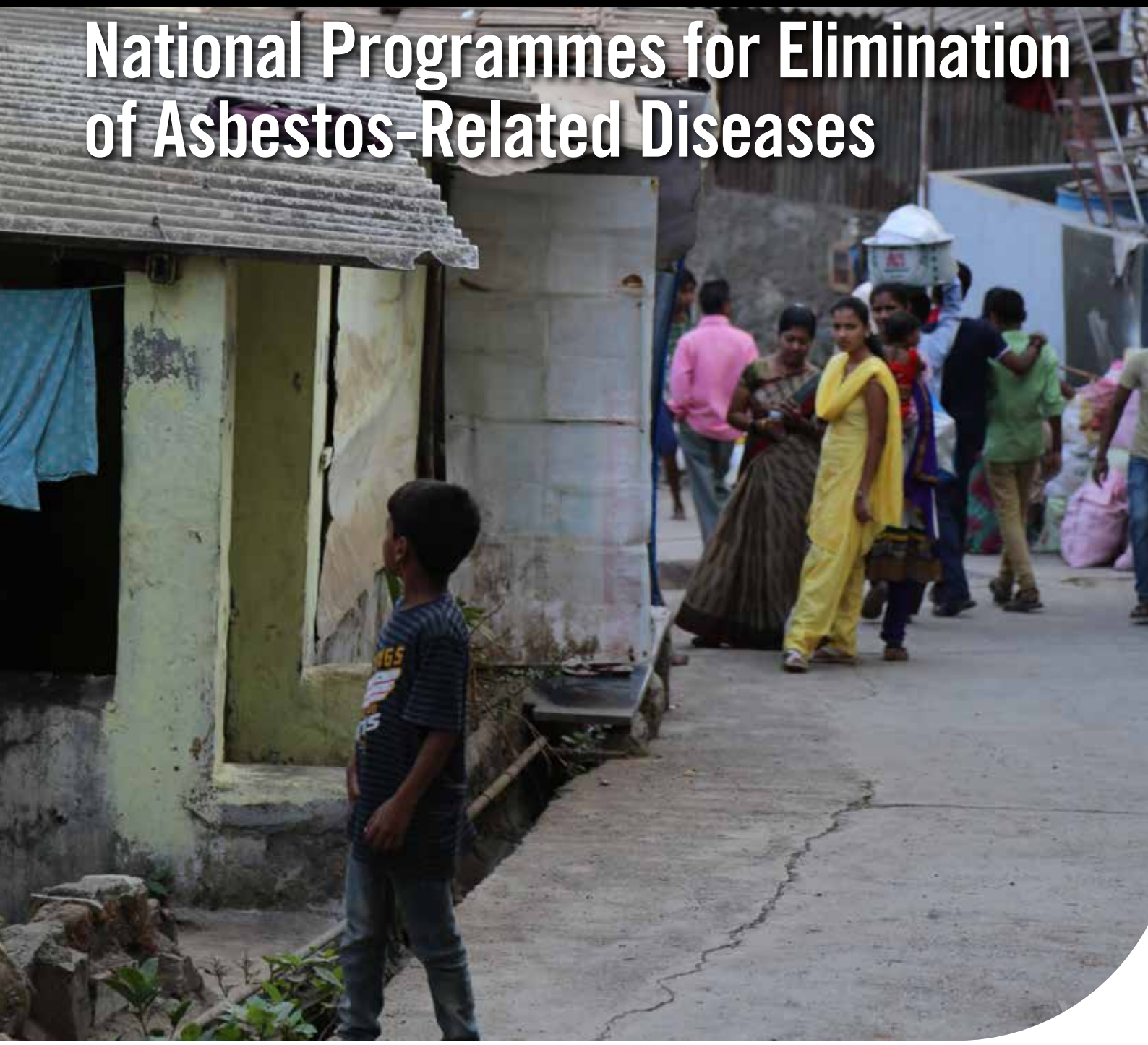
# Outline for the Development of National Programmes for Elimination of Asbestos-Related Diseases



International Labour Office

World Health Organization

WHO/SDE/PHE/07.02



The production, translation and publication of this document were financially supported by the International Development Fund program of the Permanent Mission of Australia to the United Nations, the Government of Germany and the European Commission. The views expressed herein do not necessarily reflect the views of these organizations.

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# Introduction

The term "asbestos" designates a group of naturally-occurring fibrous serpentine or amphibole minerals with current or historical commercial use due to their extraordinary tensile strength, poor heat conduction and relative resistance to chemical attack. The principal varieties of asbestos are chrysotile, a serpentine material, and crocidolite, amosite, anthophylite, tremolite and actinolite, which are amphiboles.

