

17. September 2021

Mr. Benoit Varenne
Dental Officer
World Health Organization (WHO)
20 Avenue Appia
1211 Geneva
Switzerland
Tel: +41 79 506 7236
Email: varenneb@who.int

Subject: Web-based consultation on the WHO Draft Global Strategy on Oral Health by 2030

Dear Mr. Benoit Varenne

At the Seventy-fourth World Health Assembly, 42 Member States and many other countries and partners have expressed their concern about the potential environmental impact caused by the use and disposal of mercury-containing dental amalgam. Thus, representing the position of the Minamata Convention on Mercury, a legally binding treaty of 132 countries that entered into force in August 2017 and requires each country to reduce all incidental and intentional uses and releases of mercury, including from dental amalgam.

We would like to remark that phasing out or phasing down the use of dental amalgam is not considered sufficiently in the draft Oral Health Strategy as part of the Agenda 2030 for Sustainable Development, even though it's a relevant source of secondary poisoning and the SDG on Health stipulates the aim to ensure healthy lives and promote well-being for all at all ages.

The announcement to develop technical guidance on environmentally friendly and less-invasive dentistry to support countries with their implementation of the Minamata Convention on Mercury by 2024 (when a phase-out of the use of dental amalgam has most likely already been decided), does not reflect the active role expected of WHO.

Rather, WHO should acknowledge and support the ongoing transition to mercury-free dentistry and include a detailed reflection about dental amalgam (as we are proposing in the Annex) in this global Strategy on Oral Health.

Only by doing so would WHO fulfill its responsible role and send a strong signal to the Parties to the Minamata Convention to adopt far-reaching measures to phase out the use of amalgam at the next conference in early 2022, thus making a real contribution to ensuring healthy lives and promoting the well-being of all people at all ages.

We look forward to your cooperation.

Sincerely,



Florian Schulze

Managing Director, European Center for Environmental Medicine

Please consider our joint suggestions with the Timis College of Dentists/Romania to revise the draft Global Oral Health Strategy:

(The text marked in red should be added)

GLOBAL OVERVIEW OF ORAL HEALTH

Transition to Mercury-Free Dentistry

Dental amalgam is a dental filling material consisting of 50% elemental mercury. Mercury is a developmental, neurological, and renal toxin, as well as a heavy metal and persistent bioaccumulative toxin of global concern. Because of these concerns, 128 countries negotiated a legally binding treaty, the Minamata Convention on Mercury, which entered into force in August 2017. The Minamata Convention requires each nation to reduce all incidental and purposeful uses and releases of mercury, including from dental amalgam.

VISION, GOAL, AND GUIDING PRINCIPLES

Vision

16. The vision of this strategy is **environmental friendly** universal oral health coverage for all people by 2030.

17. Universal oral health coverage means that every individual has access to essential, **environmentally friendly and minimal invasive**, quality health services that respond to their needs and which they can use without suffering financial hardship. These include oral health promotion and prevention, treatment and rehabilitation interventions related to oral diseases and conditions across the life course. Universal oral health coverage will enable all people to enjoy the highest attainable state of oral health, contributing to them living healthy and productive lives. Achieving the highest attainable standard of oral health is a fundamental right of every human being **and the protection of the environment our duty**.

Goal

18. The goal of the strategy is to guide Member States to develop ambitious national responses to promote oral health, **reduce the use of dental amalgam**, reduce oral diseases, other oral conditions and oral health inequalities, make progress on the path to universal oral health coverage for their populations, and consider the development of targets and indicators, based on national situations, building on the guidance to be provided by the WHO global action plan on oral health, to prioritize efforts and assess the progress made by 2030.

STRATEGIC OBJECTIVES

Strategic Objective 6: Mercury-free dentistry – Promote the use of alternative filling materials and guide Member States in the transition to environmentally-friendly and minimal invasive dentistry.

Strategic Objective 6 includes promoting the use environmentally-friendly and minimal invasive alternatives for dental restoration and encouraging representative professional organizations and dental schools to educate and train dental professionals and students on best management practices;

Member states should implement plans to gradually phase out the use of dental amalgam and designate the competent authorities responsible for carrying out obligations arising from this. Insurance policies and programs should reimburse cost-effective and clinically effective mercury-free alternatives.

ROLE OF MEMBER STATES, PARTNERS AND SECRETARIAT

WHO

34. WHO will continue its work with global public health partners to: establish networks for building capacity in oral health care, research and training; **gradually phasing out dental amalgam**; mobilize contributions from nongovernmental organizations and civil society; and facilitate collaborative implementation of the strategy, particularly as pertains to the needs of low- and middle-income countries.

Member States

41. Member States can strengthen oral health care system capacities by: integrating primary oral health care as part of universal health coverage benefit packages; ensuring the affordability of essential dental medicines and consumables, and other equipment or supplies for the management of oral diseases and conditions; **and prioritizing environmentally-friendly and less-invasive dentistry**. Member States should also assess and reorient the oral health workforce as required to meet population needs by enabling interprofessional education and a wider team approach that involves mid-level and community health providers.

Civil Society

48. Civil society can lead grass-roots mobilization and advocacy for increased focus within the public agenda on oral health promotion, **the gradual phase out of dental amalgam** and the prevention and control of oral diseases and conditions. Civil society can also help consumers advocate with governments to request the food and beverage industry to provide healthy products; support governments in implementing their tobacco control programs; and form networks and action groups to promote the availability of healthy food and beverages and fluoridated toothpaste, including through subsidization or reduced taxes.