



**a toxics-free future**

[www.ipen.org](http://www.ipen.org)

[ipen@ipen.org](mailto:ipen@ipen.org)

## **International SAICM Implementation Project (ISIP)**

In 2010, in an effort to demonstrate SAICM implementation via IPEN Participating Organizations, IPEN launched an International SAICM Implementation Project, also known as ISIP. ISIP aims to mobilize resources for initial enabling activities pertaining to national priorities, in keeping with the work areas set out in the strategic objectives of section IV of the SAICM Overarching Policy Strategy.

In particular, the ISIP supports the Governance objective of SAICM's Overarching Policy Strategy paragraph 26, which calls for enhanced "cooperation on the sound management of chemicals between Governments, the private sector and civil society at the national, regional and global levels."

In addition, ISIP builds on the 2008-2009 Global SAICM Outreach Campaign to raise awareness about SAICM and strengthen collaboration among the public interest, health and labor sectors.

### **ISIP Objectives**

ISIP's four objectives include:

- Promoting the need for sound chemicals management
- Advancing National SAICM Implementation
- Promoting global SAICM implementation by global civil society
- Building capacity among NGOs developing countries and countries with economies in transition

**Title of activity:** Mercury-Free Health Care Systems in Gujarat

**NGO:** Paryvaraniya Vikas Kendra

**Country:** India

**Date:** August, 2012

### **Elements of SAICM Covered:**

Promote reduction of the risks posed to human health and the environment (57); Help develop comprehensive national profiles or country situation reports about mercury (1, 166); Programs to monitor mercury to assess exposure (66, 82); Promote the development and use of products and processes that pose lesser risks (44); Take immediate action to reduce the risk to human health and the environment posed on a global scale by mercury in products and production processes (59); Participation in activities related to the negotiation of a legally binding instrument on mercury

### **Description of human sources of mercury:**

Mercury is generally available in the natural crust. However mercury also releases due to anthropogenic sources. Apart from the mercury mines, volcanic eruptions and forest fires also contribute mercury. The mercury also releases through anthropogenic sources like thermal power plants, smelting plants, chlor alkali plants, oil and natural gas explorations. Further, mercury also releases to the environment from health care instruments, in the process of artisanal gold mining, from CFL bulbs, etc.

**Description of the levels of mercury release and exposure:**

There is very limited research information available on mercury releases in India. NGOs have played a critical role in conducting the studies on mercury in India. Toxics Link was the first organization in the country that prepared an India-specific report on mercury and identified various sources of mercury releases. Toxics Link also conducted a study on mercury releases from thermal power plants, hospitals and the dental sector in India. It has also done extensive research on mercury contamination in fish of West Bengal, a province in India.

There are also some academic research papers available in India on mercury contamination in fish.

**Description of the damage caused by mercury:**

In India there aren't any specific studies or research to corroborate the fact of mercury poisoning. However, there are studies on mercury contamination in fish in India. So there is likelihood that the communities are getting affected as mercury is entering into the food chain.

**Description of the laws currently regulating mercury:**

In India, at the moment there aren't any binding rules to regulate mercury. Mercury is allowed to trade freely in India. However, there is guideline issued by the central health ministry to reduce use of mercury from health care.

**Description of the efforts to deal with mercury:**

There are efforts in India at the government and corporate levels to reduce the mercury releases into the environment. Guidelines have been issued by various central and state government agencies to limit the mercury release into the environment. The chlor-alkali industries in India, the biggest consumer of mercury, has voluntarily shifted to the membrane-based technology. Efforts are also being made by the concerned government agencies to reduce and minimize the mercury exposure in India mainly from CFL bulbs. Some of the government hospitals have also adopted mercury free instruments in India.

**Description of what forces support and oppose the Mercury Treaty, the public participation consultation process, and the level of public awareness of the treaty process:**

PVK as the organization is very new to the mercury issues. It came to know about the treaty after coming in contact with Toxics Link. PVK is aware of TL's involvement in the treaty process and its consultations with the Ministry of Environment and Forest, Government of India. However, at the state level, there aren't any consultations or discussions on the mercury treaty.