Exposure to asbestos causes a range of diseases, such as lung cancer, mesothelioma, and asbestosis (fibrosis of the lungs), as well as pleural plaques, thickening and effusions. There is also evidence that it causes laryngeal and possibly some other cancers.

Taking into account the rising number of cases of asbestos-related diseases due to the intensive use of asbestos in the past and the fact that some countries still continue to use chrysotile asbestos and even increase its use, the Thirteenth Session of the Joint ILO/WHO Committee on Occupational Health (2003) recommended that special attention should be paid to the elimination of asbestos-related diseases in future collaboration between ILO and WHO[1].

*Exposure to asbestos causes a range of diseases*

This document is intended to facilitate countries, particularly those that still use chrysotile asbestos, in establishing their national programmes for elimination of asbestos-related diseases. It also addresses countries efforts to prevent asbestos-related diseases arising from exposure to the various forms of asbestos already in place and as a result of their use in the past. A national programme for elimination of asbestos-related diseases should include: strategic policy, national profile; awareness raising; capacity building; an institutional framework and a national plan of action for elimination of asbestos-related diseases. Countries can adapt this document to the specific national and local conditions and the available resources.

ILO and WHO will further assist individual countries by providing policy guidance, expert advice and international tools for elimination of asbestos-related diseases, such as methodologies for estimation of the disease burden attributable to asbestos, information about safer substitutes of asbestos and alternatives to asbestos-containing materials, overview of best national practices, training materials etc.

1 Report of the Committee JCOH/2003/D.4. *Thirteenth Session of the Joint ILO/WHO Committee on Occupational Health*. Geneva, 9–12 December 2003. International Labour Office; 2006.

# International basis for action

Action on elimination of asbestos-related diseases has a sound international basis that includes primarily ILO international instruments, WHO recommendations and multilateral environmental agreements.

## ILO standards

The Occupational Cancer Convention, 1974 (No.139) requires Parties to "periodically determine the carcinogenic substances and agents to which occupational exposure shall be prohibited or made subject to authorization or control…" (Article 1). Parties to the Convention "shall make every effort to have carcinogenic substances and agents to which workers may be exposed in the course of their work replaced by non-carcinogenic substances or agents or by less harmful substances or agents; in the choice of substitute substances or agents account shall be taken of their carcinogenic, toxic and other properties" (Article 2)[2].

The Asbestos Convention, 1986 (No.162) provides that "where necessary to protect the health of workers and technically practicable, national laws or regulations shall provide for one or more of the following measures – (a) replacement of asbestos or certain types of asbestos or products containing asbestos by other materials or products or the use of alternative technology, scientifically evaluated by the competent authorities as harmless or less harmful, whenever this is possible; (b) total or partial prohibition of the use of asbestos or certain types of asbestos or products containing asbestos in certain work processes." (Article 10)[3] The Asbestos Convention prohibits the use of crocidolite and products containing this fibre, as well as spraying of all forms of asbestos.

The Chemicals Convention, 1990 (No.170) requires that **"**when in an exporting member State all or some uses of hazardous chemicals are prohibited for reasons of safety and health at work, this fact and the reasons for it shall be communicated by the exporting member State to any importing country**"** (Article 19)[4].

The Resolution on Asbestos of the 95th International Labour Conference (2006) stipulates that the elimination of the future use of asbestos and the identification and proper management of asbestos currently in place are the most effective means to protect workers from asbestos exposure and to prevent future asbestos-related diseases and deaths. It also indicates that the Asbestos Convention, 1986 (No.162), should not be used to provide a justification for, or endorsement of, the continued use of asbestos. It encourages countries to ratify and give effect to the provisions of the Asbestos Convention, 1986, and the Occupational Cancer Convention, 1974; to promote the elimination of future use of all forms of asbestos and asbestos containing materials; to promote the identification and proper management of all forms

2 ILO Occupational Cancer Convention, 1974 (No.139) and ILO Occupational Cancer Recommendation, 1974 (No.147); full text available at http://www.ilo.org/ilolex/english/index.htm

3 ILO Asbestos Convention, 1986 (No.162) and ILO Asbestos Recommendation, 1986 (No.172), full text available at http://www.ilo.org/ilolex/english/index.htm

4 ILO Chemicals Convention, 1990 (No.170) and ILO Chemicals Recommendation, 1990 (No. 177), full text available at http://www.ilo.org/ilolex/english/index.htm

of asbestos currently in place; and to include measures in national programmes on occupational safety and health to protect workers from exposure to asbestos.[5]

## Multilateral environmental agreements

There are two main multilateral environmental agreements that play an important role in international trade and management of asbestos. The Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade includes all types of asbestos of the amphibole group in its Annex III of substances subject to the prior informed consent procedure[6]. The 2006 Conference of the Parties to the Rotterdam Convention decided that chrysotile asbestos meets the requirements and the criteria for inclusion in Annex III of the Convention and that the 2008 Conference shall further consider its inclusion in Annex III[7]. Furthermore, wastes that contain asbestos dust and asbestos fibres are considered a hazardous waste (Annex I, item Y36) under the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal[8], and are, therefore, subject to strict control.

