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Item 5 of the provisional agenda*

International cooperation and coordination

Report by World Health Organisation and International Labour Organisation**

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, the International Labour Organization and other relevant intergovernmental organizations, and should promote cooperation and the exchange of information with those organizations, as appropriate.

2. Updates on the activities carried out by the World Health Organization and the International Labour Organization in relation to the Minamata Convention are set out, respectively, in annexes I and II to the present note. The annexes are presented without formal editing.

* UNEP/MC/COP.6/1/Rev.1.

** This document has not been formally edited.

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 articles 4 and Annex A, article 16 and article 22; 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 6 November 2023 to October 2025 WHO activities relevant to mercury and the Minamata Convention have focused on the topics described below.

3. All the documents described in this report are available through the WHO Website resources, except where separately referenced.

Annotated bibliography of WHO information

4. The Minamata Convention on Mercury: annotated bibliography of WHO information[1] remains the main source of information on key information resources relevant to the Minamata Convention on Mercury and the associated World Health Assembly Resolution WHA67.11. It remains useful both for awareness-raising, strategic planning and project implementation and includes references to resources from across WHO and how they link to the different Minamata Convention provisions.

Dental amalgam

5. In March 2023, a GEF-funded project was launched to accelerate implementation of dental amalgam provisions and strengthen country capacities in the environmental sound management of associated wastes under the Minamata Convention[2]. The project is implemented by UNEP and executed by WHO, with targeted technical assistance from the Global Mercury Partnership. It comprises three components:

- Phasing down the use of dental amalgam through improved policies and technical capacity;
- Improving the management of mercury and hazardous waste from dental use;
- Knowledge management and global awareness.

While the primary focus is on the project countries—Senegal, Thailand, and Uruguay—global knowledge sharing and awareness-raising are also integral to the project. Significant progress has been made since the project's launch, including but not limited to:

- Senegal, Thailand, and Uruguay have conducted national situation assessments and are leading the development of national policies and guidance documents to restrict the use of dental amalgam and manage its waste appropriately.
- A WHO guideline on environmentally friendly and less invasive oral health care for the prevention and management of dental caries is under development and will inform COP6 discussion. This process is overseen by a WHO-UNEP Steering Committee and informed by technical inputs from a Guideline Development Group of international independent experts, including Chief Dental Officers from Ministries of Health serving as special advisors.
- A global, interactive dashboard on dental amalgam is currently under development to showcase countries' progress toward reducing or eliminating its use.

6. In addition, as part of the GEF-funded project to eliminate mercury measuring devices in healthcare (see below), Montenegro conducted an assessment of use of dental amalgam, in addition to their inventory for mercury medical devices. This provides baseline information for the planning of the phase out of dental amalgam from oral health care practice in the country. The study gathered responses from 23 health institutions, including 20 private dental offices, two private clinics or

[1] https://www.who.int/publications/i/item/9789240022638

[2] https://www.unep.org/globalmercurypartnership/our-work/mercury-products/phasing-down-the-use-of-dental-amalgam

hospitals, and one public institution. These facilities collectively employ 58 oral health professionals qualified to place dental amalgam. Medical practitioners use dental amalgam primarily in pre-capsulated form, accounting for less than 10% of dental filling procedures, and its application was limited to specific clinical interventions. A majority (56.5%) reported informing patients about the composition of dental restoration materials, and 52.2% acknowledged the potential health and environmental risks associated with dental amalgam, recognizing its ongoing global phase-down. Most respondents reported disposing of amalgam waste—whether from old fillings or excess material during new procedures—via infectious waste bags, standard trash containers, or by flushing it down the drain. Only a small number used more appropriate methods, such as dedicated leak-proof containers or dental amalgam separators. 91.3% of respondents did not perceive any significant barriers to phasing out mercury-containing dental amalgam within Montenegro's dental sector, indicating a readiness for transition toward safer and more sustainable dental materials.

