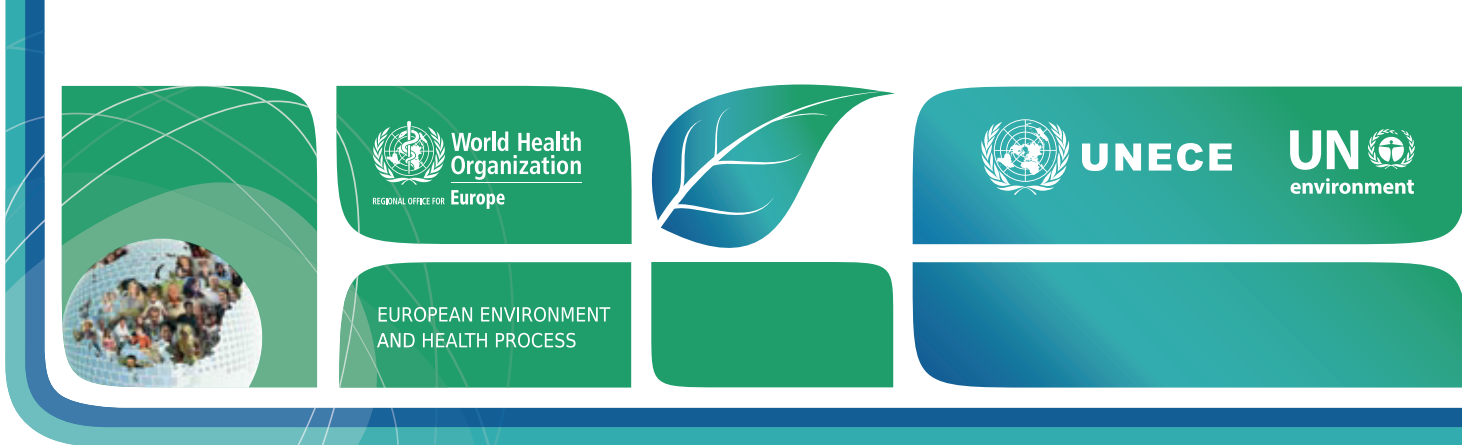




Better Health. Better Environment. Sustainable Choices.

Fact sheet 4

Elimination of Asbestos-Related Diseases

Summary

Asbestos is one of the most important occupational carcinogens, causing about half of all deaths from occupational cancer. Both the WHO and International Labour Organization (ILO) recommend stopping the use of all forms of asbestos as the most efficient way to eliminate asbestos-related disease. Despite sound scientific knowledge and evidence that any exposure to asbestos fibers poses significant health risks, its presence, use and trade are still substantial globally, including in the WHO European Region, although the production and consumption of asbestos declined in the past three decades (see Fig. 1).



Introduction

The International Agency for Research on Cancer (IARC), in its Monograph 100 C, has classified all forms of asbestos, including chrysotile, as carcinogenic to humans. All types of asbestos cause lung cancer, mesothelioma, cancer of the larynx and ovary, and asbestosis, or fibrosis of the lungs.

- World Health Assembly Resolution 58.22 from 2005 on cancer prevention and control urged WHO Member States to pay special attention to cancers for which avoidable exposure is a factor, particularly exposure to chemicals in the workplace and in the environment.
- The 13th Session of the Joint ILO/WHO Committee on Occupational Health in 2003 recommended that special attention should be paid to the elimination of silica- and asbestos-related diseases.
- In May 2007, the 60th World Health Assembly endorsed the WHO Global Plan of Action on Workers' Health and asked the WHO Secretariat to carry out a global campaign for the elimination of asbestos-related disease, bearing in mind a differentiated approach to regulating its various forms.



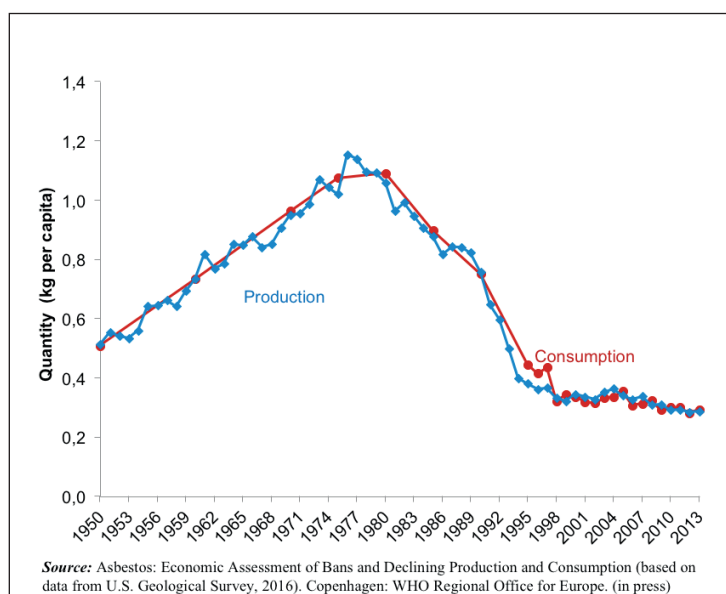
Key messages

There is no evidence for a safe threshold for the carcinogenic effect of asbestos. As increased cancer risks have been observed in populations exposed to a very low level, the most efficient way to eliminate asbestos-related diseases is to stop using all forms of asbestos.

