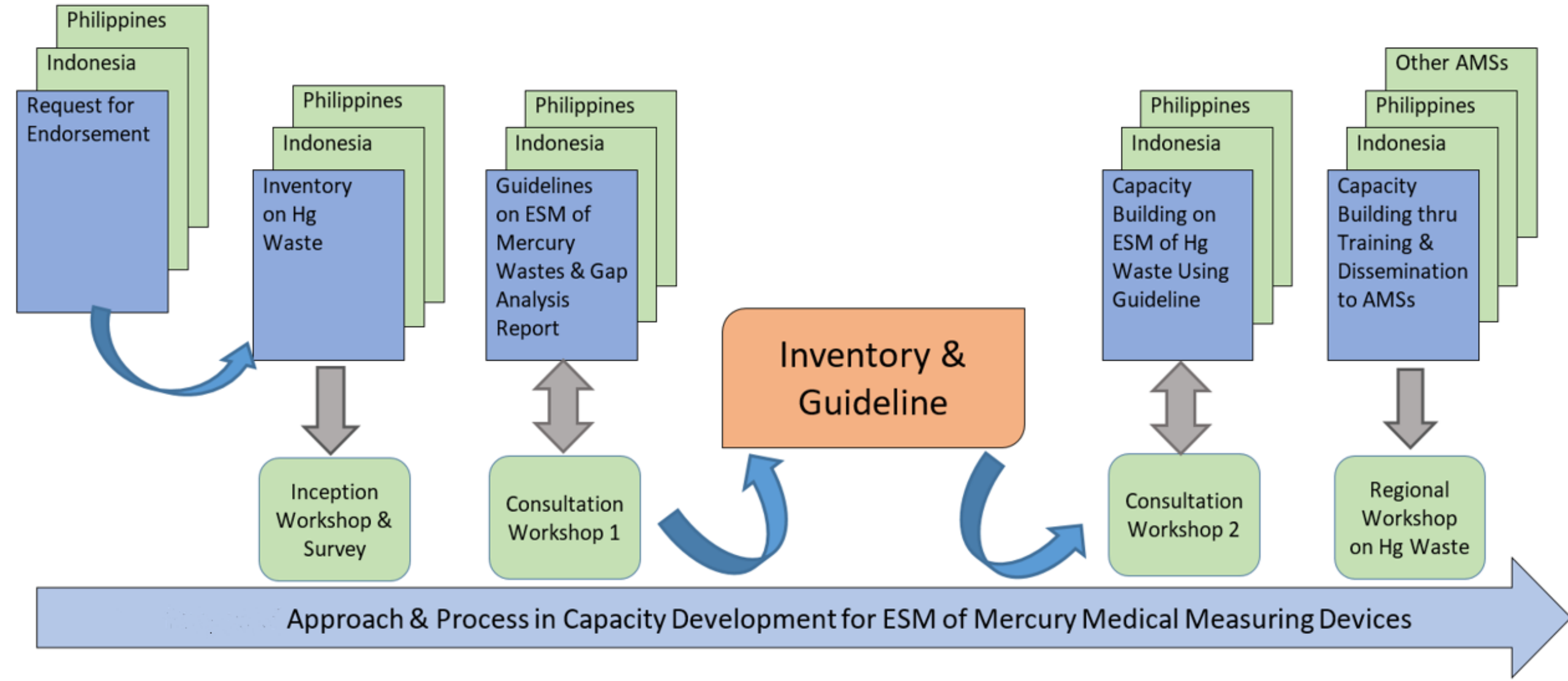
Technical guideline for ES handling collection, storage, recycling and disposal of MCMMD's

Result 3: ASEAN-wide dissemination and Awareness raising

Promotion of (ESM) of mercury waste from medical measuring devices

Project Outcome/Goal

Contribute to the prevention the adverse impacts of mercury on health and the environment through environmentally sound management, in particular, the disposal of mercury-containing medical measuring devices, namely used thermometers and sphygmomanometers, in ASEAN Member States.



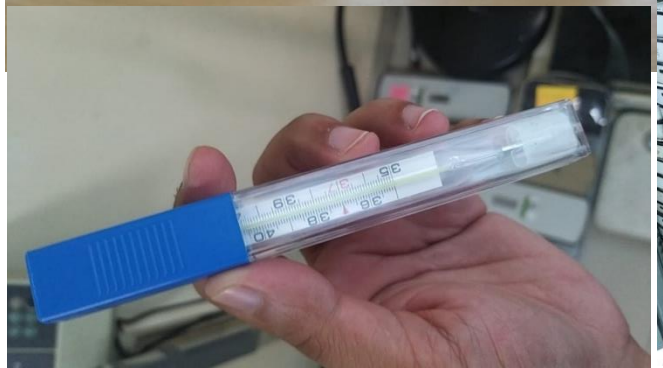
1. Assess Current Practices
2. Identify Gaps & Improve Guidelines
3. Promote Environmentally Sound Management (ESM) in ASEAN

