Training of Trainers Workshop: Basic Occupational Health Services for Elimination of Asbestos-related Diseases
The Institute of Public Health in Tirana, Albania, 24-28 April 2012.

Tirana Statement

The WHO Workshop on Training of Trainers on Basic Occupational Health Services for Elimination of Asbestos-related Diseases, hosted by the Albanian Institute of Public Health in Tirana, Albania, 24-28 April 2012, adopted the following conclusions and recommendations as Tirana Statement:

1. The Workshop, attended by 35 senior Albanian experts of occupational and environmental health, was the first WHO meeting on asbestos in Albania. The Workshop aimed at a concrete step toward implementation of the Parma Declaration of the Ministerial Conference on Environment and Health (2010) and to harmonization of Albanian asbestos policies and practices towards European policies for elimination of asbestos-related diseases in Albania.

2. The WHO International Agency for Research on Cancer (IARC) and the WHO-ILO-UNEP International Programme on Chemical Safety (IPCS) repeatedly confirmed that all types of asbestos fibres, including chrysotile (white asbestos), cause cancers and fibrosis in the lung and other organs. According to the observations by the Workshop participants and the survey carried out by the Association of New Environment Policy (ANEP), asbestos hazards are wide-spread in Albania and constitute a major threat to occupational and environmental health.

3. The Albanian policy and legal instruments and their implementation for effective prevention and management of asbestos problems are insufficient and in need for urgent development. The organizational and human resources, technical and other necessary capacities and infrastructures for management of asbestos problems and asbestos-related diseases in Albania need to be strengthened.

4. In line with the Parma Declaration, and in order to respond effectively to the challenges caused by asbestos, a National Programme for asbestos should be developed and should include, among others, the following elements:
   a) Review of the existing asbestos policies, regulations and their implementation and their possible revision, according to the international and European standards and the current and future needs;
   b) Survey of distribution of asbestos in the work environment, production facilities, in buildings and other structures, in products and materials;
c) **Survey of current sources of asbestos exposures and uses of asbestos** in production processes and in construction materials and other products;

d) **Identification of asbestos-exposed workers and their possible asbestos-related diseases**;

e) **Inventory of the available human, technical and material resources** for management of asbestos hazards; and

f) **Above data and information should be documented in the form of National Asbestos Profile.**

5. Key long-term objective of the National Asbestos Programme should be, **in line with the policies of the WHO, ILO, and EU, the elimination of asbestos exposure and asbestos-related diseases** through:

a) **Total prohibition of mining, import, processing, trade, handing over and use of all types of asbestos, including chrysotile**;

b) **Safe and effective control of the existing asbestos through stepwise removal** from buildings, facilities, industrial settings and other sources, and its safe and regulated disposal to sites specially organized and approved by the competent authorities; and

c) **Intersectorial coordination and collaboration for management of asbestos problems** between all relevant ministerial sectors.

6. The **National Programme should ensure training and education of all relevant stakeholders** on asbestos hazards, their impact on health of workers, environmental health and occupational safety and health as well as on their prevention, control and management. **Information on asbestos hazards and their impact on health** should be provided to all of the above stakeholders, including policy-makers, social partners, experts, workplaces, occupational safety and health authorities, health service providers, educational institutions, and the media.

7. Appropriate **infrastructures for occupational health services** should be ensured and the services be provided for all workers, including those exposed and diseased by asbestos. In the first stage the **Basic Occupational Health Services approach** may be an appropriate way to reach and serve all workers in different sectors, including small scale enterprises, self-employed and informal sector. Services should also be organized for **identification and health surveillance of exposed workers and for early diagnosis and treatment of workers with asbestos-related diseases**. **Appropriate social security protection** should be stipulated by law for workers who have contracted with asbestos-related disease in their work.

8. Within the National Programme, **national registries and data systems** should be established for **asbestos-related diseases** (as parts of national registry of occupational diseases and cancer registry). **Establishment of national registries for asbestos exposures, and asbestos-exposed workers** (including retired workers) is also recommended.

9. The National Programme, and the institutions involved, should be provided with **necessary human, technical and financial resources. International financial aid and expert advice** should be sought for support and facilitation of implementation of the National Asbestos Programme.