



The Federation's Pages

WFPHA: World Federation of Public Health Associations

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A Call to Ban the Mining, Transformation, Export, and Use of Asbestos and Asbestos-Containing Materials

In May 2018, the General Assembly of the World Federation of Public Health Associations (WFPHA) adopted a resolution calling for a ban on the mining, transformation, export, and use of asbestos and asbestos-containing materials. Sponsored by the Sociedad Española de Salud Pública y Administración Sanitaria (SESPAS), the new resolution builds upon a previous WFPHA resolution on asbestos [1], as well as on declarations published by the WHO [2–4]. It also builds on the advocacy by health and non-health sector organizations to ban the extraction and use of all asbestos and asbestos-containing materials as a means to avoid future exposure to asbestos and to eliminate the global burden of asbestos-related diseases. Through this resolution, the WFPHA emphasizes the importance of public health advocacy as a core enabler function of global health governance as articulated in the Global Charter for the Public's Health [5].

Forty-six years ago, 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 [6]. Fifteen years later, IARC classified asbestos as a Group 1 carcinogen to humans [7]. Recent estimates suggest that annually, asbestos-related diseases account world-wide for 41,000 lung cancer deaths, 43,000–59,000 cases of mesothelioma, and 7000–24,000 cases of asbestosis [8, 9]. These numbers are expected to increase in the future, given the considerable latency period between exposure and symptoms.

Despite efforts to ban the extraction of asbestos, approximately 2 million metric tonnes of asbestos are still mined yearly. The Russian Federation (the world's

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largest producer), followed by China, and Kazakhstan, presently mine and export asbestos. (The two remaining asbestos mines in Canada ceased operations in 2012. In December 2017, the Brazilian Federal Supreme Court ruled in favor of prohibiting the mining, processing, marketing, and distribution of chrysotile asbestos.)

Although 65 WHO Member States instituted bans on the use of asbestos [10], the successful application of these regulatory mechanisms is limited. Approximately 80% of the world's population lives in a country where the complete ban of asbestos has not occurred [4]. According to the World Health Organization, asbestos is still extensively used in manufacturing and construction in many developing countries in Africa, primarily due to lack of comprehensive occupational exposure legislation, and enforcement policies [7]. In Asia, asbestos is still widely used, especially in the construction of houses and schools. While efforts have been made in the region of Americas to ban asbestos and asbestos-related materials, the legacy of asbestos remains: the number of cases of asbestos-related diseases (lung cancer, mesothelioma, asbestosis) continues to increase, as many buildings, private and public alike, contain asbestos-containing materials, and their degradation increases the risk of exposure. Recently, the U.S. Environmental Protection Agency entered into the final stage of approval of a new rule to reintroduce the use of asbestos into new building materials, a reversal of past regulations.

Having chrysotile asbestos (the most common form of asbestos) listed in Annex III of the Rotterdam Convention is a critical means to safeguard the occupational health of workers from asbestos-related diseases, especially those in developing countries. 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 [11]. Listing substances in Annex III would provide countries with the information they need to ensure the safe management of such materials. Many WHO Member States rely on the PIC Procedure and technical assistance provided by the Rotterdam Convention to prevent harmful exposure.

Several countries with commercial interests in continued asbestos mining and use, including India, Kazakhstan, Kyrgyzstan, Russia, Syria, and Zimbabwe, consistently block chrysotile from being listed on Annex III of the Convention (the listing of a substance requires unanimous agreement by all parties) [12]. 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.

Given the scope and importance of the issue, and the need for continued global advocacy to convince Member States to ban the mining, transformation, export and use of asbestos and asbestos-containing products, the WFPHA decided to review and strengthen its 2005 resolution. As the new resolution states, the Federation commits to revitalizing its advocacy efforts and will join with WHO and the International Labor Organization (ILO), as well as with other non-state actors such as the Center for International Environmental Law and the Collegium Ramazzini to secure a global ban on the mining, transformation, export, and use of asbestos and asbestos-containing materials. This will be facilitated by identifying safe alternative



materials and products through informed substitution and the development of just transition for affected communities and workers.

It also commits to consulting with its members' associations to determine the status of complete bans on asbestos in their respective countries, and the reasons why this has not been achieved. The Federation will, as well, lend its support in collaboration with other non-state actors to advocate for the listing of chrysotile asbestos within Article III of the Rotterdam Convention. The resolution also calls on national and regional public health associations to advocate for

- collection of data on the use and health impacts of all types of asbestos (including rates of asbestos-related morbidity and mortality);
- recording the location and status of buildings that contain asbestos; and
- modification of national building codes to eliminate the use of asbestos and asbestos-containing materials in building construction, and to urge governments to pass legislation to prevent occupational exposure to asbestos.

The health consequences of exposure to asbestos fibers have been well known and documented for almost 50 years. Concerted advocacy efforts at the national and global levels highlight the need for and urgency to institute and apply fully a comprehensive ban on the mining, transformation, export, and use of asbestos and asbestos-containing materials.

Together, we can eliminate this threat to global public health. We will need to 'call out' publicly those countries that continue to support the extraction, commercial trade, and use of asbestos and asbestos-containing materials. We will need to provide documented proof. And we will need to enforce a global ban, by identifying safe alternative materials and products through informed substitution, and by putting into place just transition mechanisms for affected communities and workers.

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