Indonesia

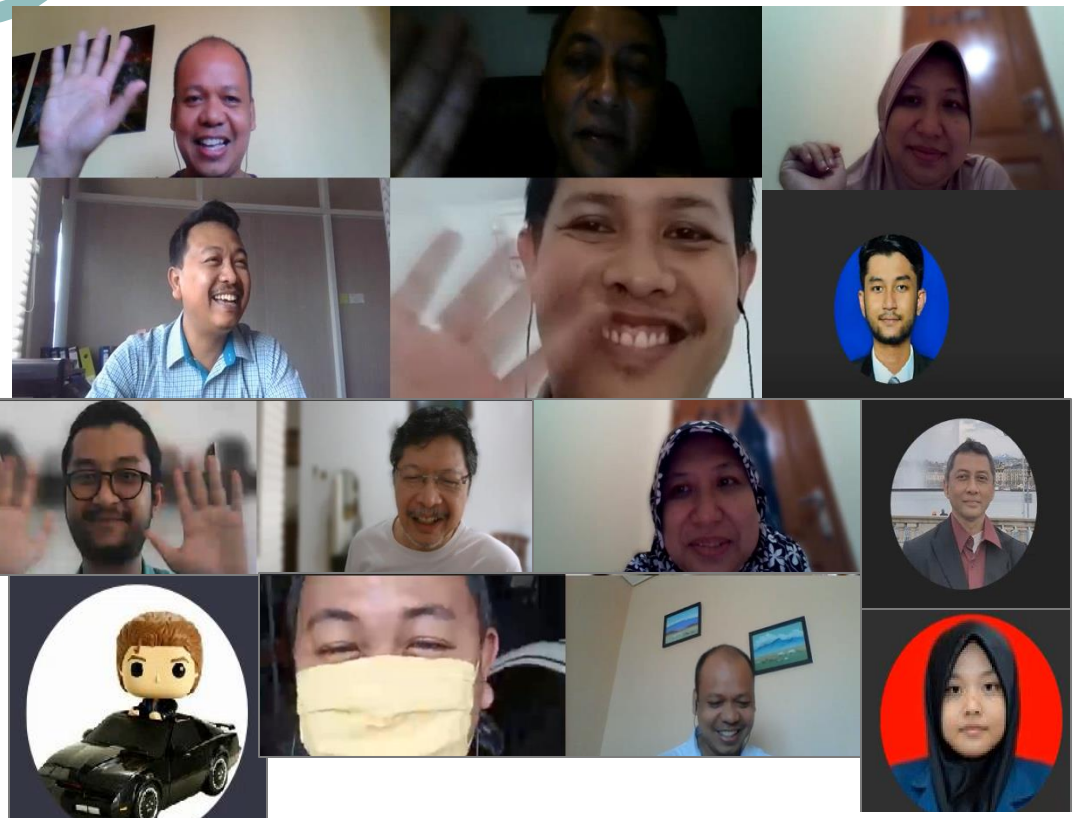
1. Kick-off Meeting," Jakarta, Indonesia, 18-19 Nov 2019

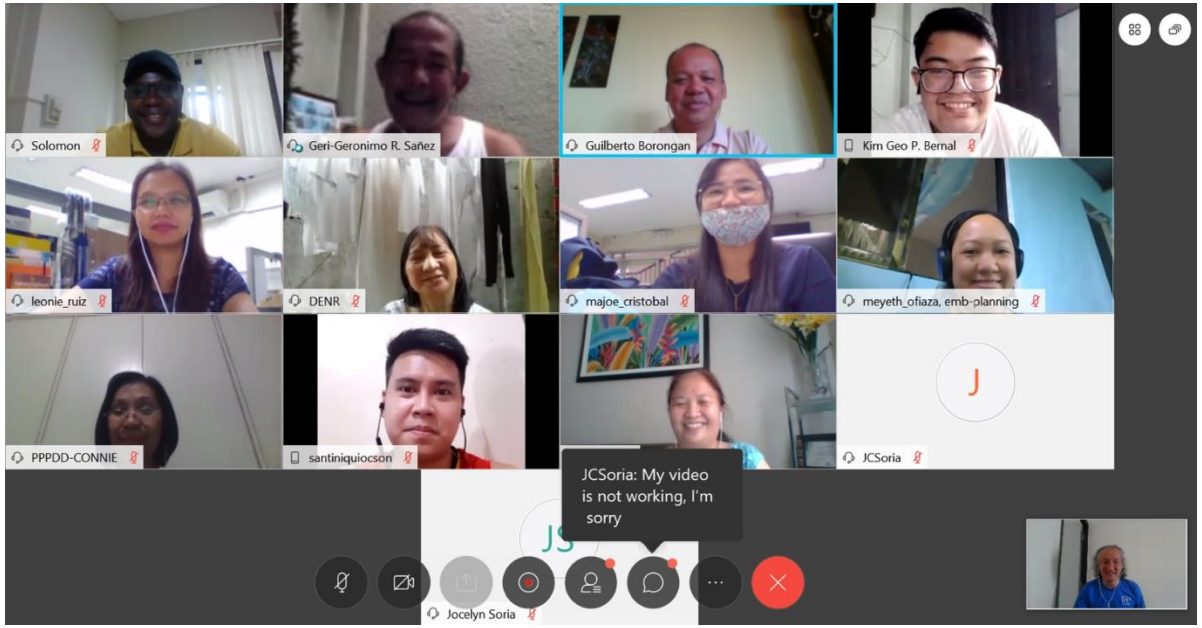
2. Inception Workshop in Indonesia Jakarta, 11 March 2020