## WHO recommendations

***Action on elimination of asbestos-related diseases has a sound international basis***

The 58th World Health Assembly urged Member States to pay special attention to cancers for which avoidable exposure is a factor, particularly exposure to chemicals at the workplace and the environment.[9] Asbestos is one of the most important occupational carcinogens causing about half of the deaths from occupational cancer. In May 2007, the 60th World Health Assembly endorsed a global plan of action on workers' health 2008–2017 in which Member States requested the WHO Secretariat to include in its activities "a global campaign for elimination of asbestos-related diseases – bearing in mind a differentiated approach to regulating its various forms – in line with the relevant international legal instruments and the latest evidence for effective interventions…"[10]

WHO's assistance to countries to eliminate asbestos-related diseases will therefore be particularly targeted to those Member States that still use chrysotile asbestos, in addition to assistance in relation to exposures arising from historical use of all forms of asbestos[11].

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5 Resolution Concerning Asbestos. In: *Ninety-fifth International Labour Conference, Geneva, 31 May – 16 June 2006. Report of the Committee on Safety and Health*. Geneva, International Labour Conference (Provisional Record 20), Annex 20/69, available at http://www.ilo.org/public/english/standards/relm/ilc/ilc95/pdf/pr-20.pdf

6 UNEP/FAO Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade; available at http://www.pic.int/

7 UNEP/FAO/RC/COP.1/33 report of the Conference of the Parties to the Rotterdam Convention on the Prior Informed Consent Procedure for certain Hazardous Chemicals and Pesticides in International Trade on the work of its first meeting, Geneva 20–24 September 2004, available at http://www.pic.int/cops/reports/z33)/English/COP%201-33%20e.pdf

8 UNEP Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal,; available at http://www.basel.int/

9 WHA 58.22 Cancer prevention and control, In: *Fifty-eight World Health Assembly, Geneva, 16 – 25 May 2005. Resolutions and Decisions.* Geneva, World Health Organizations, available at http://www.who.int/gb/ebwha/pdf_files/WHA58/WHA58_22-en.pdf

10 See paragraph 10 in the Annex of WHA 60.26 Workers' Health: Global Plan of Action, in Sixtieth World Health Assembly, Geneva 14–23 may 2007, Resolutions and Decisions, World Health Organization, available at http://www.who.int/gb/ebwha/pdf_files/WHA60/A60_R26-en.pdf

11 As of May 2006 40 Member States of WHO have banned the use of all forms of asbestos, including chrysotile, see International Social Security Association, "Asbestos: Protecting the future and coping with the past", World Social Security Forum, 29th ISSA General Assembly, Moscow, 2007 available at http://www.issa.int/wssf07/documents/pdf/reports/en/2-AP.pdf

WHO, in collaboration with ILO and with other intergovernmental organizations and civil society, will work with countries towards elimination of asbestos-related diseases in the following strategic directions:

- by recognizing that the most efficient way to eliminate asbestos-related diseases is to stop the use of all types of asbestos;
- by providing information about solutions for replacing asbestos with safer substitutes and developing economic and technological mechanisms to stimulate its replacement;
- by taking measures to prevent exposure to asbestos in place and during asbestos removal (abatement);
- by improving early diagnosis, treatment, social and medical rehabilitation of asbestos-related diseases and by establishing registries of people with past and/or current exposures to asbestos. [12]

## Development of national programmes for elimination of asbestos-related diseases

In order to eliminate asbestos-related diseases, countries need political, operational and information tools as described below.

*In order to eliminate asbestos-related diseases, countries need political, operational and information tools*

The **National Programme for the Elimination of Asbestos-Related Diseases** (NPEAD) is a consensus policy document that outlines the magnitude of the problem and the strategies for elimination of asbestos-related diseases. It also defines long-term objectives and targets, as well as the institutional framework for action and the directions for awareness raising and capacity building. The NPEAD defines the elimination of asbestos-related diseases as a priority in protection of workers' health, public health and the environment. Therefore, it should be based on a formal governmental decision. Ideally, such a decision should be made by the government cabinet, as it involves different ministries. The governmental decision about establishing a NPEAD should spell out the political commitment towards elimination of asbestos-related diseases, should define the main elements of NPEAD, such as strategic objectives and targets, mechanism for development, implementation and evaluation, leadership, role of different ministries and periodic reporting on the progress made. The outline for a NPEAD, containing suggestions for the key areas to be addressed under each section. is described below.