

FDI World Dental Federation and International Association for Dental Research Written Statement

Fourth Conference of the Parties to the Minamata Convention

Item 4: Matters for consideration or action by the Conference of the Parties: (a) Mercury-added products and manufacturing processes in which mercury or mercury compounds are used: (i) Review of annexes A and B; (ii) Information on dental amalgam; (iv) Proposals for amendments to annexes A and B

This statement is made on behalf of [FDI World Dental Federation](#) (FDI) – the official representative body of over one million dentists worldwide, through its membership of 200 national dental associations and specialist groups – and the [International Association for Dental Research](#) (IADR), a professional association representing over 10,000 researchers, dedicated to advancing research and increasing knowledge for the improvement of oral health worldwide.

As global representatives of the oral health community, FDI and IADR have been strong supporters of the Minamata Convention's phase-down approach to dental amalgam use during the treaty negotiations and since it came into force.

The nine provisions in Annex A, Part II aim to minimize the environmental impact of mercury from dental amalgam use, while protecting public health in a comprehensive way. It includes action on the prevention of dental caries – the most prevalent disease worldwide, investment for the coverage and research into mercury-free alternatives, and best practices on waste management.

As highlighted by Article 4, paragraph 9 of the Convention, when reviewing Annex A, Parties shall consider the availability of mercury-free alternatives that are technically and economically feasible, also considering the environmental and human health risks and benefits of these alternatives. Establishing a global phase-out deadline for dental amalgam use before such evidence is available would be premature and detrimental to public health, and even to the environment, and would widen oral health inequalities.

We are deeply concerned about the African proposal to amend Annex A, Part II. It asks for the replacement of the current phase-down approach with a phase-out strategy by 2029, with no complementary measures on prevention, coverage and research into mercury-free alternatives, and waste management – areas that still require much attention from both environmental and health sectors.

We therefore urge Parties of the Convention not to support the African proposal, and to acknowledge that any review of Annex A, Part II beyond reinforcing the current phase-down

approach would be premature. We ask that Parties recognize these **five key points when taking their decisions**:

- 1. The phase-down approach is working.** Progress in phasing down the use of dental amalgam has been mainly measured by counting the number of countries who no longer use amalgam at all, instead of looking at phase-down indicators (e.g., reduction of amalgam sold). Major producers of dental amalgam have ceased manufacturing, and the dental profession is shifting towards the use of alternative materials where it is available, affordable, and suitable for the restoration.
- 2. Emphasis on prevention remains crucial.** The Convention presents a unique opportunity for the prevention of caries, reducing the overall demand for restorative materials (including for dental amalgam). Investing in public health measures to promote oral health must remain a priority of Annex A, Part II. This is notably absent in the African proposal.
- 3. More research on alternative materials is needed.** While mercury-free alternatives exist, they are still less than optimal based on clinical, economic, and practical reasons. Therefore, continued investment is needed to accelerate the development of innovative restorative materials, move them from the laboratory to the market, and to increase their durability and affordability. Evidence on the health and environmental impact of new restorative materials is also needed.
- 4. Alternative materials must be accessible and affordable.** The alternative materials and procedures currently available are considerably more expensive, and reimbursement schemes need to be put in place for these restorations. Otherwise, there is a risk that people will not seek timely treatment, leading to more tooth extractions and social consequences. The African proposal does not address this important issue.
- 5. Waste management remains the most important action point even in a phase-out scenario.** Another key area excluded by the African proposal is the need to reinforce best environmental practices for the waste management of dental amalgam. This is still relevant for the recycling of dental amalgam that is removed to avoid mercury releases. Furthermore, not only dental facilities using and/or removing amalgam should have amalgam separators, but waste management infrastructures must also be reinforced to ensure the recycling of mercury-containing waste from all sources including industry.

In consideration of the global aspects of the overall challenge to be responsible stewards of the environment while still maintaining access to essential oral care, it is recognized that there is a wide range of situations and solutions currently in existence. The main point is that there is not a one-size-fits-all solution on all Convention Parties as they implement phase-down strategies adapted to their national context and in line with Annex A, Part II. Viable restorative options should be preserved as each Convention Party navigates its own successful path to phasing down the use of dental amalgam.

As global representatives of the oral health community, and in the interests of public health, we feel a responsibility to raise our concerns about the African proposal, and to urge Parties to keep channeling action and investment into prevention, coverage and research into mercury-free alternatives, and waste management. Otherwise, we will witness a negative impact on the provision of quality treatment for dental caries and an increase in tooth extractions, threatening to widen oral health inequalities.

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