7. The first ever WHO Global oral health meeting was convened in Bangkok, Thailand, from 26 to 29 November 2024[3]. Hosted by the Government of Thailand, it brought together approximately 350 stakeholders, including representatives from over 100 Member States (including 12 health ministers and senior ministry of health executives), 35 UN agencies and non-state actors. The meeting was a key moment to reaffirm commitment to the WHO Resolution on Oral Health (WHA74.5) and to accelerate the implementation of the Global Oral Health Action Plan 2023–2030, including the global oral health target that by 2030, 90% of countries will have implemented measures to phase down the use of dental amalgam as stipulated in the Minamata Convention on Mercury or will have phased it out. Dental amalgam was a comprehensively covered throughout the meeting, featuring in a plenary session on oral health care and the environment with participation of UNEP senior managers, a high-level segment, a side event on the GEF project, and as part of the regional workshops to support the development of national oral health roadmaps. An important outcome of the meeting was the adoption of the Bangkok Declaration - No Health Without Oral Health[4] which included two key commitments specifically focused on the environment: 1) Establish or strengthen cross-sectoral collaboration to phase down, or phase out where feasible, the use of dental amalgam in accordance with the Minamata Convention on Mercury, and 2) Promote preventive, less invasive, climate-resilient, environmentally sustainable and safe oral healthcare by adopting mercury-free and eco-friendly products, minimizing the use of single-use plastics and nonbiodegradable materials, managing waste responsibly, using natural resources efficiently, and reducing carbon emissions.

8. WHO Regional Offices are exploring the development of webinars to support the implementation of the Global Oral Health Action Plan across regions, including efforts to phase down the use of dental amalgam. The WHO Regional Office for Africa has already conducted a series of webinars, while similar initiatives are being considered by the Regional Offices for the Americas and South-East Asia, with sessions planned for 2025.

9. The WHO Regional Office for Africa has been supporting Kenya, Tanzania, and Zambia in improving access to essential dental medicines, contributing to the broader adoption of mercury-free alternatives. The upcoming AFRO Regional Framework on Oral Health will also include a Minamata-related target, to be discussed at the WHO Regional Committee Meeting in August 2025. Support has also been provided to Madagascar, Mozambique, Lesotho, Nigeria, Seychelles, Sierra Leone, Tanzania, Kenya, and Uganda in developing oral health policy documents, including measures to phase down the use of dental amalgam.

10. The WHO Regional Office for South-East Asia produced an online course intended to enhance the knowledge and skills of health care workers in phasing down the use of dental amalgam and implementing environmentally sound practices to manage its associated wastes.[5]

11. In January 2025, WHO published a comprehensive baseline report to track progress on the implementation of the Global oral health action plan, including the baseline for the global oral health target dedicated to the Minamata Convention on Mercury.[6] The report shows that about one third of countries (31.4%, n=61) have implemented two or more of the original nine measures and both COP4 mandatory measures to phase down the use of dental amalgam or have phased it out. It also presents data disaggregated by WHO region and country income group. While not all WHO Member States are Parties to the Minamata Convention, WHO continues to actively support all countries in implementing

[3] https://iris.who.int/handle/10665/381735

[4] https://www.who.int/publications/m/item/bangkok-declaration---no-health-without-oral-health

[5] https://whoacademy.org/coursewares/course-v1:WHOAcademy-Hosted+H0094EN+H0094EN_Q4_2024?source=edX

[6] https://www.who.int/publications/i/item/9789240106031

its dental amalgam provisions or phasing out amalgam use where appropriate, in close collaboration with the Secretariat of the Minamata Convention.

Skin lightening products

12. Since 2023 WHO has been the co-executing agency, along with the Biodiversity Research Institute, of the GEF-funded project on the elimination of skin lightening products (SLP) containing mercury[7]. This three-year medium-sized project is being carried out in Gabon, Jamaica and Sri Lanka. Targeted technical support is being provided by the UNEP Global Mercury Partnership and a wider project stakeholder group to share results from the project with the wider group of stakeholders working on mercury-containing products has been established. The project comprises three components: 1) National capacity-building on legislation, enforcement, compliance and awareness-raising 2) Reduction or stopping the production, trade, and distribution of skin lightening products in the project countries, and 3) Knowledge management at the global level. Progress towards supporting countries to regulate mercury SLPs in line with the Minamata Convention is tracked by the number of countries adopting new policies and strategies.