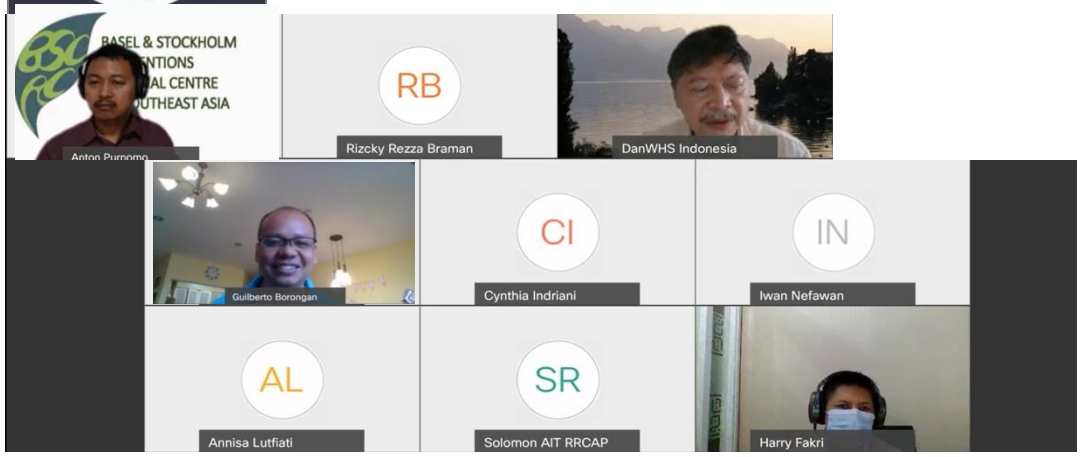
3. Field visits and consultations



Virtual Meetings during the COVID Pandemic







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Situation Assessment Report Development

Sampling frame:
- Large sized hospital (> 200 bed count)
- Public health centres,
- Laboratories
- Private clinics

Target (N): 23,509
(n= 5,247)

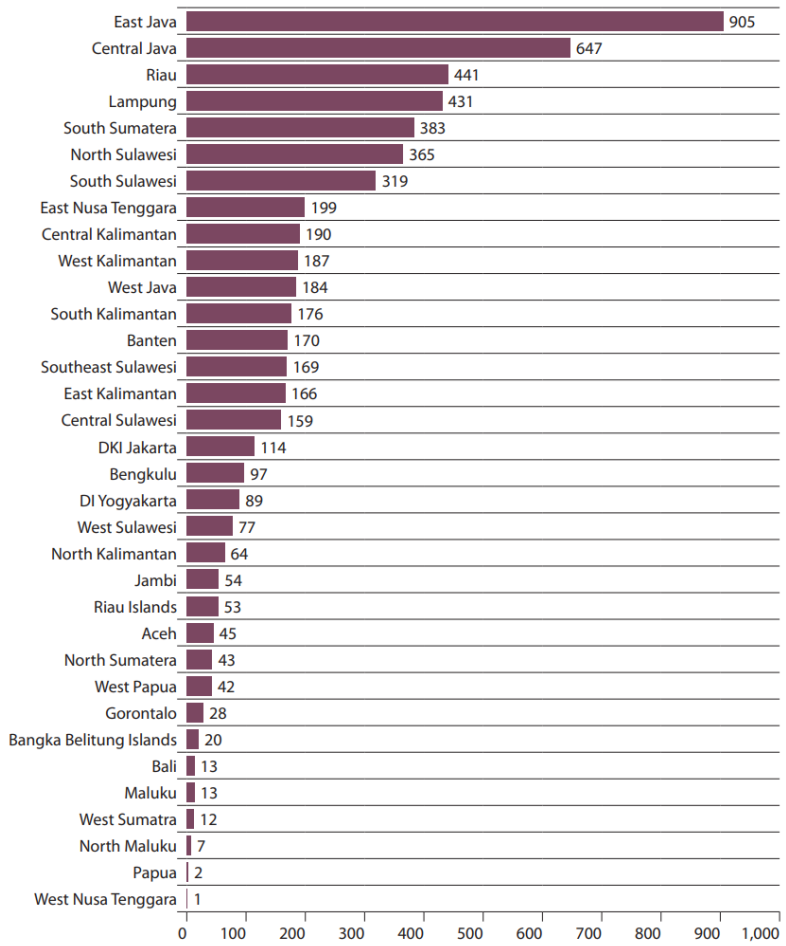
Both off-line and online questionnaire response

Survey cut off: 31 August 2020

Assessment/ research methodology → Existing information and data collection → Data and information reception and management → Data analysis, assessment evaluations, database → Situation asaament report development

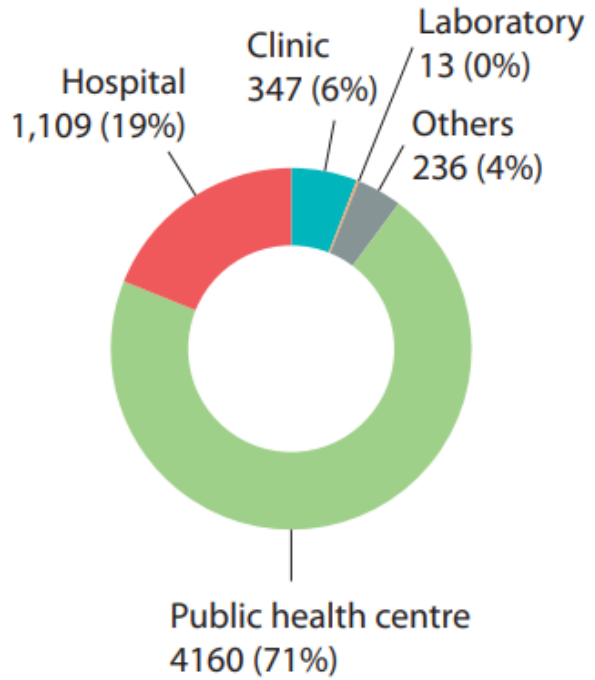
Responses by province

Figure 4.4



Responses by facility types

Figure 4.1 Number of respondents by type



RRC.AP Regional Resource Centre for Asia and the Pacific

Sampling frame:

- Large sized hospital (> 20 bed count)
- Public health centres,
- Laboratories
- Private clinics

Target (N): 23,50
(n= 5,247)

