

Chronological Record of the Contributions of National Delegations and Others to the Debate on Listing Chrysotile Asbestos on Annex III of the Rotterdam Convention at COP9 in Geneva, Switzerland on May 8, 2019

By Phillip Hazelton¹

Parties to the Rotterdam Convention

Australia: Supported listing for all chemicals where all criteria had been met, deeply regretted failure to list chrysotile at 7 previous COPS and was concerned about the impact on occupational health and safety. Australia has had “bitter experience with this substance” and all the other forms of asbestos had been listed. Parties had a responsibility to ensure that the Convention functioned effectively. As Australia valued the provision of information and the sound management of chemicals, chrysotile must be listed.²

Russian Federation: This issue had been discussed for more than 10 years and evidence was lacking to list chrysotile. Almost all the information on the harmful effects of asbestos was based on amphibole asbestos which was different from chrysotile. The use of data on the impact on health was incorrect and no serious investigation on the impact on human health of chrysotile asbestos had been done. Alternatives were also dangerous to health and the environment. Listing should only be achieved if objective scientific data was provided to the Parties.³

Kazakhstan: Opposed listing, saying that the country had fifty years of experience in its safe and controlled use. The effects on the health of workers had not been proven and 2018 research showed that the rate of cancer was lower amongst asbestos workers than in the rest of the Republic. Evidence showing the harmful effect of asbestos had been based on exposures to amphiboles and there was no reliable objective data to justify listing chrysotile. Chrysotile should no longer be considered at COPs unless the harmful effects were proven.

Syria: There was no scientific study showing that chrysotile was a hazard. Syrian studies did not find a health problem with chrysotile use and therefore Syria opposed listing.

Zimbabwe: Continued to maintain opposition to listing, believing that the safe use of chrysotile was possible and that under current control methods the risk to human health from exposures to chrysotile fiber was minimal and even less so for asbestos-containing materials. There was a need for in-depth independent research to assess the health and environmental impact of occupational and non-occupational exposures. Zimbabwe was currently researching the health impact of chrysotile exposures.

¹ Phillip Hazelton, from (Australia’s) Union Aid Abroad – APHEDA, was in Geneva as a member of the Asian Ban Asbestos Network delegation to the Rotterdam Convention.

² The names of countries which objected to listing chrysotile are highlighted in red.

³ Amongst comments made by the Parties which objected to listing chrysotile on Annex III several arguments were repeated including: calls for the issue of listing chrysotile to be withdrawn from future discussions; the lack of safe substitutes; the need for new research to prove that exposure to chrysotile was hazardous to humans; the negative impact on millions of workers should chrysotile be listed, 3000 of whom had signed a petition and book to be presented to the President of COP9; the fact that chrysotile and products containing it were “safely used” in 80% of the countries around the world.”

Kyrgyzstan: The Republic of Kyrgyzstan objected to listing. Acknowledging that if exposure to chrysotile was not harmless, exposures to chrysotile posed a different level of risk than exposures to other forms of asbestos. There was no proof of a health hazard under controlled use.

Colombia: Supported the recommendations of the Chemical Review Committee to list all seven chemicals on Annex III including chrysotile, saying that the country was in transition to using safer alternatives. There was no need for further research.

Norway: The evidence to support the listing of chrysotile asbestos on Annex III was first presented at COP3 (the third Conference of the Parties); listing was long overdue and Norway supported the inclusion of chrysotile on Annex III.

Canada: Supported listing on Annex III and commented that in 2018 it had prohibited the use, sale, import and export of chrysotile asbestos. In 2019, Canada submitted notification to the Rotterdam Secretariat that all forms of asbestos were now banned in Canada.

Venezuela: Opposed listing, saying that further research and study was needed into the hazards posed by exposures to chrysotile and the safety of alternative products which are not economically attractive. Supported the industry policy that “safe use” was possible under controlled conditions.

Pakistan: The perennial issue of listing chrysotile at the Rotterdam Convention was, Pakistan said, due to “divergent scientific opinions”; there was a dire need for more research on the existence or not of health hazards posed by chrysotile exposures as chrysotile was totally different from other forms of asbestos. There had been no cases of asbestos-related diseases reported in Pakistan. Citing the industry’s views regarding the non-biological persistence of chrysotile in the human body and the possibility of “safe use” under controlled conditions, Pakistan said there was no consensus for listing chrysotile and that 140 countries use asbestos-containing materials.

