



## Fifth Conference of the Parties to the Minamata Convention

## **FDI - IADR Statement**

*Item 4 (b): Mercury-added products and manufacturing processes in which mercury or mercury compounds are used: Amendment to annexes A and B, and consideration of feasibility of mercury-free alternatives for manufacturing processes listed in annex B* 

The FDI World Dental Federation (FDI) represents over one million dentists worldwide and the International Association for Dental, Oral, and Craniofacial Research (IADR), represents over 10,000 researchers around the world.

FDI and IADR are committed to improving the oral health of populations globally and ensuring this is done in an equitable and evidence-based way. We, therefore, fully support the Minamata Convention on Mercury, and the phase down approach to dental amalgam use in line with the current provisions of the Minamata Convention.

The Minamata Convention presents a unique opportunity for the prevention of caries, reducing the overall demand for restorative materials (including for dental amalgam). We urge governments to invest in public health measures that provide oral health promotion, including public regulations to reduce sugar intake.

Also, for alternative materials to be considered as viable replacements to dental amalgam, data on their similar clinical longevity under different clinical conditions, safety and cost-effectiveness is needed. Resin based materials release acrylic monomers or bisphenol A – potential toxicological materials. Resin composites also require a complicated treatment technique and therefore costs are increased significantly compared to amalgam restoration.

Caries rates largely differ between countries as well as dental prevention programs and the success of such programs. A phase-out approach will lead to a negative impact on the provision of quality treatment for dental caries and an increase in tooth extractions, threatening to widen oral health inequalities. As outlined in the Global Oral Health Action Plan, we urge all Parties to maintain the current phase-down model which respects differences in country capacities and guarantees access to oral health and the overall well-being of populations.

Thank you.