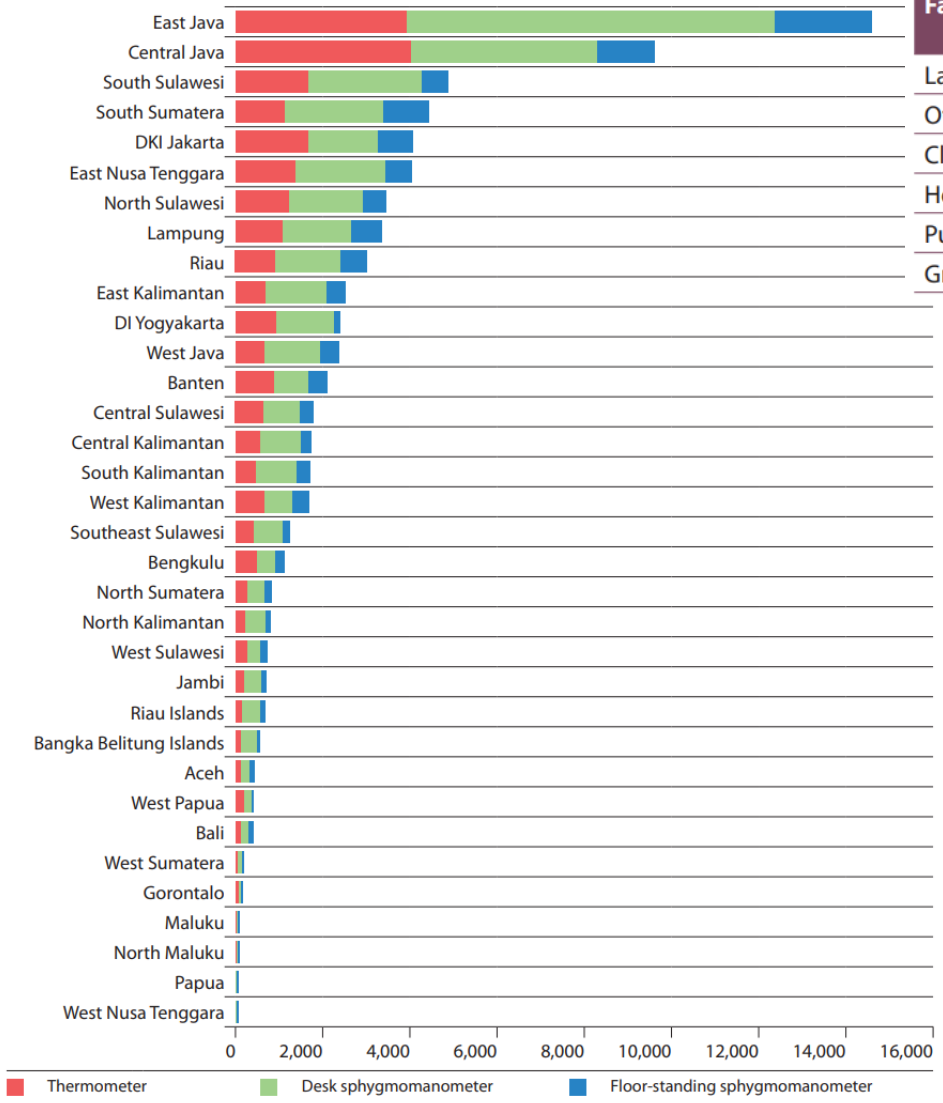
(Off-line & online questionnaire)

34 Provinces

Survey cut off :
31 August 2020

Initial MCMMD's by Province

Figure 4.11 Number of Initial Mercury-Containing Medical Measuring Devices by Province of Domicile of Healthcare Facilities



Initial MCMMD's by Facility Type

Table 4.3

Type of Healthcare Facilities	Thermometer (Unit)	Desk Sphygmomanometer (Unit)	Floor-standing Sphygmomanometer (Unit)	Total (Unit)
Laboratory	21	10	0	31
Other	79	101	35	215
Clinic	280	424	147	851
Hospital	9,419	13,765	5,934	29,118
Public Health Centre	15,251	23,995	6,446	45,692
Grand Total	25,050	38,295	12,562	75,907

MCMMD's Still in Use (by Facility Type)

Table 4.5

Type of Healthcare Facilities	Thermometer (Unit)	Desk Sphygmomanometer (Unit)	Floor-standing Sphygmomanometer (Unit)	Total (Unit)
Laboratory	12	2	0	14
Other	53	44	18	115
Clinic	50	106	62	218
Hospital	1,220	3,990	1,575	6,785
Public Health Centre	3,163	5,811	1,956	10,930
Grand Total	4,498	9,953	3,611	18,062

Total MCMMD devices still used by the healthcare facilities respondents

= 18,062 units

- Desk Sphygs (55%);
- Floor standing Sphygs (20%);
- Thermometers (25%)

100% substitution by 2020 (Presidential Decree No. 21/2019; Ministry of Health Regulation No. 41/2019)