**Project Outcome:**

**Description of the activity conducted:**

In support of IPEN, PVK in association with Toxics Link and State Pollution Control Board of Gujarat, have organized a series of awareness workshops at Ahmedabad, Bhavnagar and Vadodara, Jamnagar, and Rajkot. The participants of the workshop include the representatives of Pollution Control Boards, Doctors, Health Care Professionals, Educational and Research Institutes, Common Treatment Facilities Managers, Govt. Medical Colleges and Civil Societies.

The overall objective of the workshops was to introduce the issue of mercury in the health care sector in the region by providing a platform to all the stakeholders for a healthy discussion, knowledge and experiences sharing. The workshop led the major emphasis on the following key areas:

- 1 Mercury toxicity in the health care sector
- 2 Occupational health hazards of mercury
- 3 Role and responsibilities of important stakeholders
- 4 Mercury phase-out plan and challenges
- 5 Mercury policy and global initiative

### **Impact on target groups:**

Gujarat is one of the progressive states in managing the biomedical waste in India. However, the issues of mercury have received little attention in the state. Many stakeholders were not aware of the implication of the mercury in the environment. So initially the relevant stakeholders were identified and were perused to take part in the workshops. The state pollution control board participation has helped to convince the stakeholders, who will actually involve in the implementation at the ground level. Toxics Link has helped to develop the capacity of the stakeholders on the mercury management.

At the participants level there were very good results achieved during organisation of the workshops.

- In the seven workshops organised most of the participants came across the issue of mercury hazards in the health care system. Though many of them were from highly professional and reputed hospitals, they came to know to about the seriousness of the mercury poisoning only after the programs.
- As a result of the program many of the participants decided to keep mercury spillage management kits in their hospitals.
- An awareness regarding the use of mercury free instruments at the health care units was created as a result of the program.
- Participants got the information and clarification on the issue of mercury spillage by viewing films and discussions during the workshop.
- Material regarding mercury menace was distributed among the participation.
- Posters based on design from Toxics Link were printed and distributed in Gujarati language.
- The State Pollution Control Board is contemplating for issuing of a guideline for mercury free health care systems.
- Some of hospitals are planning to make their health care set up mercury free.

### **Impact on target policies:**

Health is a state subject in India though it is guided by the national laws. Though the proposed activities were mostly to raise awareness of the stakeholders on the issues, participation of the State Pollution Control Board will definitely help in future policy interventions in the state.

### **Outreach to stakeholders:**

The Following stakeholders were engaged in the program:

- NGOS
- Pollution Control Board, a state government agency
- Health Care Professionals
- Both Government and Private Hospitals
- Nursing Colleges
- BMW-IMA, Indian Medical Association, Bhavnagar.
- Private corporations engaged in hospitals management

The workshops were eye openers for many stakeholders and in future there would be possible engagements with them to take forward the issues further.

**Deliverables, outputs and/or products:**

Awareness materials have been developed in local languages. Toxics Link's information materials have helped us in developing the information materials.

**Communication efforts:**

The workshops were very much restricted to the stakeholders, who were important players in the process. Media and the general communities were not involved in the program.

**SAICM National Focal Point:**

Mr. Shri Rajiv Gauba  
Joint Secretary  
Ministry of Environment & Forests  
Paryavaran Bhawan, CGO Complex  
Lodhi Road  
New Delhi  
India  
Tel: (91 11) 2436 1509 / 2436 1896  
Fax: (91 11) 2436 2746  
Email: c/o [hota\\_m@yahoo.com](mailto:hota_m@yahoo.com)

**Recommendations, from a public interest, NGO perspective, on reducing and eliminating human sources of mercury:**

Though the usage of mercury has been reduced substantially in India, large scale usage in health care and CFL bulbs are cause of concerns. So NGOs need to do constant awareness on the issues and put pressure on the industries and governments to adopt suitable policies for reduction and elimination of mercury. Additionally:

- More awareness actives to be organised
- Sustained campaign on the issues
- Information dissemination with the NGOs
- Constant feedback on the issues