Key Facts

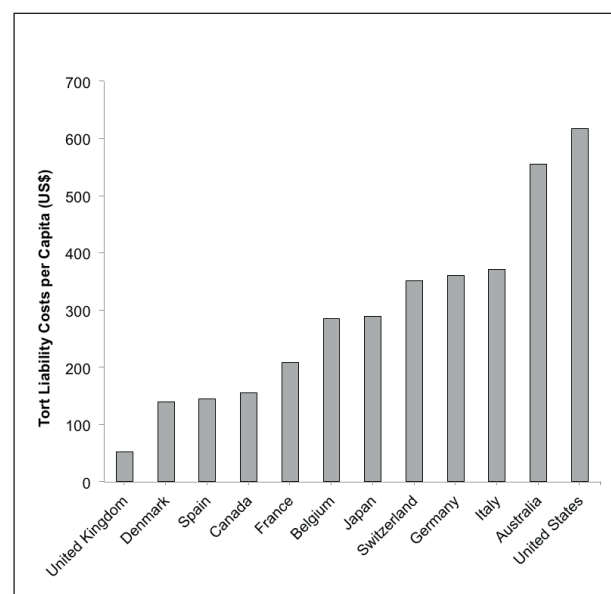
- About 125 million people in the world are exposed to asbestos at work.
- All forms of asbestos, including chrysotile, are carcinogenic to humans.
- About 70% of workers do not have any insurance to compensate them in case of occupational diseases and injuries.
- There are no observable mid- or long-term negative economic impacts from bans or a decline in asbestos production or consumption at the country level, nor observable persistent negative effects at the regional level.

Figure 1: World asbestos production and consumption, 1950–2013, per capita



Source: Asbestos: Economic Assessment of Bans and Declining Production and Consumption (based on data from U.S. Geological Survey, 2016). Copenhagen: WHO Regional Office for Europe. (in press)

Figure 2: Liability costs per capita in 2003



Source: Asbestos: Economic Assessment of Bans and Declining Production and Consumption (based on data from Allen LP, Martin DN, Heumann S, Hinton P, Sabry F. Forecasting product liability by understanding the driving forces. In: The International Comparative Guide to Product Liability, 2006). Geneva: WHO; 2017. (in press)



Best practices

Asbestos clean-up project in Israel

In Israel, the main stipulations of the law for the Prevention of Asbestos Hazards and Hazardous Dusts are: prohibition of all new asbestos usage; removal of all existing friable asbestos ('friable' is used to refer to asbestos-containing materials that can be easily reduced to powder by hand, when dry) by 2011; requirements for the maintenance of asbestos cement in public buildings; and the implementation of a comprehensive licensing and work permit system.

The law also calls for a major asbestos waste clean-up project in the Western Galilee. Eitanit, a manufacturing plant which produced asbestos cement products and distributed its waste to local residents, causing widespread soil contamination, participated in 50% of the project's funding. After six years of project implementation, 340 sites were treated and 130 000 tons of asbestos were safely disposed of at a cost of €84 million.



Figure 3: Asbestos clean-up project in Israel
Source: Ministry of Health/Israel



Figure 4: Asbestos clean-up project in Israel
Source: Ministry of Health/Israel

Asbestos regulations in former Yugoslav Republic of Macedonia

The National Institute of Occupational Health (IOH)-WHO Collaborating Center in Skopje, former Yugoslav Republic of Macedonia – appointed by the Ministry of Health and working in collaboration with the WHO Regional Office for Europe – is actively involved in increasing public awareness about asbestos as an effective way to reduce its risk to local communities. Based on the former Yugoslav Republic of Macedonia's ban on asbestos use, the Institute, with governmental support, developed a National Programme for the Elimination of Asbestos-Related Diseases (NPEAD).



Using a whole-of-government and whole-of-society approach, the IOH-WHO Collaborating Center promotes awareness raising by addressing different stakeholders in the country, such as professionals from different sectors, social partners, and non-governmental organizations, through various ongoing activities including trainings, seminars, inter-sectoral workshops and campaigns.

Policy implications/recommendations

- The elimination of asbestos-related diseases is a complex issue that requires collaboration between many sectors and disciplines to adopt, implement and monitor a series of coordinated actions and good practices.
- While in some countries financial and political interests override health concerns, many countries have found that, on top of the health benefits, there are also financial gains to banning the use of, and removing existing, asbestos.
- There are substantial and increasing costs associated with the continuing production and use of asbestos. The long-term negative effects far outweigh any short-term economic benefits. Substantial health costs, long-term remediation and additional litigation costs (see Fig. 2) further reinforce banning all uses and the production of asbestos as early as possible in favour of sustainable and healthy economic development.

Key references

WHO Europe Parma Declaration on Environment and Health. Copenhagen: WHO Regional Office for Europe; 2010 (http://www.euro.who.int/__data/assets/pdf_file/0011/78608/E93618.pdf, accessed on December 10, 2016).

Towards the elimination of asbestos-related diseases in the WHO European Region: Assessment of current policies in Member States 2014. Copenhagen: WHO Regional Office for Europe; 2015

(http://www.euro.who.int/__data/assets/pdf_file/0005/276206/Towards-elimination-asbestos-related-diseases-EURO-2014-en.pdf?ua=1, accessed on 20 April 2016).

Asbestos: Economic Assessment of Bans and Declining Production and Consumption. Copenhagen: WHO Regional Office for Europe. (in press)

Assessing the economic costs of the health impacts of environmental and occupational factors: The economic dimension of asbestos – Stakeholders' perspectives. Copenhagen: WHO Regional Office for Europe; 2016.

Sixth Ministerial Conference on Environment and Health

13–15 June 2017, Ostrava, Czech Republic