

Asbestos free South Asia - If not now, then when?

Press Release from the South Asia strategy meeting on Asbestos 2016



The South Asia Strategic meeting on the ban of asbestos took place in Brac Inn in Dhaka on April 23, 2016. The strategic meeting brought together 20 advocates, activists, victims and trade unionists from Bangladesh, Pakistan, India and Nepal who are working towards a ban of asbestos and was hosted by Bangladesh Ban Asbestos Network (B-BAN), Asian Ban Asbestos Network (A-BAN) and Asia Monitor Resource Centre (AMRC). The global burden of disease estimate of asbestos related diseases in 2013 was 218,338 compared to 107,000 in 2004ⁱ. The goal of the meeting is to have focused discussions on building strategies nationally with the sub-region and work on coordinated activities in South Asia in terms of diagnosis, compensation and advocacy working towards a ban in the region. Mr. Mahmoodⁱⁱ, a worker from the ship breaking yard in Chittagong aged 43 has worked in the yard for 17 years stated that he was not aware of the deadly nature of this carcinogenic substance. He handled asbestos with his bare hands and then used his hands without washing it to ingest food. Even his sputum had asbestos fibred. The asbestos fibred was found all over the worksite. He now suffers from chest pain, breathing problem, malaise and physical weakness. Mr. Sugio Furuya, coordinator of the Asian Ban Asbestos Network (A-BAN) stated that Nepal has banned asbestos in 2015 and Sri Lanka is working its way now towards a ban with a timeline in sight of 2018. In Bangladesh, the Bangladesh Ban Asbestos Network (B-BAN) since its inception in 2013 has been working on raising awareness, education, identifying affected workers and communities especially in Chittagong and B-BAN has the backing of the regional and global advocates for the complete ban of asbestos in Bangladesh.

The Indian state of Rajasthan has set up a Pneumoconiosis Board comprising of Government doctors to diagnose cases of occupational lung diseases and the identified workers have been paid compensation out of a Government managed fund. This is the only example in the region where consistent pressure exerted by grassroots organisations and victims have led to the formation of a government infrastructure for diagnosis and compensation. The meeting consolidated these developments which can be replicated and built upon in countries in the South Asian region.

Mr. Repon Chowdhury, National coordinator of B-BAN stated that 'now' is the time for collective action and pressurizing Governments in the sub region to ban asbestos following the example of Nepal. The Bangladesh government should immediately come up with a national asbestos profile and a national plan of action to combat against asbestos related diseases delivering justice the asbestos victims and national time-bound plan to the complete ban of asbestos in the country.

For more information, contact:

*Mr. Repon Chowdhury
National Coordinator, B-BAN
Ph – 01924084659 ; repon.chowdhury@gmail.com*

*Mr. Sugio Furuya
Coordinator, Asian Ban Asbestos Network (A-BAN)
Email – 2009aban@gmail.com*

ⁱ <http://vizhub.healthdata.org/gbd-compare/>

ⁱⁱ Name has been changed on request