13. National stakeholder meetings have been held in Gabon, Jamaica and Sri Lanka. A mid-term visit was conducted in Gabon. WHO, in collaboration with the Ministry of Health and the Ministry of Environment of Gabon, with support from UNEP, the Biodiversity Research Institute, and the Global Mercury Partnership, organized a regional workshop in Libreville, Gabon in January 2025. 15 Member States from the African region unified to develop a strategy to eliminate harmful skin-lightening products containing mercury. This initiative aligns with the Libreville Declaration on Health and the Environment and the Minamata Convention on Mercury, both of which emphasize the urgent need to address environmental and health challenges synergistically. The workshop aimed to raise awareness about the dangers of mercury-laden cosmetic products, share Gabon's efforts to combat such practices, foster regional knowledge exchange, and strengthen cross-sector collaboration. Its goal was to promote a unified African declaration to eliminate harmful skin-lightening products.

14. WHO organized the Multi-country Regional Workshop on mercury-added skin lightening products for Asian Region held in Colombo, Sri Lanka in June 2025, and brought together representatives from Ministry of Environment, Ministry of Health, customs authorities, national standards institutions, and other relevant agencies from Sri Lanka, Pakistan, Nepal, India, Indonesia, the Philippines, Thailand, Vietnam, and Malaysia, including relevant partners of the "Eliminating mercury-added skin lightening products project": BRI, UNEP, GMP, EEB with strong support from WHO Sri Lanka. The WHO Regional Office for the Americas/Pan American Sanitary Bureau (WHO/PAHO) is planning a regional meeting for the Caribbean region, and a wrap up meeting for project closure to take place in Jamaica in February 2026.

15. The legislative aspects of this GEF-funded project include developing a model regulatory approach. There is a distinction between medically supervised skin lightening and cosmetic use, the latter being a rapidly expanding global industry valued at USD 9.2 billion in 2023 and projected to reach USD 14 billion by 2032. Mercury, along with hydroquinone and corticosteroids, is commonly found in cosmetic SLPs and poses serious health risks, including renal failure, neurological damage, and skin disorders. The regulatory approach is complex for this sector, due to inconsistent definitions and standards across jurisdictions such as the EU, USA, China, and Japan. The is a need for clear product categorization, mercury content limits (⩽1 ppm), and defined legal authority for enforcement.

A survey of approaches for the regulation of skin lightening products and cosmetics is being conducted to inform the preparation and dissemination of model legislative approaches. Findings from a WHO global survey of 75 countries revealed:

- Only 58 countries have legislation controlling cosmetics.
- 42 countries ban manufacturing of cosmetics with mercury >1 ppm.
- 41 countries restrict import/export of mercury-containing cosmetics.
- 49 countries maintain lists of prohibited chemical ingredients.

WHO's proposed model legislative framework includes:

- Clear definitions and product classifications.
- Mercury thresholds and testing methods.

[7] https://www.who.int/initiatives/elimination-of-mercury-containing-skin-lightening-products

- Compliance mechanisms (inspections, penalties).
- Education for stakeholders and enforcement bodies.
- Post-market surveillance systems.

WHO has initiated a global regulatory toolbox to support implementation, featuring legal templates, case studies, advocacy materials, and enforcement guidance, aiming to engage major industry players and harmonize regulations globally without hindering innovation or trade.

16. WHO continues to provide targeted support to Ministries of Health in project countries to strengthen national legislation, enforcement mechanisms, and public awareness regarding mercury-added skin lightening products (SLPs), in alignment with the Minamata Convention.

Gabon has established national legislation to regulate cosmetics but faces enforcement challenges due to limited laboratory capacity. WHO is supporting efforts to strengthen regulatory infrastructure, including the development of a national database and publication of banned products. Gabon conducted awareness campaigns across six provinces. A national workshop and webinar were held to share findings from a Knowledge, Attitudes, and Practices (KAP) survey, with results to be published in a scientific journal.

Sri Lanka developed a national legislative roadmap and conducted two multi-stakeholder consultations. The next step involves high-level meetings with the National Medicines Regulatory Authority (NMRA) to finalize the draft Act and advance regulatory compliance. Three technical meetings were held to assess training needs, gather insights from diverse community groups, and identify effective communication channels. These discussions informed future outreach strategies, including a planned social media initiative. Sri Lanka contracted the Health Promotion Bureau to lead a social media campaign, organize media outreach events, and conduct training for healthcare professionals.

