

Appendix A

Countries Showing Increases in Asbestos Consumption 2000-2004 (tonnes)

Country	2000	2004	% increase	Global ranking
Azerbaijan	7,150	10,600	48%	11
China	383,000	537,000	40%	1
India	145,000	190,000	31%	3
Indonesia	42,900	51,000	20%	8
Iran	40,700	64,300	58%	6
Kazakhstan	71,700	269,000	275%	2
Kyrgyzstan	16,500	26,500	61%	9
Pakistan	1,590	9,170	477%	12
Romania	10,700	13,000	21%	10
Thailand	110,000	166,000	51%	4
Ukraine	80,900	122,000	51%	5
Vietnam	44,200	58,300	32%	7

According to figures provided in February 2007 by the United States Geological Survey (U.S.G.S.), in the period 2000-2004 the largest percent increases in national asbestos consumption occurred in: Pakistan (+477%), Kazakhstan (+275%), Kyrgyzstan (+61%), Thailand (+51%) and Ukraine (+51%). From a tonnage standpoint, the largest increases were recorded by Kazakhstan (197,300 tonnes/t), China (154,000 t), Thailand (56,000 t), India (45,000 t), Ukraine (41,000 t).¹⁰⁰



Appendix B

Asbestos-Related Diseases

Exposure to asbestos has been linked predominantly to three deadly diseases, characterized by extended latency periods:

◆ **Asbestosis** - an irreversible lung condition that progresses even after exposure to asbestos ceases, results from the inhalation of asbestos fibers over an extended period. In cases of asbestosis, scar tissue stiffens and distorts the lungs, making breathing progressively more difficult; as the blood supply to the lungs becomes impaired, the heart is put under strain by the reduced efficiency of the lungs. The thickening of the alveoli, the air sacs, caused by the action of the asbestos fibers reduces the uptake of oxygen and the discharge of carbon dioxide.

The higher the exposure, the greater the chances of developing asbestosis and the shorter the time it takes. Asbestosis tends to be linked to heavy occupational exposure although cases of asbestosis among those not occupationally exposed, such as residents who lived near asbestos-using factories, have been known.

◆ **Malignant mesothelioma** - once considered to be a rare tumor, has become increasingly more common. It is a cancer that usually arises on the outer surface of the lung (pleura), but can also occur in the lining of the abdominal cavity (peritoneum) and on rare occasions elsewhere.

There is a consensus that the commonest causal agent of mesothelioma is asbestos. Mesothelioma may occur in the absence of asbestosis and is associated with relatively low exposures to asbestos. It accounts for the majority of victims who contract an asbestos-related disease through environmental exposure and is a notoriously aggressive disease with no known cure.

◆ **Asbestos-related lung cancer (bronchial carcinoma)** - can occur from occupational or environmental asbestos exposure; it is the predominant malignancy contracted by the asbestos-exposed. There is a powerful synergistic interaction between asbestos exposure and cigarette smoking. If you set the lung cancer risk as 1 for a non-smoker with no occupational asbestos exposure, the risk for an asbestos worker who did not smoke is 5 times, for a smoker with no asbestos exposure it is 10 times and for a smoker who worked with asbestos it is 55 times the background level.

Appendix C

Asbestos Imports into Thailand (1997-2004)

Year	Quantity (kg)	Value (US\$)
1997	177,123,729	56,879,810
1998	60,092,992	27,020,559
1999	100,423,242	38,466,601
2000	120,563,168	44,614,534
2001	126,515,184	45,758,518
2002	181,348,064	55,004,723
2003	166,483,431	49,362,921
2004 (Jan.-July)	106,793,735	29,291,799

Data presented by Vichuda Lojananon & Churairat Srimanee at the Asian Asbestos Conference, Bangkok July 2006.

Appendix D

Asian Asbestos Congress 2006 Bangkok, Thailand

The Bangkok Declaration on elimination of asbestos and asbestos-related diseases

Preamble

The Asian Asbestos Conference 2006 was organized by the Ministry of Public Health, Thailand on 26-27 July, 2006, with Co-organization of the Ministry of Labour, Thailand and co-sponsored by the International Labor Office (ILO), the World Health Organization (WHO), International Ban Asbestos Secretariat (IBAS) and the International Commission on Occupational Health (ICOH). The conference was attended by 300 participants from 26 Asian Pacific, African, European and North American Countries, including experts, administrators, representatives of Building and Woodworkers International (BWI) and industries.