Peru: Supported listing.

Georgia: Supported listing.

Uruguay: Supported listing, saying there was a wealth of scientific information easily available and that there was a need to protect people in importing countries.

Gabon: Supported listing; Gabon did not want such products entering the country.

Nigeria: Supported listing, saying that it had banned all forms of asbestos.

Cuba: Opposed listing, saying that further consideration was required.

India: Opposed listing.

Bahrain: Supported listing and said that it had already banned chrysotile.

EU: Explained that the inclusion of chrysotile on Annex III did not constitute a ban and supported immediate listing. Even when it is listed, countries can, the EU pointed out, continue to use it if they decide to do so. The EU volunteered to continue working to achieve consensus on listing, saying that issues relating to the safety of substitute materials were not within the Convention's remit.

Japan: Strongly supported listing.

Iraq: Supported listing, saying that in 2016 Iraq had banned chrysotile and needed technical assistance.

Togo: Supported listing, saying it had banned all types of asbestos.

Chile: Supported listing, saying it had banned asbestos in 2000.

Malaysia: Had no objection to the inclusion of chrysotile asbestos on Annex III.

Iran: Opposed listing, calling "for further discussions to understand the rationale of those opposed to listing."⁴

New Zealand: Supported listing.

Moldova: Supported listing.

Switzerland: Strongly supported listing.

Vanuatu: Supported listing.

Congo: Supported listing.

Senegal: Strongly supported listing.

Kuwait: Supported listing.

Benin: Strongly supported listing.

Saudi Arabia: Supported inclusion, saying we banned asbestos in the 1990s.

Cameroon: Supported inclusion, saying we already banned chrysotile.

Non-Parties/ Observers

World Health Organization (WHO): Citing overwhelming and conclusive scientific evidence, the WHO reminded delegates that exposure to all forms of asbestos, including chrysotile, can cause various cancers; there is no threshold below which exposure is safe; the asbestos industry's policy of "safe use under controlled conditions" is a fallacy. The absence of reported cases of asbestos-related diseases did not mean that no cases existed. Exposure to asbestos-containing

⁴ Earth Negotiations Bulletin (ENB). May 9, 2019
<https://enb.iisd.org/vol15/enb15267e.html>

materials such as degrading asbestos-cement could be hazardous. The best way to protect human beings from contracting asbestos-related diseases is to stop using asbestos, and the WHO offered support to Parties to achieve this.

International Labor Organization (ILO): The ILO reminded Parties that ILO Asbestos Convention C162 (1986) related to all forms of asbestos and that C162 should not be used to justify continued use of chrysotile. The ILO asbestos policy called for the elimination of use of all forms of asbestos.

Solidar Suisse: Strongly urged the immediate listing of chrysotile in light of the “clear scientific evidence for its severe threats to human health” and stressed that “millions of people have died of asbestos-related diseases around the world and continue to die due to the continued use of chrysotile asbestos.” The 12-year stalemate on listing chrysotile constituted a hijack of the Convention by “a small group of countries, driven by vested interests...”

National Toxics Network: Called for listing.

India’s Fiber Cement Product Manufacturer’s Association: Opposed listing, citing the lack of Indian studies showing negative health impacts from exposures to chrysotile; there have been no cases of these diseases in 40 years.

Workers of Kazakhstan: Called for the difference between chrysotile asbestos and other types of asbestos to be acknowledged and opposed listing. There was no occupational risk from working with asbestos cement and the workers in the industry were “all in good health.”

The International Alliance of Trade Union Organizations “Chrysotile”: Opposed listing.

At the end of the May 8, 2019 afternoon plenary session, the President referred to the frustration in the chamber resulting from the chrysotile stalemate and deferred chrysotile to COP10.

Editor’s Note

The text above is based on contemporaneous notes taken by Phillip Hazelton on May 8, 2019 at the COP9 of the Rotterdam Convention during the debate on listing chrysotile asbestos. The facts were verified, where possible, by comparison with the Earth Negotiations Bulletin – the official bulletin of the Rotterdam Convention; according to that source, the Maldives also supported the of listing chrysotile.⁵

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⁵ Earth Negotiations Bulletin (ENB). May 9, 2019.
<https://enb.iisd.org/vol15/enb15267e.html>