Jamaica formally established its National Project Steering Committee (NSC) in October 2024. Monthly coordination meetings are held, and a revised workplan was approved in February 2025 to guide implementation. Jamaica held a large-scale public awareness campaign at the Jamaica National International Beauty Expo (June 2025), reaching over 10,000 attendees—82.42% of whom were women. Activities included educational talks, stakeholder engagement, and a live public lecture. Additional outreach included a healthcare worker workshop and a live radio broadcast on mercury health impacts.

17. Global efforts to combat the sale of mercury-added skin lightening products through online platforms are being addressed by EEB/ZMWG in collaboration with WHO. ZMWG has collaborated with partners under GEF-funded initiative to test over 1,000 SLPs globally, including products from more than 40 e-commerce platforms. Results revealed mercury concentrations exceeding 1 ppm in over 70 brands, many of which remain available online, particularly in Asian markets.

Despite existing bans, the need for stronger legal frameworks and voluntary cooperation agreements with online platforms, is important and key recommendations includes:

- Creation of advisory and prohibited product lists.
- Deployment of digital monitoring tools for sellers.
- Enforcement mandates and sanctions.
- Traceability systems and licensing protocols.
- Awareness campaigns and regional collaboration, through surveillance, education, and legal outreach.

In Sri Lanka, a joint initiative involving WHO, ZMWG, and the Consumer Affairs Authority (CAA) resulted in a published list of prohibited SLPs and outreach to 43 platforms—six of which responded positively. This approach combined regulatory authority with soft negotiation tactics is being applied in both Gabon and Jamaica.

The enforcement must be complemented by voluntary agreements, multi-sectoral coordination, exploring mechanisms for joining product safety pledges, leveraging international alert systems, and addressing the growing challenge of SLP sales on social media platforms.

18. Findings from WHO's global literature review of 48 studies across multiple regions, including Asia, Africa, the Middle East, and the Caribbean, included key insights:

- SLP use is widespread but varies by context, with a global lifetime prevalence of 27.7%. Countries, such as Thailand, had a prevalence as high as 89%, while others reported significantly lower use.
- Women remain the primary users, but SLP use among men is increasing and remains under-researched.
- Use begins early, often between the ages of 17–25, with reported cases of usage in early age as low as 10-years.
- Behaviour is socially embedded, often reinforced by family expectations, employment pressures, and marital desirability.
- Despite being aware of the skin-level health risks, users often persist due to low awareness of its detrimental effects.

WHO's behavioral science framework grounded in three pillars: Capability, Opportunity, and Motivation (the COM-B model) was introduced as a new component to the project to address the continued use of mercury-added skin lightening products.

19. WHO developed a Gender Project Plan, incorporating inputs from the Global Project Steering Committee (PSC). This is a living document, allowing for updates and adaptation to national contexts. Project countries are actively implementing it to support national efforts in advancing gender equality and women's empowerment.

The Gender Action Plan aims to ensure gender-inclusive participation across all project activities, by:

- Prioritizing gender balance in stakeholder consultations.
- Enhancing women's leadership roles in shaping project messaging and interventions.
- Ensuring equitable distribution of benefits such as training, education, and occupational opportunities.
- Designing awareness and information programs that effectively reach both women and men, tailored to their specific contexts and needs.

Core Principles of the Gender Action Plan are:

- Understanding Gender Norms: Recognizing how SLPs reinforce gender and racialized beauty standards.
- Equal Consideration of Needs: Addressing distinct pressures on women and men in program design.
- Inclusive Access: Ensuring equal access to project benefits, including training and awareness activities.
- Equal Participation: Promoting gender balance in leadership, stakeholder engagement, and decision-making.

