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International Asbestos Conference, 6-7 May 2014, Vienna

ILO POLICY and ACTIVITIES and TECHNICAL COOPERATION ON ELIMINATING ASBESTOS-RELATED DISEASES

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The ILO policy on asbestos

The ILO policy on asbestos is governed by the international instruments (relevant Conventions and Recommendations, and International Labour Conference resolutions) adopted by the Organization, as well as ILO codes of practice. These international instruments provide solid legal bases as well as practical guidance for comprehensive preventive measures at the national and enterprise levels in order to protect workers and prevent asbestos-related diseases.

http://www.ilo.org/safework/WCMS_144446/lang--en/index.htm



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ILO Policy on Asbestos

Resolution on Asbestos was adopted by ILC, 2006

Considering that all forms of asbestos, including chrysotile, are classified as human carcinogens by the International Agency for Research on Cancer (IARC), and expressing its concern that workers continue to face serious risks from asbestos exposure, particularly in asbestos removal, demolition, building maintenance, ship breaking and waste handling activities, it calls for:

“The elimination of the future use of asbestos and the identification and proper management of asbestos currently in place as the most effective means to protect workers from asbestos exposure and to prevent future asbestos-related diseases and deaths.”

“The Resolution also underlines that the ILO Convention on Safety in the Use of Asbestos No.162 should not be used to provide a justification for, or endorsement of, the continued use of asbestos.”

http://www.ilo.org/public/english/protection/safework/health/resolution_on_asbestos.pdf



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ILO activities on asbestos

Identification of priority areas for action

Provision of policy guidance and strengthening legal frameworks for prevention of ARD

Building inter-agency cooperation for consolidated action by multiple partners

Sharing knowledge and experience

Assisting countries through technical cooperation





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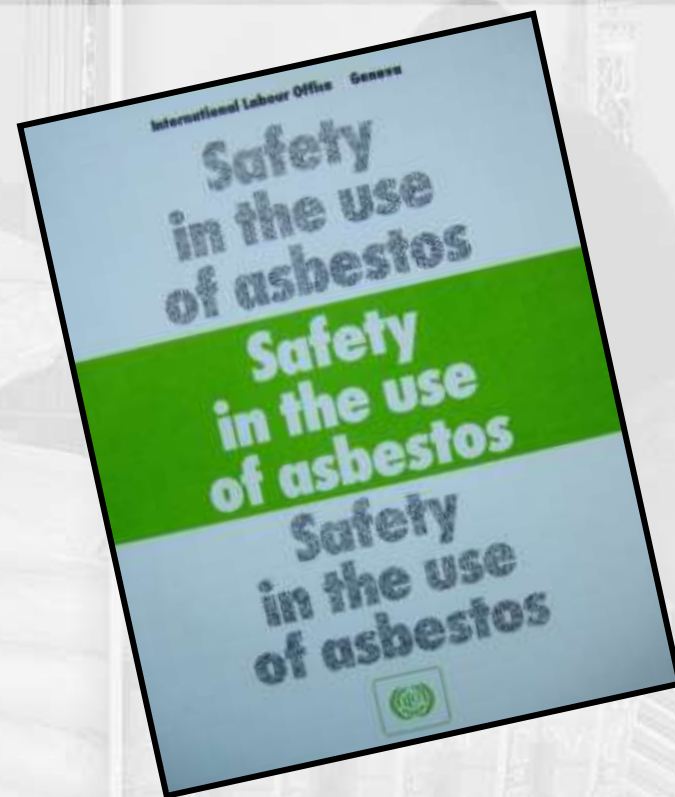
ILO International Instruments

Legal frameworks for action:

	Ratifications
Labour Inspection C.81	145
Occupational Cancer C.139	39
Working Environment C.148	45
Occupational Safety and Health C.155	62
Occupational Health Services C.161	31
Asbestos Convention 162	35

➤ 35 Codes of Practice

➤ A formidable compilation of principles, obligations, rights and duties, and technical standards on how to deal with asbestos hazards





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ILO Occupational Cancer Convention 139

Key provisions of Convention 139 concern:

- periodically determine the carcinogenic substances and agents to which occupational exposure shall be prohibited or made subject to authorization or control;
- make every effort to have carcinogenic substances and agents to which workers may be exposed in the course of their work replaced by non-carcinogenic substances or agents or by less harmful substances or agents;
- reduce the number of workers exposed to carcinogenic substances or agents and the duration and degree of such exposure to the minimum



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ILO Convention on Safety in the Use of Asbestos 162

Key provisions of Convention 162 concern:

- prohibits the use of crocidolite and spraying of all forms of asbestos;
- replacement of asbestos or of certain types of asbestos or products containing asbestos by other materials or products evaluated as harmless or less harmful;
- total or partial prohibition of the use of asbestos or of certain types of asbestos or products containing asbestos in certain work processes;
- measures to prevent or control the release of asbestos dust into the air and to ensure that the exposure limits or other exposure criteria are complied with and also to reduce exposure to as low a level as is reasonably practicable



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Difficulties in recognition and prevention of ARD

Asbestos remains the primary carcinogenic substance in the workplace

ARD are amongst the most serious and costly occupational illnesses

Long latency periods of ARD, exposure to asbestos is difficult to control

Lifetime risks of 5/1,000 for lung cancer; 2/1,000 for asbestosis at 0.1 f/cc OEL

Residual health risks remain after cessation of exposure causing incurable diseases and premature deaths

Lack of trained specialists, poor health surveillance, low level of diagnosis of ARD



