A Renewed Call for Global Action to Ban Asbestos

Submitted by the Spanish Society for Public Health and Health Administration (SESPAS)

Introduction
Asbestos refers to a group of naturally occurring minerals with fibrous structures. The two major groups of asbestos (serpentine, which includes chrysotile and white asbestos; and amphiboles, which includes amosite, crocidolite, anthophyllite, tremolite and actinollite) are differentiated by their physical and chemical properties. Chrysotile is the only type of asbestos that is currently commercialized.

In 1972, the International Agency for Research on Cancer (IARC), concluded that lung cancer and mesotheliomas were induced in laboratory animals when asbestos was injected or inhaled. (1) Fifteen years later, the same group classified asbestos as IARC Group 1, carcinogenic to humans. Recent estimates suggest that each year asbestos-related diseases accounted for 41,000 lung cancer deaths, 43,000-59,000 cases of mesothelioma, and 7,000-24,000 cases of asbestosis. (1, 2) These numbers are expected to increase in the future, given the latency period between exposure and symptoms.

A number of health conditions are associated with past asbestos exposure including pleural plaques, benign pleural effusions, diffuse pleural thickening, asbestosis, rounded atelectasis/Blesovsky's syndrome, lung cancer, mesothelioma and retroperitoneal fibrosis. (3) The World Health Organization (WHO) estimates that 125 million people globally are exposed to asbestos at the workplace. Approximately half of the deaths from occupational cancer are estimated to be caused by asbestos. In addition, it is estimated that several thousand deaths annually can be attributed to non-occupational exposure to asbestos in the environment. (4)

International response
In 2005, the WHO urged its Member States to work toward eliminating mesothelioma and other cancers caused by avoidable exposures to carcinogens at work and in the environment. (5) That same year, the World Federation of Public Health Associations (WFPHA), consistent with the World Health Assembly’s resolution 58.22, called for a global ban on the mining and use of asbestos. (6)

The following year, the International Labour Organization (ILO) called for a complete ban on asbestos mining and production, and the WHO called for the elimination of asbestos-related diseases worldwide, noting that the most effective means of eliminating asbestos-related diseases is to stop using all types of asbestos. (7) In 2007, the World Health Assembly directed the WHO to launch a global campaign to eliminate asbestos-related disease, primarily by targeting countries that were still using chrysotile asbestos. (8)

At the 66th World Health Assembly in 2013, the WHO presented a global action plan for 2013 to 2020 for a comprehensive set of policies and actions to help its 190 member states prevent and control non-communicable diseases, including those caused by asbestos exposure. (9)
An important global action to safeguard occupational health of workers in developing countries from asbestos-related diseases is the effort to have chrysotile asbestos listed in Annex III of the Rotterdam Convention. This would place an obligation on countries exporting chrysotile asbestos to ensure that the importing state is aware of the hazardous chemical being imported into its country and has the ability to stop or regulate it – known as the Prior Informed Consent (PIC) procedure. (10) The positive impact of listing substances in Annex III is that it provides countries with the necessary information to ensure the safe management of hazardous products. Countries must not only provide explicit consent to receive imports of these chemicals, they can also use the scientific information provided through the listing process to decide how to manage the chemicals domestically, according to their own political decisions about acceptable levels of risk. (11)

Scope and Purpose

**Banning the mining, transformation and use of asbestos**

Despite efforts to ban the mining, transformation, export and use of asbestos, approximately 2 million metric tonnes of asbestos are mined and produced yearly. (1) Up until 2012, Canada was one of the world’s largest producers and exporters of asbestos, primarily to countries such as Bangladesh, India, Indonesia, and Thailand. (12) Canada’s two remaining asbestos mines closed down that year. The primary states currently mining and exporting asbestos are the Russian Federation (being the largest producer with about 55% world share), followed by China, Brazil, and Kazakhstan.

