Barriers to implementation of regulation (policies)?

Mercury example

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Introduction

- Developing a policy is just the first step; for policies to contribute to there aims, they must be effectively implemented.

- Policy implementation refers to the mechanisms, resources, and relationships that link health policies to program action.

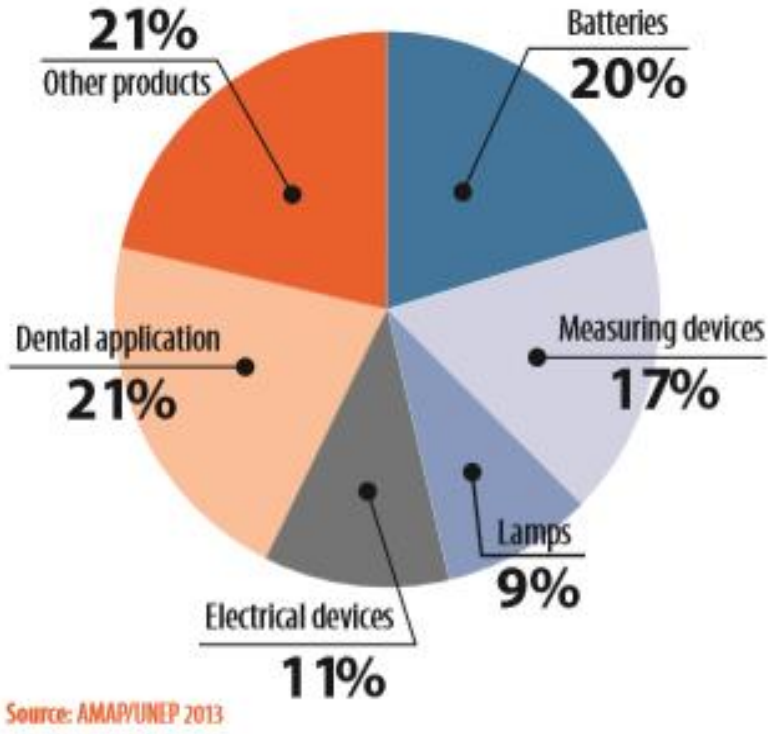
Introduction

- Most health related policies aim to enhance professional development, entrench quality of patient care while ensuring a safe environment.

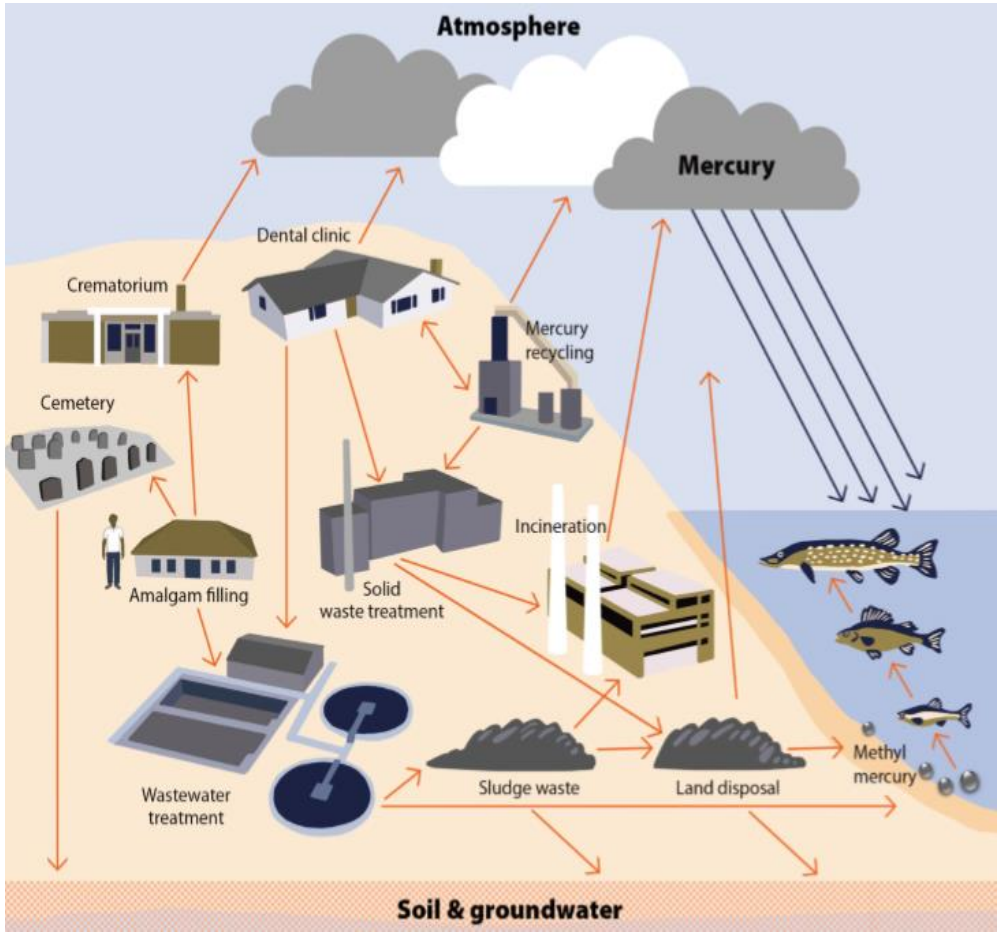
- Due to growing concern regarding impacts of mercury on the environment, In 2013 ***Minamata convention on Mercury*** global treaty was signed to protect human health and the environment from adverse effects of mercury. Kenya is a signatory

Minamata Convention

- The Minamata provisions for dental amalgam, a 50% mercury added product containing, make it highly relevant regulation to the dental profession.



