PROJECT IMPLEMENTATION REPORT

Project ID:	10716
Project Name:	Phasing out mercury measuring devices in healthcare
Countr(ies):	Global, Burkina Faso, India, Montenegro, Uganda, Albania
Implementing Agency:	UNEP

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I. Overview

A. Description

Project name
Phasing out mercury measuring devices in healthcare

Country
Global, Burkina Faso, India, Montenegro, Uganda, Albania

GEF ID	Implementing Agency
10716	UNEP

Executing Entity
World Health Organization (WHO)

Trust Fund	Project Type
GET	FSP
PIR Submission	Fiscal Year , PIR Number
9/12/2025	FY 2025 , 1st PIR

Objective
To eliminate uncontrolled releases of mercury from healthcare settings

B. Ratings and Disbursements

Implementation Progress	Development Objective
Satisfactory	Satisfactory

Overall risk
Low Risk

Project Financing	Cumulative Disbursement
8,738,100.00	1,843,301.00

C. Key Dates

CEO Endorsement/Approval	Agency Approval
5/19/2022	6/22/2022
Implementation Start	First Disbursement
7/6/2023	8/7/2023

Expected MTR	Actual MTR
9/30/2026	
Expected Completion	Actual Completion
6/30/2028	

II. PROGRESS STATUS AND ISSUES

A. Progress: Information on progress and outcomes of project implementation activities

The project is steadily progressing toward its overarching goal of eliminating mercury-added medical measuring devices (MMDs) in all target countries through a comprehensive strategy that includes regulatory reform, pilot demonstrations, capacity building, and knowledge dissemination. Foundational activities have been successfully initiated, including stakeholder consultations, inventory assessments, and pilot planning. These efforts are laying the groundwork for accelerated strategy development, with pilot completions anticipated by mid-2026.

Progress has been made in several key areas. Stakeholder engagement plans at the national and regional levels have been fully developed and national phase out strategies are undeway in all target countries. Pilot activities are underway including procurement of mercury-free alternatives in 11 selected healthcare facilities. Inventories of mercury-containing devices are being compiled (completed in Albania and Montenegro), supported by training sessions on safe disposal and procurement practices. WHO Biomedical Engineering experts have engaged with national focal points to guide the selection and maintenance of mercury-free devices.

Awareness campaigns including outreach to mercury containing devices manufacturers in India, have been launched to support behavioral change and policy alignment.In May/June 2025, WHO facilitated comprehensive training sessions for all target countries, equipping national stakeholders with the knowledge and tools necessary for the safe handling, interim storage, and final disposal of mercury waste. These sessions were complemented by regional and international trainings, including a WHO Europe workshop in Bonn attended by 45 participants from 28 countries, and a human biomonitoring training in Serbia involving experts from 22 countries. These activities reflect the project's commitment to fostering technical expertise and cross-border collaboration. Further in person country specific trainings at the national level and outreach to non-project countries is planned for the next reporting period.

The project has also made notable strides in knowledge dissemination and capacity building. Technical guidance documents and training materials have been developed and circulated, including draft guidance on mercury waste management. A Knowledge Hub has been launched under UNEP’s Global Mercury Partnership, serving as a central platform for sharing resources and updates.Gender representation has been a strong point, with women comprising 65.3% of the Global Project Steering Committee. This reflects the project's commitment to inclusive participation and gender-sensitive implementation.To date, 1,623 individuals have participated in project-related training sessions, with women comprising 61% of attendees. Female participation has been consistently high across all engagement platforms, including national steering committees and stakeholder meetings, where representation has reached up to 74%. This strong gender inclusion underscores the project's alignment with UNEP and WHO gender equality policies and its emphasis on inclusive implementation. The project has already reached an estimated 720,000 beneficiaries through its interventions, with a target of 1.8 million by project completion.

Overall, the project is on track, with moderate progress achieved in creating an enabling environment for phase-out. Continued coordination, targeted training, and inclusive stakeholder engagement will be critical to sustaining momentum and overcoming implementation barriers.