China is the world’s largest importer of asbestos for both domestic consumption and export. (13) China has more than 400 factories turning out 300 million square metres of asbestos sheeting for roofs and walls each year. As reported by The Mesothelioma Center, India has an estimated 55,000 workers exposed to asbestos-laden materials. In Kazakhstan, asbestos-containing materials are used without restriction in public buildings such as hospitals and schools in addition to use in brake pads and other materials. Thailand is the world’s fifth-largest consumer of asbestos, using it to produce building materials. (14)

It is estimated that approximately 80% of the world’s population lives in a country where a ban on the commercial use of asbestos has not been adopted. (4)

As of April 2018, 63 states and territories have banned the use of all forms of asbestos (some of these states allow exemptions for minor uses of asbestos). (15) The majority (35) are located in Europe; seven are in Africa (Algeria, Egypt, Gabon, Mauritius, Mozambique, Seychelles, South Africa); five countries are in the Americas region (Argentina, Brazil, Chile, Honduras, and Uruguay); several are from the Middle East (Bahrain, Iraq, Jordan, Kuwait, Oman, Qatar, and Saudi Arabia); and several from the Asia-Pacific region (Australia, Brunei, Japan, South Korea, New Caledonia, and New Zealand).

*In December 2017, the Brazilian Federal Supreme Court ruled in favour of prohibiting the mining, processing, marketing and distribution of chrysotile asbestos.*
The pace of countries adopting bans has slowed in the past decade. The governments of several industrializing countries have withdrawn bans, and others have prescribed long periods over which to move toward a ban. (2) Canada and the USA are two of the few industrialized nations without an asbestos ban in place; the federal government of Canada pledged to implement a comprehensive ban on asbestos and asbestos-containing products by the end of 2018. The government of the USA remains to do so.

In the WHO’s opinion, the most efficient way to eliminate asbestos-related diseases is to stop the use of all types of asbestos. (4)

Prior informed consent procedure
At the Rotterdam Convention’s COP8 in May 2017, Canada finally agreed to the listing of chrysotile asbestos on Article III. This was a step forward to ensure that countries importing asbestos would be advised about its hazardous nature and have the ability to stop or regulate it. A small minority of countries with commercial interests in continued asbestos use (including India, Kazakhstan, Kyrgyzstan, Russia, Syria and Zimbabwe) blocked chrysotile asbestos from being listed on Annex III of the Convention (the listing of a substance requires unanimous agreement by all parties). (16)

While several developed countries have domestic bans on chrysotile asbestos and the capacity to regulate the trade of the mineral within their own jurisdictions, the majority of WHO member states do not. These states rely on the PIC Procedure and technical assistance provided by the Rotterdam Convention to prevent exposure. (17)

Fields of application
• National and regional public health associations
• WFPHA

Action steps
The WFPHA:
• commits to revitalizing its efforts in this area and will join with WHO and the ILO, as well as with other non-state actors such as the Center for International Environmental Law and the Collegium Ramazinni to advocate for a global ban on the mining, transformation, export, and use of asbestos and asbestos-containing materials;
• consults with its national and regional public health association members to determine the status of complete bans on asbestos and, as appropriate, the reasons why complete bans have not been achieved; and
• lends its support in collaboration with other non-state actors to advocate for the listing of chrysotile asbestos within Article III of the Rotterdam Convention.

National and Regional Public Health Associations:
• identify the status of a complete ban on asbestos in their respective countries/regions and, as appropriate, the reasons why a complete ban has not been instituted;
• identify and inform the WFPHA as to the level of public awareness about the harmful effects of asbestos and what is being done in their respective country/region to protect workers and the general public from exposure to asbestos;
• advocate to their respective governments to collect data on the use and health impacts of all types of asbestos including rates of asbestos-related morbidity and mortality (lung cancer, mesothelioma, asbestosis), record the location and status of buildings that contain asbestos, and modify national building codes to eliminate the use of asbestos and asbestos-containing materials in building construction (in situations where a complete ban is not likely/possible); and
• urge governments to strengthen standards for occupational exposure to asbestos.

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16. Rotterdam Convention discredited as chrysotile asbestos fails to be listed In: IndustriALL; 2017. Accessible at: http://ibasecretariat.org/alpha_ban_list.php