IADR INTERNATIONAL ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

Sixth Conference of the Parties to the Minamata Convention

Item 4 (b): Mercury-added products and manufacturing processes in which mercury or mercury compounds are used: (i). Amendment to annex A

The International Association for Dental, Oral, and Craniofacial Research (IADR) congratulates the countries that have addressed appropriate waste management and those that have been able to phase out the use of dental amalgam and strongly support maintaining, and accelerating, the phase-down approach to dental amalgam.

At COP5, Parties that have not phased out amalgam committed to submit a national action plan or report on progress. We urge rigorous analysis of these data to guide policy. Setting fixed end-dates before assessing country capacity, including waste management, training, and supply chains, is likely to produce implementation failures and unintended harms.

To address the 2.5 billion persons with dental caries, "*science must be our compass*". While amalgam alternatives show promise, evidence on their longevity, cost-effectiveness, and performance across diverse clinical settings is still evolving. Amalgam may remain the most clinically appropriate option in certain circumstances. This is not an insurance or compliance issue, but a public health issue. Prior to an import ban, an assessment of in-country amalgam stockpiles to provide options for the continued treatment of these vulnerable populations is critical to protect public health.

The phase-down is working. Scientific reports and manufacturers report rapidly declining amalgam sales alongside increased sales of alternative restoratives. A continued phase down approach, as outlined in the WHO Oral Health Care and the Environment report and the WHO Global Oral Health Action Plan, acknowledges differences in national readiness and ties amalgam reduction to equity, prevention, access, and clinical appropriateness for the overall wellbeing of the patient.

Dental education is already shifting: teaching and placement of posterior composites are at all-time highs, supporting a faster, but orderly, transition. Emerging science shows that a phase-out approach will most certainly widen existing health inequalities while not being protective of public health and wellbeing. We therefore call on Parties to maintain the current phase-down model, tied to prevention and capacity-building, to safeguard access, quality of care, and population well-being.

Thank you.