Webinar on

Mercury Phase-out under the Minamata Convention: Focus on the Healthcare Sector



Toxics Link

for a toxics-free world

MINUTES OF MEETING

Webinar on Mercury Phase-out under the Minamata Convention: Focus on the Healthcare Sector

1. Meeting Information

Programme	Mercury free India-Say No to mercury.	Webinar on Mercury Phase-out: Minamata Convention and the Healthcare Sector
Date	22 September 2026	**Mode**
	2:30 PM to 4:00 PM	Online (Webinar)
Organized by	Toxics Link, under the MCMMD (Mercury-Containing Measuring and Medical Devices) project	



Photograph- Still from the conducted webinar

2. Speakers

Name	Role / Affiliation
Mr. Satish Sinha	Associate Director-Toxics Link, presented on mercury usage, the Minamata Convention, and India's mercury phase-out obligations
Ms. Anu Agarwal	Consultant, WHO India - presented on India's mercury phase-out journey in the healthcare sector

3. Background and Purpose

Toxics Link convened this webinar as part of its ongoing work under the UNEP/GEF-supported MCMMD (Mercury-Containing Measuring and Medical Devices) project. The session was aimed at building awareness on mercury toxicity, India's obligations under the Minamata Convention on Mercury, and the specific challenges and progress in phasing out mercury-containing medical devices from the healthcare sector.

4. Session 1: Mercury, the Minamata Convention, and India's Obligations

Mr. Satish Sinha opened the session by outlining the range of applications in which mercury is used, noting that all three traditional Indian medical systems - Ayurveda, Siddha, and Unani - use small, precaution-bound quantities of mercury. He identified the chlor-alkali industry and artisanal and small-scale gold mining (ASGM) as the two major industrial uses of mercury globally, clarifying that India has no significant reported cases of ASGM.

Mr. Sinha has been engaged in the Minamata Convention process from very beginning from the initial meeting in 2009 to recent one COP 6 in November 2025 and is a member on various groups committees, Partnership Advisory Group, and still continues to be actively involved in shifting the process mercury free in India.

Key points discussed on the Minamata Convention:

- The Convention was negotiated over four years (2009-2013) through extensive multi-stakeholder consultation, and was adopted in 2013 with the core objective of protecting human health from mercury's harmful impacts.
- The treaty entered into force in 2017; India ratified it in 2018 and is a party bound by its provisions.
- The Convention addresses the supply side of mercury (mining and trade) as well as its use in products and processes.
- Mercury mining is required to cease within 15 years of the Convention's entry into force - i.e., by 2032.
- Provisions also cover storage, treatment, and disposal of mercury waste, and control of mercury releases and emissions (e.g., from coal combustion and industrial effluents).
- For mercury-containing products (batteries, skin lighting cream, cosmetics, measuring/medical devices, etc.), India's phase-out deadline is 2030; for dental amalgam specifically, the deadline is 2034, following a four-year extension granted globally after a long phase-down period.

On healthcare devices specifically, the speaker noted that alternatives to mercury thermometers and sphygmomanometers (digital and other technologies) are now widely available and increasingly comparable in price. While most hospitals are transitioning, some manufacturing of mercury devices continues, and a segment of doctors still prefer mercury-based sphygmomanometers, citing perceived accuracy - a perception the speaker addressed by noting that well-calibrated digital devices are equally accurate and have a longer service life.

He also noted that dental amalgam use continues to face transition challenges, partly because dental curricula still teach amalgam techniques, though alternatives (glass ionomer, composites) are available.

On the chlor-alkali industry, he reported that of roughly 31 mercury-based plants once operating in India (mostly along the coastline), all but one have already transitioned away from mercury-cell technology, with the remaining plant expected to convert within one to two years.

He closed by noting that Toxics Link's current UNEP-supported project focuses specifically on mapping and addressing mercury-containing healthcare instruments across the country. Lot of development is going on by Ministry of Health and Family Welfare (MoHFW) on shifting towards alternative devices in all State and central hospitals.

5. Session 2: India's Mercury Phase-out Journey in the Healthcare Sector

Ms. Anu Agarwal, Consultant with WHO India, presented on the healthcare sector's mercury phase-out journey, which she noted began in 2004 - well before Minamata Convention negotiations commenced - making India an early global mover, with Toxics Link's first report on mercury releases from the healthcare sector credited as a catalyst.

- The 2004 Toxics Link report was the first to document that a typical mid-sized hospital (300-600 beds) could release approximately 3 kilograms of mercury, drawing attention to breakages and spills that had previously gone unrecorded as incidents.
- Delhi issued India's first state phase-out order for mercury medical devices in 2007, and phased-out these devices from all hospitals in Delhi, followed by Punjab and Manipur.
- Five early-mover Delhi hospitals (Gangaram, Batra Hospital, Max Healthcare, St. Stephen's, and Holy Family) successfully transitioned to non-mercury instruments through staff training, procurement of validated quality devices, and public communication of their results.
- The Ministry of Health and Family Welfare took cognisance of Delhi's experience in 2011.
- India's Minamata Convention deadline of 2030 for mercury medical devices is now driving renewed coordination between the Ministry of Health and Family Welfare and the Ministry of Environment, Forest and Climate Change.

Current national strategies described by Ms. Agarwal include:

- CDSCO has been advised to stop issuing new licences for import, export, or manufacture of mercury medical devices.
- The Ministry of Health is engaging with the Government e-Marketplace (GeM) portal to have mercury devices delisted from public procurement.
- States have been directed to stop procurement of mercury-based medical devices in both public and private healthcare sectors, working with State Pollution Control Boards on environmentally sound interim storage pending a national decision on final disposal.
- As of the session, 12 individual state-level phase-out orders are in place, up from 4 in 2024, most covering both public and private healthcare facilities.

On persisting barriers, she noted that healthcare staff often find mercury devices more convenient and familiar, and that some clinicians still question the accuracy of alternatives - though this is increasingly offset by international research-publication norms that discourage use of mercury-based readings. A meeting of over 100 senior cardiologists convened by the Directorate General of Health Services (DGHS) endorsed the shift to non-mercury devices. The Ministry of Health & Family Welfareis finalizing a standard protocol and timeline for phase-out at the state level, alongside a calibration protocol developed by the National Health Systems Resource Centre (NHSRC) to ensure that replacement devices (mercury or non-mercury) deliver accurate, quality-assured readings.

6. Key Takeaways

- India is legally bound under the Minamata Convention to phase out mercury-containing medical devices by 2030, and dental amalgam by 2034.

- Regulatory and procurement-side measures (CDSCO licensing, GeM delisting, state orders) are now central to India's phase-out strategy, complementing earlier training- and awareness-based approaches.
- Persisting barriers include clinician familiarity with mercury devices and lingering perceptions about the accuracy of alternatives, which calibration protocols and training need to address.
- Toxics Link's ongoing MCMMD project continues to support this transition through mapping, awareness-building, and engagement with government and healthcare stakeholders.

7. Way Forward

- Continued engagement with the Ministry of Health and Family Welfare and State Pollution Control Boards on procurement restrictions and interim storage and disposal of mercury legacy waste (in view of mercury volatility).
- Dissemination of the forthcoming Ministry of Health standard protocol and NHSRC calibration protocol to state-level stakeholders.
- Continued awareness-building among healthcare staff and clinicians to address residual preference for mercury-based devices. It is requested with everyone that to not buy any new mercury thermometer and mercury sphygmomanometer at individual levels as well to support our commitment to mercury phase-out.