



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.