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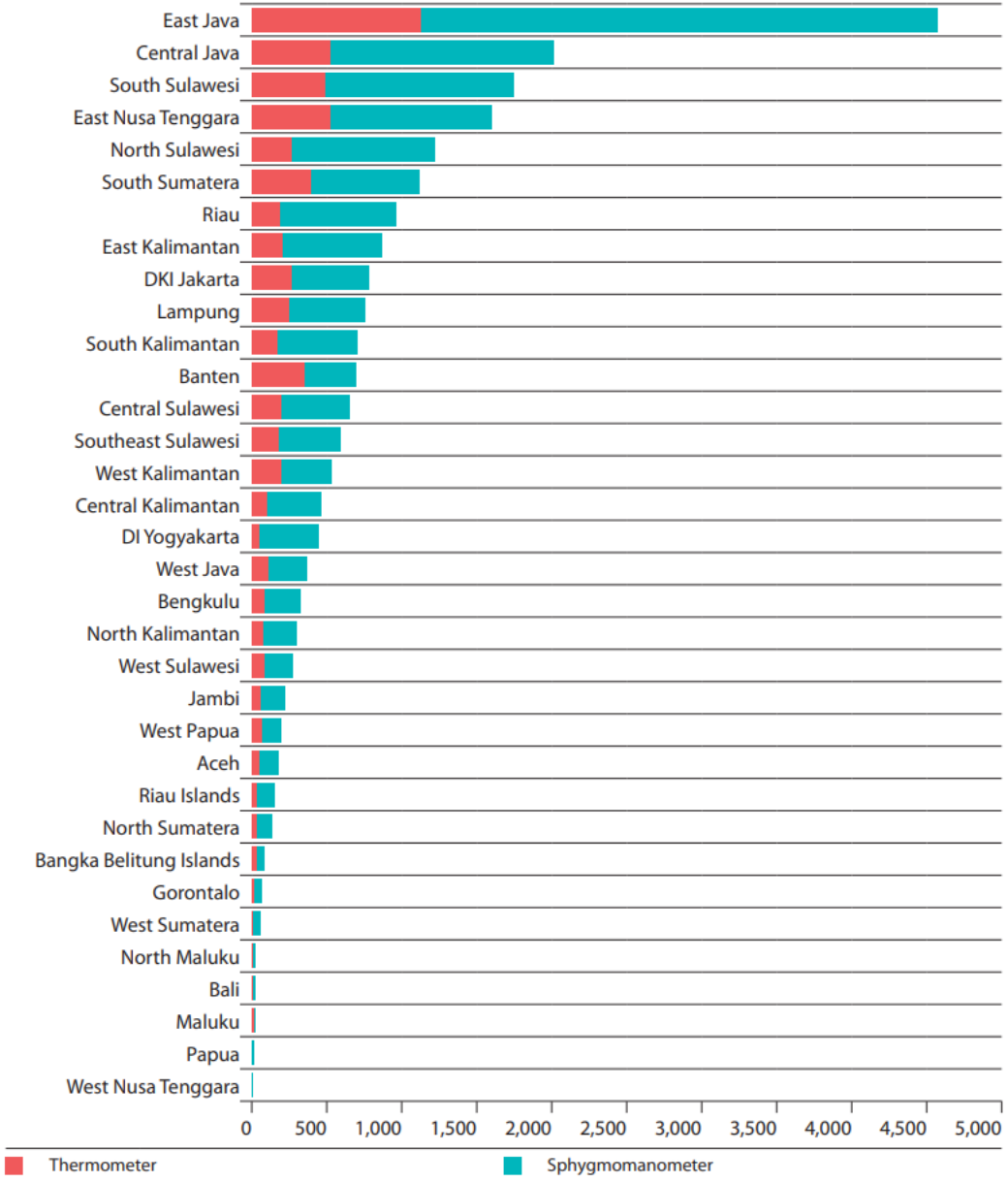
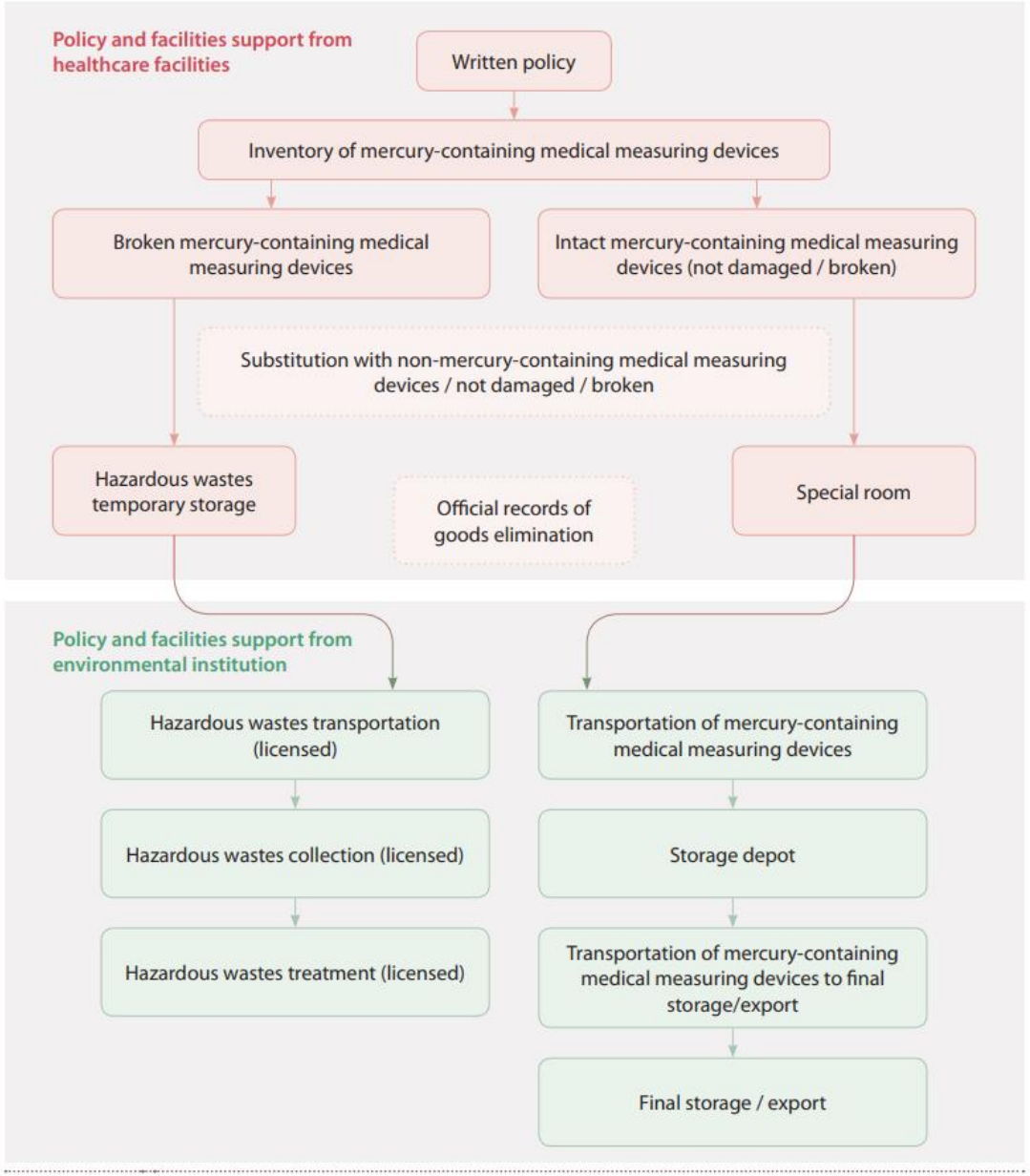
Broken MMCD's by Province