Some statistics for Gender Representation and Participation are as follows:

i. Global PSC: 6 females, 1 male (total 7 members)

ii. PSC Chairs (current and former): 3 females, 1 male

iii. Global Project Team (WHO and consultants): 3 females, 3 males

iv. Technical Capacity-Building Meetings (March–July 2025):

- Meeting 1: 31 participants (15 males, 16 females)
- Meeting 2: 34 participants (10 males, 24 females)
- Meeting 3: 33 participants (8 males, 25 females)

v. Regional Meeting in Sri Lanka (5–6 July 2025):

- 8 countries participated
- 49% female (19) and 51% male (30) representation

vi. National Customs Training (2 June 2025):

- 20 participants: 10 females (one joined online), 10 males

vii. Public Health Awareness Campaign in Jamaica (27–29 June 2025):

- 10,000 attendees: 82.42% female, 17.58% male

Mercury-containing medical devices

20. A UNEP/WHO GEF-funded full-sized project on phasing out mercury measuring devices from healthcare[8] has been officially launched at the project inception and the first Steering Committee meeting on 30 July 2024. The project has been implemented in five pilot countries:- Albania, Burkina Faso, India, Montenegro and Uganda. The project has four components 1) Development and implementation of national health-system wide strategies for phasing-out the import, export and manufacture of mercury thermometers and sphygmomanometers in line with WHO recommendations and related provisions of the Minamata Convention, 2) Implementation of national strategies to phase out manufacture, import and export in all project countries and demonstration of a phase-out in at least 3 countries, 3) knowledge management, and 4) Dissemination of project results nationally, regionally and globally.

21. Since 30th July 2024, inception meetings held across participating countries have served as an excellent platform for stakeholder consultation, fostering collaboration and shared understanding of project goals. To support the execution of project outputs, technical working group meetings are being organized at the national level. Regular coordination meetings with country teams continue to facilitate the exchange of information, address emerging issues, and provide updates on progress. Comprehensive national stakeholder engagement plans were formulated in collaboration with relevant country-level partners. These plans outline tailored approaches for engaging stakeholders across sectors, ensuring alignment with national priorities and fostering inclusive participation. Engagement plans targeting regional stakeholders in the WHO European and South-east Asia regions were developed to facilitate cross-border collaboration and knowledge exchange. These plans incorporate strategic partnerships with regional bodies, international organizations, and networks to support coordinated efforts and shared objectives.

22. National situation assessments and inventories of medical devices containing mercury were successfully conducted across selected pilot healthcare facilities in five countries, based on information materials to support this process provided by WHO. These assessments provided a comprehensive understanding of existing measuring medical devices containing mercury, procurement infrastructure, interim storage conditions and general understanding of the issue among healthcare providers. The findings have informed the replacement strategy and need for capacity building. Project countries started to develop a plan for developing health-wide national strategies to phase out thermometers and sphygmomanometers containing mercury, and details proposals for demonstrating the substitution of mercury-containing medical measuring devices were reviewed during the Global Project Steering Committee meeting in March 2025.

23. WHO facilitated the creation of a Communication Network for the project, with nominated contact points in five countries. Introductory meetings were held between WHO Biomedical/Clinical Engineering experts and national stakeholders to understand country-specific procurement and maintenance procedures and build collaboration for the transition to mercury-free devices. These efforts represent a critical step toward safer healthcare practices and environmental protection, aligning with global standards under the Minamata Convention. In June and July 2025, WHO facilitated comprehensive training sessions for all five project countries equip national stakeholders with the knowledge and tools to phase-out of mercury-containing medical devices and manage mercury waste responsibly, covering the full lifecycle from generation to disposal focused on the environmentally sound management of mercury waste generated from the. The key topics included:

- Safe collection and handling of mercury waste.
- Interim storage protocols to prevent environmental contamination.
- Final disposal procedures, aligned with international standards.
- Legal and procedural guidance under the Basel Convention, which governs the transboundary movement and disposal of hazardous waste.

[8] https://www.who.int/initiatives/elimination-of-mercury-containing-skin-lightening-products/elimination-of-mercury-measuring-devices-in-healthcare

24. An awareness-raising programme is currently being developed in India to support the phase-out of mercury-containing medical measuring devices (Hg-MMDs). The initiative is designed to engage key industry stakeholders and promote the transition to safer, mercury-free alternatives. An implementation partner has been identified to lead the rollout of the programme. This initiative complements broader project efforts to eliminate mercury in healthcare.

25. The Guidance document on mercury waste management for the health facilities has been drafted. This document is meant to aid the countries as a step-by-step practical guidance in handling and managing mercury waste in the healthcare facilities and provides guidelines from collection to final disposal.