B. Challenges: Information on challenges of project implementation activities

Throughout the reporting period, the project has made meaningful progress, yet several challenges have emerged.The absence of formal co-financing reports from Albania and India has hindered the ability to fully account for in-kind contributions and validate financial commitments, which are essential for tracking progress against project outcomes.The transition from mercury-containing devices to mercury-free alternatives has also faced obstacles. These devices remain widely procured and used, reflecting a slow market shift. In India, manufacturers are grappling with the challenge of identifying alternative income sources, which may impede their ability to pivot away from mercury-based production. There is also a moderate risk of poor uptake of mercury-free alternatives among healthcare providers, which could undermine the effectiveness of the phase-out efforts. This is compounded by climate-related risks, such as increased demand for thermometers during disease outbreaks, which may slow the transition.

Waste management infrastructure presents another area of concern. Several countries lack adequate facilities for the safe storage and disposal of mercury waste, raising the risk of environmental contamination through spills or improper handling. Additionally, there is concern that enthusiastic uptake of mercury-free devices could lead to unmanageable volumes of mercury waste or batteries.Language barriers have impacted stakeholder engagement and the dissemination of training materials, particularly in Burkina Faso, the only French-speaking country among the participants. This highlights the need for multilingual resources and culturally sensitive communication strategies.

Finally, gender issues have surfaced, with concerns that female nursing staff advocating for mercury-free devices may face marginalization. This underscores the importance of integrating gender-sensitive approaches throughout project implementation.

C. Stakeholder Engagement

UNEP/WHO GEF-funded full-sized project has been officially launched at the project inception and the first Steering Committee meeting in May 2024. The second meeting of the Global Project Steering Committee took place remotely on 30 July 2024. The third meeting of the Global Project Steering Committee took place remotely on 12 and 13 March 2025 to discuss project management aspects, arrangements for substitution demonstration pilots, country workplans for 2025 and related budgets.
Since May 2024, national inception meetings held across participating countries have served as an excellent platform for stakeholder consultation, fostering collaboration and shared understanding of project goals. To support the execution of project outputs, technical working group meetings are being organized at the national level. Regular coordination meetings with country teams continue to facilitate the exchange of information, address emerging issues, and provide updates on progress.

Comprehensive national stakeholder engagement plans were formulated in collaboration with relevant country-level partners. These plans outline tailored approaches for engaging stakeholders across sectors, ensuring alignment with national priorities and fostering inclusive participation.

Engagement plans targeting regional stakeholders in Europe and South-East Asia Regions were developed to facilitate cross-border collaboration and knowledge exchange. These plans incorporate strategic partnerships

with regional bodies, international organizations, and networks to support coordinated efforts and shared objectives.
A concept note for a Community of Practice has been drafted by GMP to address mercury waste management from healthcare facilities. This platform will be used for engaging various stakeholders from researchers, policy makers, academicians and general community. This activity is being coordinated by GMP and co-leads of the Waste Management Area.

D. Gender Equality

The Gender Action Plan for this project aligns with the gender equality and human rights policies of GEF, UNEP, and the Minamata Convention on Mercury. The GEF Policy on Gender Equality outlines a set of mandatory requirements for mainstreaming gender – and reporting on the results -- throughout project lifecycles, as illustrated below. The purpose of this gender action plan is to provide strategy guidance and to identify mainstreaming tools to ensure that:

• the distinct needs of women and men will receive equal consideration in phasing out the use of mercury-containing medical devices in the implementation of the project in Albania, Burkina Faso, India, Montenegro, and Uganda;
• women and men will be equally involved in the planning and implementation of activities under the project;
• gender equality principles will guide all major components (and benefits) of the project, especially in terms of stakeholder engagement, capacity-building, training and awareness-raising at national and regional levels;
• attention is paid to the ways that gender norms shape the overall context of the use of and exposure to mercury-containing medical devices.

As part of the project's commitment to gender equity and inclusive participation, data on female involvement across key activities was collected and analyzed. The results demonstrate a strong representation of women in various national-level engagements, including steering committees, training sessions, and stakeholder meetings.

Table: Female Participation by Activity

Activity	Total participants	Female participants	% Female Participation
National Project Steering Committee	88	55	62.5%
First PSC meeting	145	91	62.76%
Second PSC meeting	17	10	58.82%
Training	1,623	990	61%
Other national meetings	511	379	74.17%

This data highlights the project's success in ensuring meaningful female engagement, particularly in training and national consultations. The high percentage of female participation in 'Other National Meetings' (74.17%) is especially notable and reflects strong outreach and inclusion efforts at the country level.