Figure 4.31 Number of broken mercury-containing medical measuring devices by province of domicile of healthcare facilities



MMCD's Elimination Approach

Figure 4.5 Elimination and withdrawal of mercury-containing medical devices from healthcare facilities in Indonesia



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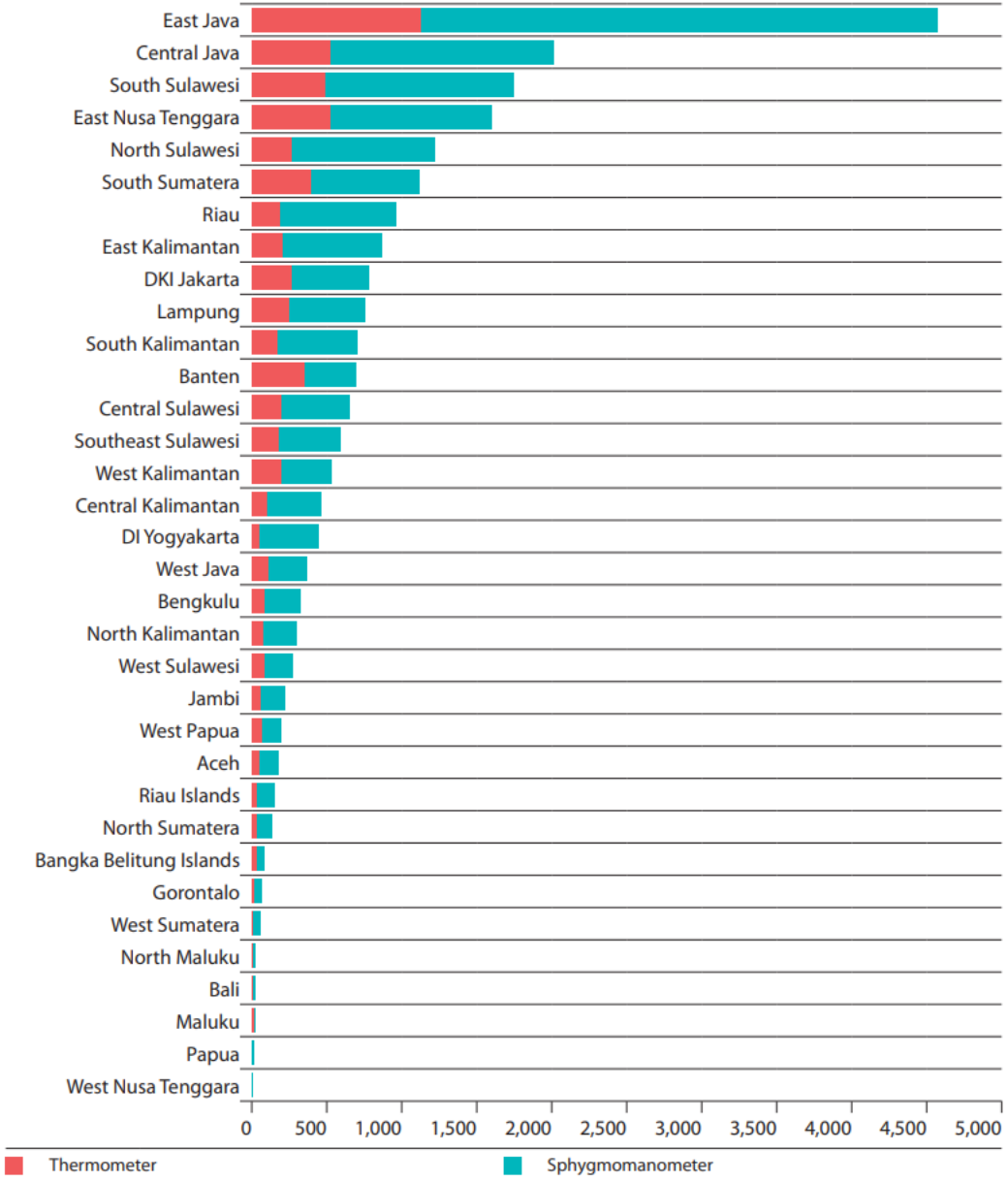
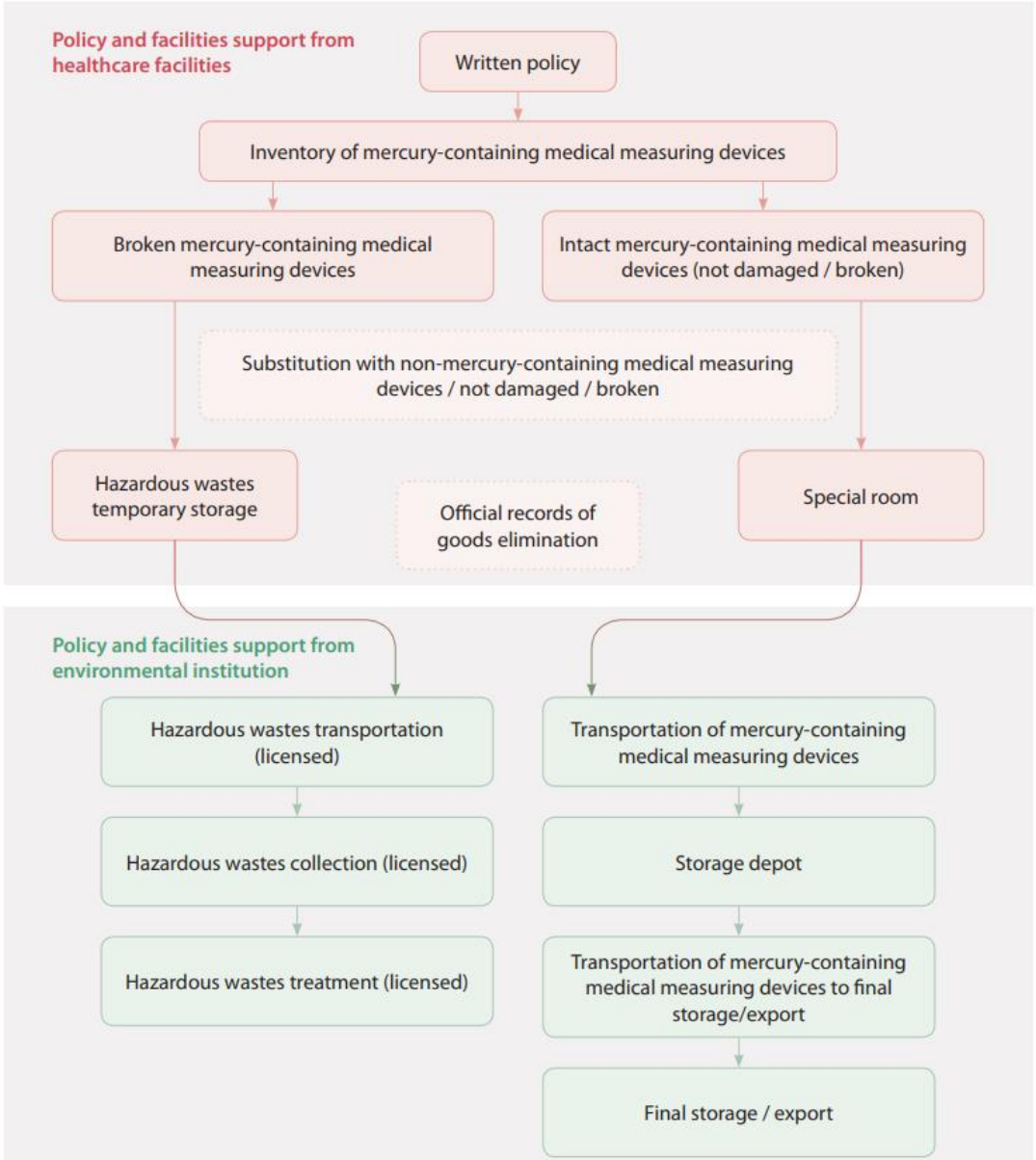