On-line training and other training

26. WHO has collaborated with UNICEF to launch an on-line course for health professionals on children's environmental health[9]. This course includes a specific module on mercury.

27. The WHO Regional Office for Europe organized training in planning strategies for health protection through the life-cycle of chemicals (example of mercury and the Minamata Convention on Mercury on 5-6 June 2024 in Bonn, Germany to support national capacity building and raise awareness of health and environment professionals[10]). The objective of the training was to demonstrate the advantages of applying a holistic life-cycle thinking approach to planning health protection strategies including introduction of life-cycle approach in terms of the Minamata Convention, role and responsibilities of the health sector, mercury in products – phasing-out and phasing down, management of health care waste containing and contaminated by mercury, economic considerations, evaluation of the effectiveness of implementation of the Minamata Convention (Article 22). The training was attended by 45 participants from 28 European countries.

Human Biomonitoring

28. Training on mercury human biomonitoring (HBM) for national experts was organized in Belgrade, Serbia on 13-14 February 2025 using the WHO educational course on human biomonitoring[11]. It was held back-to-back with the third meeting of the Environment and Health Process Partnership on Human Biomonitoring which joined 22 European countries working together to promote HBM.

29. WHO has continued contributing as an observer to the work of the Open-ended Scientific Groups on effectiveness evaluation to be carried out under the Minamata Convention, including mobilizing the interests of relevant WHO Collaborating Centres.

30. WHO participates in the Effectiveness Evaluation Group, established by Decision MC-5/14, as an observer.

31. The Mercury Group Technical Session #5: *Human Biomonitoring and health surveillance* met online on 15 May 2025 to discuss the current status of mercury HBM and next steps. Representatives of UNEP, WHO (chair), UNITAR, BRS Secretariat, UNICEF (observer), Secretariat of the Minamata Convention on Mercury, and IOMC Secretariat participated in the discussion outlining the relevant actions taking so far. Participants were encouraged to contribute to the online events before COP-6 and possibly an in-person event at COP-6 in relation to the effectiveness evaluation, and at which IOMC participating organizations would be requested to contribute. Further discussions of the group will continue in collaboration with the IOMC Secretariat.

[9] https://www.who.int/news/item/13-03-2024-who-and-unicef-launch-free-online-course--to-address-children-s-environmental-health

[10] Planning the implementation of global and regional chemical safety policies: Bonn, Germany 4-6 June 2024. Meeting report. Copenhagen: WHO Regional Office for Europe; 2025 https://iris.who.int/handle/10665/380788

[11] Human biomonitoring. Basics: educational course. Copenhagen: WHO Regional Office for Europe; 2023. https://www.who.int/europe/publications/i/item/9789289060097

Annex II

Work of the International Labour Organization (ILO) 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. The ILO continues to play a critical role in the implementation of the Minamata Convention by addressing mercury exposure in the world of work through the promotion of its international labour standards; knowledge development and dissemination; awareness-raising and advocacy; technical assistance and support to its constituents; and multilateral cooperation.

2. As the only tripartite UN organization, the ILO convenes and mobilizes its 187 Member States, workers' organizations, and employers' organizations to work collectively toward decent work while advancing the objectives of the Minamata Convention. In line with Article 7 and Annex C, the ILO has focused technical assistance on artisanal and small-scale gold mining (ASGM) while simultaneously extending its efforts to other sectors, and it has strengthened its research agenda to build a robust evidence base that informs the development of sound, evidence-based policies on mercury in the world of work.

A. Promotion of International Labour Standards relevant for mercury

3. The ILO promotes the global ratification and the implementation of International Labour Standards relevant to chemicals management and particularly mercury use and exposure. This includes the ILO Chemicals Convention, 1990 (No. 170); the ILO Prevention of Major Industrial Accidents Convention, 1993 (No. 174); the ILO Safety and Health in Mines Convention, 1995 (No.176); the ILO Safety and Health in Agriculture Convention, 2001 (No. 184); and the two Fundamental Conventions related to Occupational Safety and Health (OSH): the Occupational Safety and Health Convention (No. 155) and the Promotional Framework for Occupational Safety and Health Convention (No. 187).