**International Labour
Office**



**World Health
Organization**

PROGRAMME ON SAFETY AND HEALTH AT
WORK AND THE ENVIRONMENT

DEPARTMENT FOR PUBLIC HEALTH AND
ENVIRONMENT

Outline for the Development of National Programmes for Elimination of Asbestos-Related Diseases

http://www.ilo.org/safework/info/publications/WCMS_108555/lang--en/index.htm

http://whqlibdoc.who.int/hq/2007/WHO_SDE_PHE_07.02_eng.pdf



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Roles and action towards the elimination of ARD

Governments

1. Promote public awareness, establish and implement NPEAD linking them to labour and health policies
2. Introduce substitutes for asbestos, safer technologies and economic stimuli for their use
3. Strengthen legal frameworks and enforcement through labour inspection, control of exposures and compliance with OELs
4. Certify companies for demolition and maintenance works
5. Respond to business needs by sharing experience on good practices
6. Strengthen cooperation between labour, health and environment sectors



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Roles and action towards the elimination of ARD

Trade Unions/Workers

- raise awareness of health risks from exposure to asbestos
- promote the establishment of NPEAD
- participate in NPEAD implementation, training and risk management programmes
- cooperate with OSH professionals on application of protective and preventive measures
- cooperate on the introduction of safer technologies and substitutes

Enterprises/Employers

Introduce substitutes for asbestos:

- no liability in future for causing ARD
- better reputation and companies' images for customers & society
- new business opportunities with asbestos-free products





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ILO technical cooperation to eliminate ARD

Promotion of the ratification of Asbestos Convention 162 and implementation of ILO Asbestos Resolution

Technical assistance to countries in establishing NPEADs jointly with WHO

Inter-agency cooperation (ILO, WHO, SRC-SBC-UNEP, ISSA, ICOH) for global action to eliminate ARD
- Inter-agency awareness-raising workshop on sound management of industrial carcinogens, with special emphasis on asbestos, for the Asia-Pacific Region, Bangkok, 2010; planned for 2014 in Indonesia

Strengthening national systems of health surveillance for ARD, training physicians to use the ILO Classification of Radiographs of Pneumoconioses (Brazil, Chile, India, Indonesia, Malaysia, Peru, Thailand, Vietnam)

Development of national certification schemes for chest x-ray reading with AIR Pneumo Project, Japan

Sharing knowledge on prevention of ARD, asbestos substitutes and transfer of safe technologies

Global action and support of regional initiatives to eliminate ARD, e.g. Asian Asbestos Initiative (AAI)



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ILO technical cooperation - shipbreaking

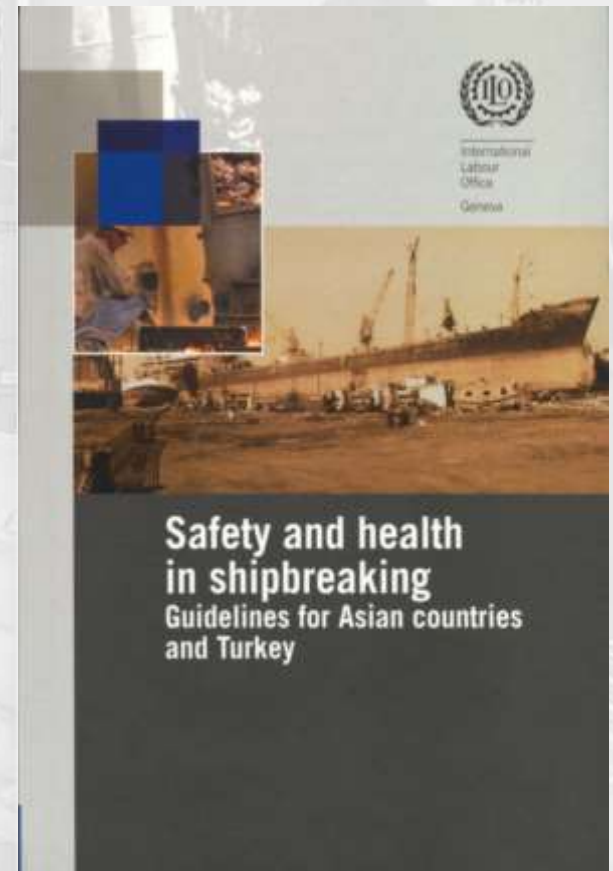
Up to 3000 ships need to be scrapped annually
(Bangladesh, China, India, Pakistan, Turkey)

Average-size ship contains 5-7 tons of asbestos which is collected
and "re-used"

ILO-IMO-BC(UNEP) cooperation – guidelines produced by all three
agencies

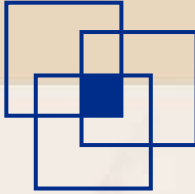
Technical cooperation and training activities

The IMO Convention on Environmentally Sound Ship Recycling
adopted in 2009 with ILO contribution; guidelines are currently
being developed to support the implementation of the Convention





Conclusions



- The use of asbestos in the developing world is still high; it even continues to grow in some countries
- In many developing countries preventive capacities, legal systems and compensation mechanisms are inadequate to respond effectively to the forthcoming peak of ARD
- The continuous use of asbestos represents serious health risks to individuals and is damaging to the economies and societies

The elimination of conditions inevitably leading to ARD does not mean only the elimination of exposure conditions, but also requires the changes of the

economic, commercial, legal, social and political conditions

that permit persistence of the working conditions leading to these diseases

UN specialized agencies, workers' organizations, non-governmental organizations and civil society should persevere in their efforts to eliminate ARD globally



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Thank You!

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