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CREPD submission on How the Cameroon Baptist Convention Health Services (CBCHS) has succeed to make Dental Amalgam History 15 Years ago

No rational reason justifies the keeping of Dental Amalgam in Part II of Annex A in the Minamata Convention on Mercury when mercury-free alternatives are available and cost-effective. It should be moved up into Part I of Annex A with a phase out date

The CBCHS that runs dental clinics in six (06) of the ten (10) regions of Cameroon with approximately 3,500 patients per month, was the first in Cameroon to fill adult (permanent) teeth with high viscous Glass Ionomer using the Atraumatic Restorative Treatment technique (ART). It also uses composites. The ART technique does not require dental drill, plumbed water, or electricity. ART involves using hand instruments to clean dental cavities and filling with an adhesive, fluoride-releasing material – Glass Ionomer (High Viscous). The treatment process needs no anaesthetic because pain and discomfort are rare. This approach is entirely consistent with modern concepts of preventive and restorative oral care, which stresses maximum effort in the prevention and minimal invasiveness of oral tissues. The ART technique has enabled the CBCHS Oral Health Programme to go beyond the age of amalgam fillings and Black's Principles of cavity preparation, with the hope of conserving as much tooth tissues as possible with maximum comfort.

The vision of the CBCHS Oral Health Programme is “painless dentistry for all”.

To achieve the dental amalgam – free dentistry, it took the commitment of an individual, **Dr. Bouetou Tantoh Z. Theresia** (Dental Surgeon), Supervisor, CBCHB Dental Services (see the annex below) with whom CREPD worked since the launching of the negotiations of the Minamata Convention Mercury on evidence-based arguments to inform the phase out dental amalgam.

Mercury from dental amalgam can harm the human health and the environment; and hence, undermines the objective of the Minamata Convention to protect the Human Health and the Environment from mercury and mercury compounds. The successful story from CBCHS in Cameroon, as well as many others countries Africa and across the world in phasing out dental amalgam in dental care show that there is no solid ground on which Parties to the Minamata Convention should stand to keep this toxic product in Part II of Annex.

The current tendency to focus the effort only on promoting the use of separators is not in the interest of countries and regions (mostly Africa) with the least share in dental amalgam use because the installation and running cost of a separator is very high and few dentists can afford that.

From our extensive experience working on the ground with dentists and government ministries on dental amalgam on the continent, it appears that there are two major root causes that maintain dental amalgam on use by certain dentists:

1. The lack of *dexterity and/or instrumentation* of individual dentists to appropriately place mercury-free alternatives on the patient teeth; and
2. The comparative *low cost of dental amalgam* (when externalities are not in the cost calculation equation)

The following actions, guided by the precautionary principle, including the following steps:

- Regulatory measures to ban the use of dental amalgam on children, pregnant women and people with allergies by 2020, as a policy signal to awake dentists to get ready for change;
- Capacity building of dentists and skillsharing on the use of mercury free alternative dental filling materials. Successful cases of abandon of dental amalgam in dental care more than 7 years back exist on the continent;
- Change of dental curricula in dental school to train future dentists on the use of mercury free alternatives and make dental amalgam history
- Regulatory measure to achieve complete ban of dental amalgam use through a two steps approach: (i) Ban for the most vulnerable population groups (children, women in childbearing ages, and breastfeeding women) first, follow by, (ii) ban for all the population.

ANNEX (Experience on phase out amalgam in cbc health services dental practice) Attached as separate file