4. Following the decision of the 350th Session of the ILO Governing Body (2024), the ILO is currently preparing for a standard setting exercise to consolidate and revise its standards on chemical hazards, with the potential development of a new instrument complementing Convention No. 170. A new instrument could ensure policy coherence with a number of international treaties and initiatives that have been created since Convention No. 170 adoption in 1990, including the Minamata Convention on Mercury.[12] In addition to standard setting, the ILO Governing Body has requested the Office to develop technical guidelines on chemical hazards, which may include information on occupational exposure to mercury.[13]

5. The ILO List of Occupational Diseases Recommendation, 2002 (No. 194) includes diseases caused by mercury or its compounds. To support implementation, the ILO published *Diagnostic and exposure criteria for occupational diseases: Guidance notes for diagnosis and prevention of the diseases in the ILO List of Occupational Diseases*[14]. The guidance notes include a section dedicated to "diseases caused by mercury or its compounds", which details occupational exposures, the toxicological profile of mercury and related diseases and their diagnostic criteria.

B. Knowledge development and dissemination, awareness raising and advocacy

6. In preparation for the standard setting exercise on chemical hazards described in para 4, the ILO is currently developing a national law and practice report to take stock of global trends on OSH policy and chemicals management in the world of work. Initial findings, based on an analysis of 64 countries, indicate that many countries have adopted substance-specific regulations to address OSH risks posed by particularly hazardous substances such as mercury. These measures include recognizing mercury related health impacts as occupational diseases, mandating health monitoring for mercury exposed workers, listing mercury among substances prohibited for pregnant workers, and establishing

[12] GB.349/INS/2.

[13] GB.331/PV, para 723.

[14] https://www.ilo.org/publications/diagnostic-and-exposure-criteria-occupational-diseases-guidance-notes-0

specific occupational exposure limits. Results from this national law and practice report will guide future ILO standard setting efforts on chemical hazards.

7. In May 2024, the ILO published a technical report *Chemical exposures in mining: Impacts for occupational safety and health*[15]. The report provides an overview of toxic chemical exposures used in mining practices, including a section focused on mercury.

8. The ILO published a report titled *Hazardous exposures to plastics in the world of work*[16] in September 2023. The research highlighted several interlinkages with mercury, noting that workers may be exposed during extraction and refining of crude oil and natural gas, during plastic incineration, and via contamination in recycling streams.

9. In July 2023, the ILO published a technical report *Chemicals and climate change in the world of work: Impacts for occupational safety and health*[17]. This report made references to mercury use in industries that are major sources of pollution, such as mining and metal ore processing, and discussed the Minamata Convention on Mercury.

10. In 2024, the ILO carried out technical research on mercury exposure among dental workers and is preparing a policy brief to inform future technical cooperation opportunities. The brief highlights exposure risks, international labour standards, and policy options to strengthen protection for workers in the dental sector.

C. Technical cooperation and support to ILO constituents

11. The project "Accelerating Action for the Elimination of Child Labour in Supply Chains in Africa (ACCEL AFRICA)"[18] implemented by the ILO and funded by the Ministry of Foreign Affairs of the Netherlands has been extended to a second phase. Phase II is being implemented in Côte d'Ivoire, Ghana, Kenya, Mali, Nigeria and Uganda since July 2023. The project funded a situational analysis of child labour in ASGM in Nigeria, which found that approximately 29 per cent of children involved in ASGM in selected localities were exposed to mercury[19].

12. In the Asia and the Pacific Region, the ILO oversaw the project "Improving Workers Rights in Rural Sectors of the Indo-Pacific[20] (2020-2025)" which aimed to strengthen OSH, labour standards compliance, social protection, and to address the illegal and hazardous use of mercury in small-scale gold mining. Project partners facilitated a dialogue with labour inspectors, raising awareness of mercury-related risks. These discussions led to the 2024 Strategic Compliance Plan, which prioritized small-scale mining as a high-risk industry. The project further advocated for institutional support for mercury-free technologies and financial access for processors and cooperatives transitioning to safer alternatives. The project supported the National Coalition of Small Scale Miners of the Philippines Inc (NCSSMPI) advocacy for amendments to the Small-Scale Mining Act, which explicitly prohibits mercury use and requires environmentally sound practices aligned with the Minamata and Basel Conventions. Additionally, the ILO assisted the Department of Labor and Employment (DOLE) in prioritizing small-scale mining in its labour inspection strategies. This included consultations in mining-heavy provinces, focusing on mercury exposure and supporting compliance with national labour and OSH standards.

