

Action by International Agencies

International Labor Organization and World Health Organization

In 2006, the magnitude of the global asbestos hazard was recognized both by the International Labor Organization (ILO) and the World Health Organization (WHO). A *Resolution Concerning Asbestos* was adopted in June at the ILO's General Conference:

"Considering that all forms of asbestos, including chrysotile, are classified as human carcinogens by the International Agency for Research on Cancer, a classification restated by the International Program on Chemical Safety (a joint program of the International Labour Organization, the World Health Organization and the United Nations Environment Programme),

Alarmed that an estimated 100,000 workers die every year from diseases caused by exposure to asbestos...

1. Resolves that:

(a) 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 exposures and to prevent future asbestos-related disease and deaths...⁸⁴

In October 2006 the WHO published a policy statement on the *Elimination of Asbestos-Related Diseases* which echoed the ILO's 2006 Resolution on Asbestos. Recognizing that: all types of asbestos cause asbestosis, mesothelioma and lung cancer, safer substitutes exist, exposure of workers and other users of asbestos-containing products is extremely difficult to control, and that asbestos abatement is very costly and difficult to carry out in a completely safe way, the WHO called for a worldwide ban:

"Bearing in mind there is no evidence for a threshold for the carcinogenic effect of asbestos and that increased cancer risks have been observed in populations exposed to very low levels, the most efficient way to eliminate asbestos-related diseases is to stop using all types of asbestos. Continued use of asbestos cement in the construction industry is a particular concern because the workforce is large, it is difficult to control exposure, and in-place materials have the potential to deteriorate and pose a risk to those carrying out alterations, maintenance and demolition. In its various applications, asbestos can be replaced by some fibre materials and by other products which pose less

or no risk to health."⁸⁵

The WHO is currently scaling up action on asbestos under its policy of primary prevention of environmental risks to public health. Effective interventions by Member States for the elimination of asbestos-related diseases is being advocated. "Asbestos is," says Dr. Ivan D. Ivanov, a WHO Occupational Health Specialist, "the most important occupational carcinogen causing 54% of all deaths from occupational cancer:"

"We estimate that currently 124 million people in the world are exposed to asbestos and thus are at risk of developing asbestos-related diseases – the majority of people at risk, 66 million, live in Asian countries particularly in the regions of the Western Pacific...These diseases have high fatality rates and do not respond well to medical treatment."

As of June 2006, 23% of WHO Member States had banned or intended to ban chrysotile;⁸⁶ 41% had not banned it but showed no records of trading in asbestos and 36% still imported, used and exported asbestos and asbestos-containing materials. The largest users were developing countries which mostly used chrysotile in asbestos-cement products. To implement its goals, the WHO is working with major international actors, NGOs and Member States; it is advising countries to:

- stop the use of asbestos;
- take measures to avoid exposure to asbestos during asbestos removal and abatement work;
- provide information about solutions for replacing asbestos with safer substitutes and develop economic and technological mechanisms to stimulate the transition to safer non-asbestos technologies;
- improve the early diagnosis, treatment, social and medical rehabilitation and compensation for sufferers of asbestos-related diseases;
- establish registries of people with past and/or current exposure to asbestos.

United Nations

A United Nations (UN) initiative to minimize the asbestos hazard in consuming countries has been stymied by asbestos stakeholders who on two occasions succeeded in blocking efforts to place chrysotile on the Prior Informed Consent list of the Rotterdam Convention.⁸⁷ The most recent veto of this proposal took place



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GCSF-8's Chemicals Working Group



at the Conference of the Parties to the Rotterdam Convention on October 10, 2006 when delegates from 5% of the Convention's Parties opposed the listing of chrysotile.⁸⁸ The reactions of UN representatives and NGOs ranged from disappointed to incandescent with Alexander Fuller of the UN's Food and Agriculture Organization pointing out the precedent this veto sets for the listing of other “actively traded chemicals.” Anita Normark, General Secretary of global building workers' union BWI, expressed her disgust at the dictatorial stance adopted by national asbestos stakeholders saying:

“Asbestos kills one person every five minutes, more than any other industrial toxin. If it can't be listed under the Rotterdam Treaty, then every peddler of hazardous substances will know how simple it is to protect their deadly industrial favourite. The whole process is discredited.”

Asbestos was deemed a priority issue at the 8th Global Civil Society Forum (GCSF-8), a Nairobi meeting (February 3 & 4, 2007) organized by the United Nations Environment Programme (UNEP) which brought together 160 representatives of civil society from 65 countries. This was the first occasion for groups representing civil society to engage in a “direct and open exchange of information and views” with the UNEP's Executive Director and to delineate key areas of concern that should be addressed by Member States at the upcoming 24th Session of the UNEP Governing Council/Global Ministerial Environment Forum.⁸⁹ Under the subject heading of asbestos, the 2-page document prepared by the GCSF-8's Chemicals Working Group noted:

“UNEP should promote better understanding of global and regional impact of all forms of asbestos, on the environment and public health and provide guidelines for a programme towards the global elimination of asbestos use.

We call on those countries, which have already banned use and production of asbestos in their own countries to stop trade in asbestos and set up policies for safe clean-up and disposal of asbestos waste.”

In early 2007, UNEP staff continued to follow up documented reports of asbestos contamination created by the 2004 tsunami and other disasters in talks with the WHO and ILO about developing a joint strategy on asbestos not only for UN agencies but also for scores of NGOs and development partners. Unfortunately these talks did not progress beyond the exploratory stage; the departure of the key UNEP employee steering the discussions (March 2007) and the fact that he is not

being replaced is cause for concern. One observer commented that amongst international agencies, asbestos seems to fall in a “fuzzy” area; while the ILO and WHO have clearly demarcated responsibilities for occupational and public health respectively, the issue of environmental health seems to be something of an orphan. Narrow remits of other international agencies and multilateral agreements dealing with aspects of the asbestos hazard, such as the use of asbestos-cement building products for housing, the global dumping of asbestos-containing waste and the safety of ship-breaking workers, compound the on-going neglect of this contentious subject.⁹⁰

National Asbestos Programs, supported by international agencies working in concert, are needed to delineate the most effective means of limiting hazardous exposures and assisting the asbestos-injured; amongst the measures which should be considered for inclusion are the:

- setting up of mesothelioma registers and medical training programs;
- recognition of all work-related asbestos diseases as occupationally caused with the onus on negligent employers to make restitution to injured workers;
- development of asbestos analysis skills, sampling techniques, dust controls and prudent working practices;
- regulation of commercial enterprises engaged in asbestos removal and demolition work;
- commissioning of cost-benefit analyses that include the financial cost of damage incurred by individuals, local communities and society,
- provision of affordable and regulated asbestos waste sites;
- easy access to information about safer substitutes.

Asbestos victims' associations, environmental and public health campaigners, NGOs and global labor have important roles to play in devising and enforcing strategies to tackle the repercussions of asbestos misuse.