MMCD's Elimination Approach

Figure 4.5 Elimination and withdrawal of mercury-containing medical devices from healthcare facilities in Indonesia



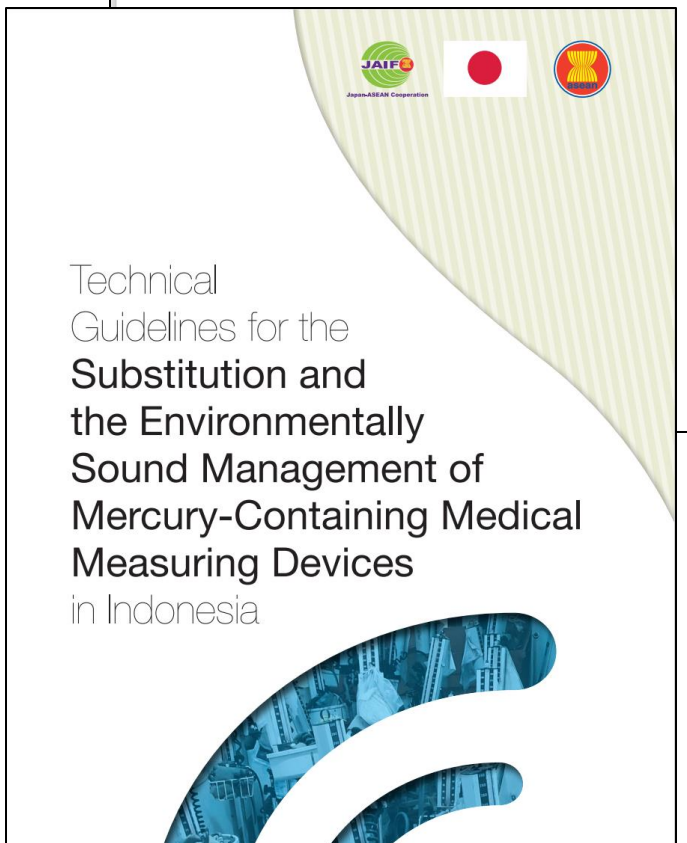
Indonesia

Key constraints

- **Low awareness** of relevant regulations and national policies on mercury withdrawal.
- **Limited understanding** of the accuracy and **reliability of mercury-free substitutes**.
- **Lack of clarity** on the **national strategy and process** for device elimination.