13. A previous ILO project, the CARING Gold project[21], supported the development of an initial set of recommendations on the National Action Plan (NAP) on ASGM in anticipation of consultations following the Philippines ratification of the Minamata Convention. The recommendations included the reduction and elimination of mercury use in ASGM, support measures to promote formalization in the sector and improving working conditions in the sector in terms of labour standards and OSH including the elimination of child labour. Consultations on the NAP will begin in 2025, and the ILO continues to be a strategic partner with national stakeholders to provide world of work inputs and ensure the integration of the labour dimension.

[15] https://www.ilo.org/publications/chemical-exposures-mining

[16] https://www.ilo.org/publications/hazardous-exposures-plastics-world-work

[17] https://www.ilo.org/global/topics/safety-and-health-at-work/areasofwork/chemical-safety-and-the-environment/WCMS_887111/lang--en/index.htm

[18] https://www.ilo.org/africa/technical-cooperation/accel-africa/lang--en/index.htm

[19] https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40africa/%40ro-abidjan/documents/publication/wcms_886954.pdf

[20] https://www.ilo.org/projects-and-partnerships/projects/improving-workers-rights-rural-sectors-philippines

[21] https://www.ilo.org/resource/caring-gold-future-without-child-labour

14. The “Safe and Environmentally Sound Ship Recycling and Decent Work in Pakistan[22]“ project aims to strengthen national capacities for safe, rights-based, and environmentally responsible ship recycling. During workshops organized by the project, partners worked to raise awareness on prevention from hazardous substances and chemicals, including mercury, in shipbreaking processes. In 2025, the project is working to identify training needs for the ship recycling industry. Depending on the findings from this work, mercury may be addressed alongside broader work on hazardous substances.

D. Multilateral cooperation

15. The ILO is a member of the Inter-Organization Programme for the Sound Management of Chemicals (IOMC) and supports the IOMC Toolbox, which includes an updated OSH Management Scheme[23], featuring resources on mercury and mining, as well as links to ILO publications related to these topics. The ILO recently acted as chair of the IOMC Mercury Group[24] and is engaged in the UNEP Global Mercury Partnership.

16. At its 349th Session, the ILO Governing Body adopted a new Global Strategy on OSH and Plan of Action for the period 2024-2030[25]. In Action Area 5: Multilateral Cooperation, a high-level output was included, namely 5.1.3 International collaboration in the area of chemical safety continued and strengthened, including with the Minamata Convention.

E. ILO continued support and future initiatives

17. At its 350th session, the ILO Governing Body endorsed the outcomes of the 21st International Conference of Labour Statisticians (ICLS), including the decision to begin preparations for the review and update of international statistical standards on OSH. This includes statistics on exposure to workplace hazards and related diseases, which are areas relevant to mercury exposure and associated health outcomes. The work is being undertaken in preparation for the 22nd ICLS in 2028, with the first tripartite meeting of experts expected in late 2025.

18. The ILO is currently undertaking an in-depth mapping exercise of regional and national ASGM and mercury use and exposure trends to better understand this world of work challenge. The initiative aims to generate a comprehensive global reference point that will inform and guide future technical cooperation and policy response measure for mercury-related risks in the labour context.

19. The ILO reaffirms its commitment to addressing mercury exposures in the world of work and to strengthening the labour and decent work dimensions of Minamata Convention implementation. The Organization stands ready to expand technical cooperation, foster policy dialogue, and support capacity-building that safeguards workers and communities alike. Drawing on its global network of country and regional offices, the ILO looks forward to continuing engagement with its tripartite constituents to drive multisectoral action, ensuring that implementation of the Convention advances decent work for all.

[22] https://www.ilo.org/resource/other/safe-and-environmentally-sound-ship-recycling-and-decent-work-pakistan

[23] https://iomctoolbox.org/node/50035/steps

[24] https://partnership.who.int/iomc/mercury-group

[25] https://www.ilo.org/resource/policy/global-strategy-occupational-safety-and-health