The Conference,

- ◆ recalling the ILO resolution on Asbestos, the ILO Conventions on Occupational Cancer (No. 139), Safety in the Use of Asbestos (No. 162), Occupational Safety and Health (No. 155), Occupational Health Services (No. 161) and Labour Inspection (No. 81),
- ◆ recalling the WHO Global Strategy on Occupational Health for All and the WHA Resolution 58.22 on Cancer Prevention and Control,
- ◆ considering the ICOH International Code of Ethics for Occupational Health Professionals, and having discussed the situation of asbestos exposures and related morbidity and mortality in Asia, and compared national asbestos experiences and highlighted international developments regarding the global asbestos epidemic, has thereby agreed on the following appeal to Governments, Inter-Governmental and other International Organizations, NGOs, Professional Occupational Health and Safety and Public Health Organizations, Industries, Businesses and other Communities:

1. Total Asbestos Ban

Asbestos mining, the use and recycling of asbestos and asbestos-containing products should be totally banned in all countries. The removal and disposal of existing asbestos must be conducted under stringent regulations and control by following the principle of highest level of protection.

2. Protection of Workers and the Public

In protection of health and safety of workers from asbestos hazards, primary prevention must be taken as an over-arching principle. Good practices guidelines by Inter-Governmental Organizations on prevention and elimination of asbestos hazards must be considered and implemented at national level.

Without prejudicing the primary responsibility of the Employers and Producers of asbestos and related products and the responsibility of national governments to safeguard the safety and health of workers and the general population, the programs and measures for asbestos risk management must be developed in collaboration and with the active participation of the at-risk groups.

3. Alternatives

Numerous safer alternatives are available and should be used in substitution for asbestos. International databank and guidance on the properties of substitutes, their availability and use should be organized.

4. Information Exchange

Up-to-date and accurate information on the health hazards related to the use of asbestos should be accumulated and disseminated through collaborative actions taken by Inter-Governmental Organizations, national

governments, occupational health and safety experts, interest groups and other relevant organizations including Trade Unions and Employers' Organizations.

Awareness raising campaigns on asbestos hazards must be undertaken and monitored systematically.

5. Just Transition and the Prevention of Asbestos Dumping

Every effort should be made to secure effective transition towards non-asbestos technologies. Moves to transfer asbestos production and disposal to developing and newly industrializing countries should be prevented through Inter-Governmental and other International Organizations by using their instruments and through national legislation and other national actions, including National Action Programs on Asbestos.

6. Corporate Social Responsibility

Multinational Corporations with major production facilities in countries where asbestos is banned must adopt corporate global policies for avoiding the use of new asbestos products and carefully managing in-place asbestos products in existing infrastructure.

7. Surveillance, Fair Compensation and Treatment of Asbestos-related Diseases

Programs for the earliest possible detection and appropriate surveillance of asbestos-related diseases among exposed workers must be organized at national level. Asbestos patients and their families must be appropriately and without delay compensated. The asbestos-injured patient must have access to competent diagnostic and treatment services and necessary support services must be provided. Empowerment of patients and their families should be regarded as a high priority.

8. International Collaboration

International collaboration on asbestos elimination, management and control must be strengthened. Such collaboration must include the active participation of asbestos patients, workers, trade unions, politicians, employers and their organizations, academics and researchers, lawyers, grassroots organizations, other relevant agencies and interested groups in industrialized and in developing countries in both the Northern and Southern hemispheres. Successful strategies identified through such collaboration should be exchanged through existing and new networks.

International Development Banks must adopt best practice policies to avoid the use of asbestos and asbestos products in new projects, carefully manage in-place asbestos products and support the development of safer alternatives in order to facilitate the effective implementation of national asbestos bans.

Human beings have the right to work and to live in a healthy environment. The tragic repercussions of the widespread epidemic of asbestos-related diseases must be prevented as a fundamental human right.

Bangkok 27 July 2006