E. Knowledge Management

Knowledge activities and products

Elimination of mercury measuring devices in healthcare - The WHO webpage on the Elimination of Mercury Measuring Devices in Healthcare outlines a global initiative aimed at phasing out mercury-containing medical

instruments—primarily thermometers and sphygmomanometers—to protect human health and the environment. WHO and its partners are also developing technical guidance, informational materials, and best practices to help countries transition smoothly and sustainably.

The Knowledge Hub on Mercury-Containing Medical Measuring Devices) https://www.unep.org/globalmercurypartnership/Mercury-Containing-Medical-Measuring-Devices) has been established under the UNEP Global Mercury Partnership. This website serves as a platform for knowledge sharing on the broader issue of mercury in medical devices, featuring news, resources, and contributions from global stakeholders. A dedicated section of the site focuses specifically on the project, providing updates, highlighting achievements, and developing country-specific pages and news from participating nations.

Main learning during the period

To ensure a better access to project knowledge and enhance stakeholder engagement, the project recognizes language diversity as a critical factor in successful implementation. Participating countries operate in multilingual environments, and language barriers can hinder understanding, participation, and uptake of project activities. This is a particular case for Burkina Faso, as the only one French-speaking country
To mitigate this risk, the project management team would need to:
• Develop and disseminate learning materials in national languages, tailored to national and local contexts.
• Translate key documents, including training manuals, awareness materials, and technical guidance, into relevant national and regional languages.
• Engage local translators and communication experts to ensure cultural and linguistic accuracy.
• Use multilingual formats in workshops, webinars, and stakeholder consultations to promote inclusive dialogue.
• Monitor feedback from stakeholders to assess the effectiveness of multilingual materials and adjust accordingly.

III: Minor Amendments

CONTEXT	
Result Framework	
Components and Cost	
Institutional And Implementation Arrangements	
Financial Management	
Implementation Schedule	
Executing Entity	
Executing Entity Category	
Minor Project Objective Change	

Safeguards	
Risk Analysis	
Increase of GEF Financing up to 5%	
Co-Financing	
Location of Project Activity	
others	

IV: Geographic Coordinates of Project Activities

Location Name	Latitude	Longitude	GeoName ID
Regional Hospital - Vlorë, Albania	40.47811	19.50082	

Location Description:

Activity Description:

Location Name	Latitude	Longitude	GeoName ID
Regional Hospital - Dibër, Albania	41.5428	20.3450	

Location Description:

Activity Description:

Location Name	Latitude	Longitude	GeoName ID
Centre Hospitalier universitaire - Tengandogo, Burkina Faso	12.222279	-1.30179	

Location Description:

Activity Description:

Location Name	Latitude	Longitude	GeoName ID
Boulmiougou Health District	12.68333	-0.3	

Location Description:

Activity Description:

Location Name	Latitude	Longitude	GeoName ID

New Delhi, India	28.6358	77.2245	

Location Description:

Activity Description:

Location Name	Latitude	Longitude	GeoName ID
Primary Health Care Centre Mojkovac	42.96044	19.5833	

Location Description:

Activity Description:

Location Name	Latitude	Longitude	GeoName ID
Health Center - Berane, Montenegro	42.8400	19.8625	

Location Description:

Activity Description:

Location Name	Latitude	Longitude	GeoName ID
Primary Health Care Center - Kotor, Montenegro	42.4249	18.7674	

Location Description:

Activity Description:

Location Name	Latitude	Longitude	GeoName ID
Health Center - Podgorica, Montenegro	42.4403	19.2667	

Location Description:

Activity Description:

Location Name	Latitude	Longitude	GeoName ID
Mbarara Regional Referral Hospital - Uganda	0.6139	30.6542	

Location Description:

Activity Description:

Location Name	Latitude	Longitude	GeoName ID
St. Francis Hospital, Nsambya	0.30155	32.58609	

Location Description:

Activity Description:

V. ANNEX

Uploaded Document

Document Category	Title
M and E Document	10716 - Albania - Stakeholder Engagement Plan
M and E Document	10716 - Burkina Faso - Stakeholder Engagement Plan
M and E Document	10716 - Co-financing report - 2025
M and E Document	10716 - India - Stakeholder Engagement Plan
M and E Document	10716 - Montenegro - Stakeholder Engagement Plan
M and E Document	10716 - Uganda - Stakeholder Engagement Plan
M and E Document	10716 - Gender Action Plan
M and E Document	10716-PIR-UNEP-2025-GEF-CW-Phasing out mercury in medical devices in healthcare