Recommendations

- **Continue awareness campaigns** to encourage healthcare facilities to **report mercury device phase-out.**
- **Improve data collection** to track progress and plan storage needs.
- **Support healthcare facilities** with guidance to overcome phase-out challenges.
- **Check and verify reported** data to ensure reliable information.



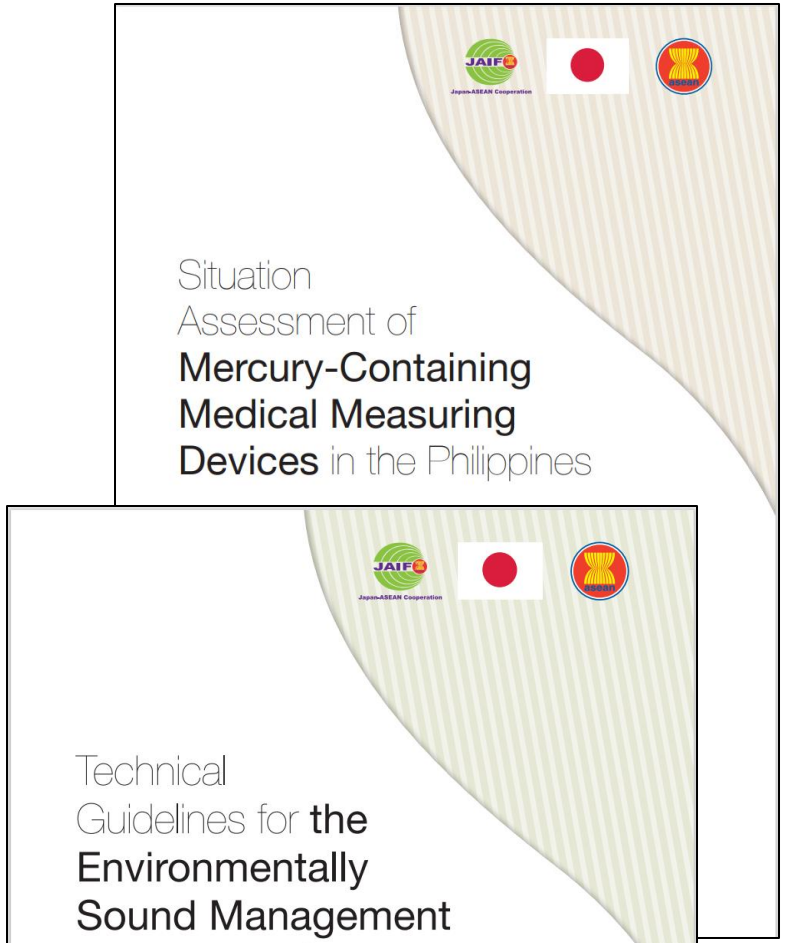
Philippines

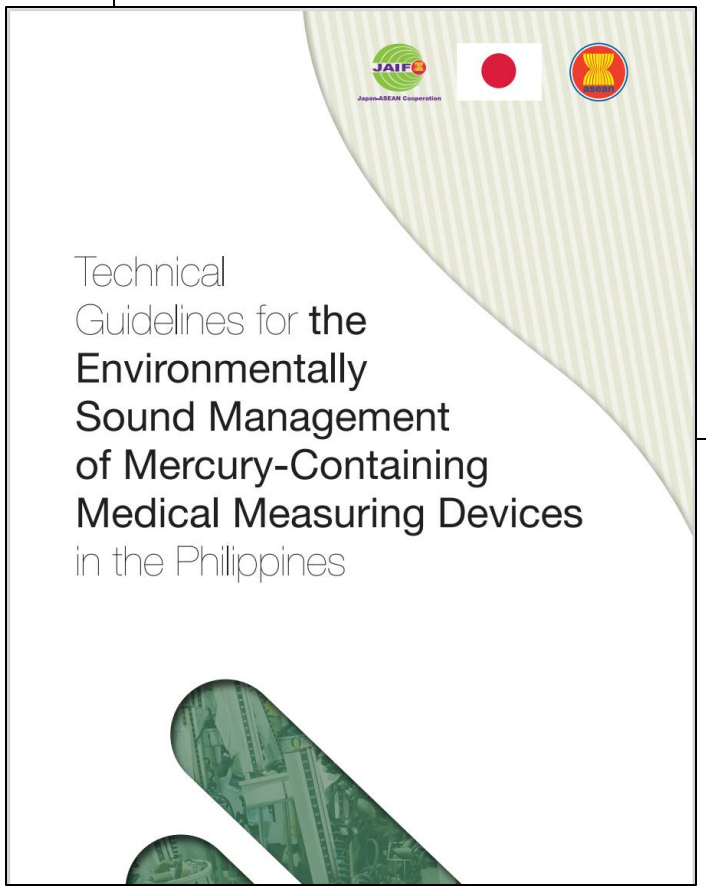
Key constraints

- MCMMDs Data (and capacity to assess the status of phase out)
- Lack of Access to accredited TSD facilities
- Lack of Technical Knowledge on Waste Management

Recommendations

- Continue online awareness to boost reporting by healthcare facilities.
- Enhance data collection for better tracking and storage planning.
- Offer support to address phase-out challenges.
- Give clear instructions for accurate reporting.
- Validate data to ensure quality and reliability.





Guilberto Borongan, Ph.D.

Director

Email: guilberto@rrcap.ait.ac.th

Tel: (66)2 524 5384

Minamata Convention Pre-COP6 side Event

Questions and Answers

Minamata Convention Pre-COP6 side Event

Next steps and Closure

Grace Halla, UNEP Chemicals and Health Branch