Minamata Convention



- Producing mercury from mines and recycling
- Storing, selling & shipping elemental mercury
- Manufacturing & selling amalgam products
- Placing & removing amalgam fillings in dental practices
- Disposing, recycling or storing amalgam products and wastes
- Final fate of any amalgam fillings in the deceased via burial or cremation

- Source Concorde 2007

Minamata Convention

- During negotiations on the Convention, FDI advocated a reduction (phase-down) in the use of dental amalgam—versus a ban (phase-out)—through:
- 1. S***ource reduction measures*** in the form of appropriate policies or regulations to reduce the use of mercury in society a)based on a reduction in demand through greater focus on dental prevention and health promotion, b) increased research and development on alternatives

Minamata Convention

- 2. ***Pollution management approach*** which aims to reduce the environmental impact of mercury releases by using appropriate waste management measures, amalgam preparation procedures and air treatment systems.

Implementation Barriers

Challenges to implementation of regulations are referred to as “implementation barriers.”

1. Lack of resources (capital, human, infrastucture)

- Lack of access to capital especially when the policy implementation requires a capital intensive input.
- Kenya faces enormous challenges in moving from policy to implementation of Amalgam phase down due to the expensive costs of capsuled Amalgam, fitting the **amalgam separators** to isolate the waste amalgam from general waste and thereafter be able to send the waste to a **safe recycling unit.**
- **Annual cost of amalgam separators (purchase, installation, maintenance) may vary between 60 USD and 270 USD per chair**

1. Lack of resources

- Unavailability of infrastructural requirements being advocated (air treatment systems, Amalgam separators, ***No recycling unit in Kenya)***
- Unavailability/high cost of environmental friendly materials, has seen the Amalgam phase down policy not move quickly to its implementation phase in Kenya. Also the newer materials require investment of other equipment and materials like light curing units, rubber dam (COSTS)

2.Opposition from key stakeholders

- Lack of involvement of key stakeholders in the drafting, implementation and review of policies lead to opposition of the regulation
- D**ental professionals and patients** in Kenya believe Amalgam is a superior filling material compared to the newer alternatives being introduced to replace it, it has more longevity, is cheaper hence
- Health care providers refuse to embrace new materials or to be trained in these new methods hindering implementation of policies.

3.Lack of Enforcement

- Professionals refuse to embrace regulations, when consequences of not implementing the policy does not affect them directly.

- The Amalgam phase down policy is being driven due to the environmental impact mainly as amalgam has been demonstrated to be very safe, hence the dentist may not place high priority especially as there are no regulatory consequences

4. Lack of operational guidelines

- When the policy is crosscutting among many sections lack of clarity on operational guidelines for implementation from the **lead sector or conflicting mandates** slows or totally impedes implementation
- In Kenya, Amalgam phase down is spear headed by Ministry of environment; which has **NOT** proposed ***operational guidelines*** of implementation to the Ministry of health (MPDB) (e.g "Best management practices" for dental clinics should include use of amalgam separators to minimize the amount of mercury released into wastewater)

5. Inadequate knowledge of the policy

- Complex nature of some policies which is coupled by lack of adequate information and education to the intended good of the policy presents a barrier

- Most professionals' drawing from their training background, are not aware of the environmental impacts of mercury from amalgam, and the benefits of reducing mercury emissions (DG ENV 2012) hence do not fully support Minamata convention as Amalgam is a "very safe" filling material.

6. Lack of political support/incentives

- May be due to Governments' different **priorities, lack of incentives, and limited resources (allocated)** curtail policy implementation.

- Lack of involvement of **other** key players; Insurance firms reluctance to pay for dental amlagam alternatives "Expensive". Kenya needs to examine how the national insurance policy may be revised to help phase down amalgam.

7. Lack Alignment of other complimentary policies/curricular

- Lack of oral health and dental hygiene programs that reduce the overall incidence of dental caries contribute to a continued need for dental restorations – both amalgam and non-amalgam

- Policies compelling dental schools to develop curricula training dental students to use mercury free alternatives

8. Lack of public health awareness

- Public awareness concerning the environmental and health issues associated with mercury is high.
- However, a big number of people in Kenya are not aware that amalgam contains about 50% mercury.
- lack of awareness of the environmental/ health risks of mercury among patients" not only slows down the phase down but also decreases the acceptance/use of mercury-free dental restorative materials.

9. Lack of a step-wise approach

- Not breaking down policies down to specific implementation clauses with ***specific time frames*** in a step wise manner
- Adapting legislation to both set an objective and to achieve it e.g Norway and Sweden introduced step-by-step legislation that allowed time for the industry and for dentists to adapt to the new restrictions or guidelines. The process started with a recommendation against the use of amalgam for vulnerable populations such as children and pregnant women. (SCENIHR 2015).

10.Lack of profession led advocacy (call to action)

- Advocacy is a means of increasing the influence on policy implementation, ***by prioritising and calls to actions*** and thereby effecting change.
- National (dental) associations should have ***accurate and reliable information*** that they use for advocacy: directly (ministers, parliamentarians) and officials; membership of specific committees and working groups involved in drafting legislation, defining budgets; in the media (media releases, interviews); through public events / outreach.

Conclusion

- The ***motivation, flow of information,*** and balance of ***power and resources*** among stakeholders influences policy implementation processes. ***Raising public awareness*** is an important factor that countries need to consider to implement policies

- Ultimately, overcoming policy implementation barriers will require commitment and perseverance by a range of stakeholders, possibly over a prolonged period

References

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- Concorde (2007) – Mercury in Dental Use, Environmental Implications for the European Union, Concorde East/West Sprl for the European Environmental Bureau, Brussels, Belgium, 2007

THANK YOU

EAST AFRICA DENTAL AMALGAM PHASE-DOWN PROJECT

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