

PRESENTATION – SÃO PAULO PROGRAM

- UNEP has asked us to speak about the program in the State of São Paulo – the most populous in Brazil – on elimination of mercury in hospitals. The policy is in line with work that has been developed by UNEP, namely the support given to the NGO “Health Care without Harm”, geared towards capacitating in Brazil for the development of mercury-free policies, as well as the contribution given to the development of the WHO guidance for national strategies to phase out mercury-containing health devices.
- The project in SP began with the adoption of a State Government Resolution in 2010, 3 years before the adoption of the Minamata Convention. That resolution prohibited SP clinics from acquiring mercury thermometers and sphygmomanometers (blood pressure measurement device) and mercury for most forms of odontological use. Storage and usage, according to the Resolution, would also be prohibited in a period of 2 years. Lastly, all withdrawn materials should be adequately disposed of.
- The growing adherence to the resolution proved that the strategy was cost-effective. Digital thermometers offer the same precision as mercury ones; while they are more expensive (up to twice the price), they also last significantly longer (the rate of consumption is 20 times lower). Estimates indicate that while up to 10 mercury thermometers are needed per hospital bed/year; 0,5 digital thermometer per hospital bed/year covers the same demand. Curiously, despite increased demand for digital equipments, the prices never went up and, in fact, only 9 months after the prohibition, prices for digital thermometers had already dropped close to 23%; and approximately 33% for digital sphygmomanometers.
- The following step was the adoption of a State Law (15.313) in the beginning of 2014, which essentially codified into law what had already been encouraged by the passing of the 2010 Resolution, while adding a few important requirements. The law extended prohibited the acquisition, storage and repairing of mercury equipments in hospitals, while establishing a period of 2 years for replacement of all mercury equipments. It also determined that all mercury equipments recalled from hospital use should be properly disposed of or recycled by companies authorized to do so by the federal environmental agency, IBAMA. Lastly, it determined the application of fines for non-compliance.
- The São Paulo program for the elimination of mercury in hospitals helped to raise awareness in Brazil of the risks associated with the use of mercury, as well as the economic viability of its replacement. This set the conditions, for instance, under which the federal agency for health standards undertook a national consultation last year, with a view to discussing the conditions for an overall prohibition of production, imports and sale of mercury-based thermometer and sphygmomanometers in the country.
- This is a case study in which an initiative was launched at a local level, before there were national policies or an international convention about the issue. This case study has demonstrated to the country at large that the substitution of mercury in health facilities improves the safety of health workers and patients alike, all of whom are exposed to risks associated with mercury contamination, be in through leakages or gasification. Lastly, as with all pioneering policies, the São Paulo program also

highlights challenges, the main one in this case being the adequate disposal of mercury that is withdrawn from circulation. This is an element of the program that, while present since its inception, perhaps could have received more attention throughout the different phases of roll-out, therefore underlining the need to confer equal priority in mercury "phase out" programs to both withdrawal from circulation and adequate disposal.