

WHA66 (May 2013). Item 18, Progress Reports (Documents [A66/27](#)). J. Workers' health: global plan of action (Resolution [WHA60.26](#))

Report of discussion in Committee B, [Session 6](#) and [Session 7](#)

Mr BERTONI (Italy), referring to the progress report on workers' health: global plan of action, said that asbestos-related diseases placed a huge burden on society, and that he therefore welcomed the action being taken by the Secretariat towards their elimination, as outlined in its report (document [A66/27](#)).

His country had banned the use of asbestos-containing materials in 1992. It had engaged in a complex and challenging asbestos abatement programme, and was drawing up a national plan that would include actions suggested during an interministerial conference in November 2012.

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Mr USTINOV (Russian Federation), referring to the progress report on workers' health: global plan of action, said that the effect of poor working conditions on the development of occupational diseases and the importance of the development of scientifically based, cost-effective measures to prevent them, should not be underestimated. His country had developed a national policy for the elimination of asbestos-related diseases, and in January 2013 a concept had been approved for the national policy in that area, which was based on many years of experience in monitoring such diseases. Russia had been guided by resolution WHA60.26, which provided for a differentiated approach to regulating different types of asbestos. It would continue to take prophylactic measures in relation to diseases caused by asbestos, on the basis of objective scientific research, and would be prepared to share its findings in that regard.

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Professor HALTON (Australia) ... Turning to the report on workers' health, she associated herself with the remarks made by the delegate of Italy. Australia strongly supported WHO's global campaign and partnership with ILO to reduce asbestos-related diseases. Noting that IARC considered chrysotile asbestos to be a Group 1 human carcinogen, she said that the lung cancer burden from such asbestos was six times greater than the mesothelioma burden. Broader ratification of the ILO Convention on Safety in the Use of Asbestos, 1986 (No. 162) and the ILO Convention on Occupational Health and Safety, 1981 (No. 155) would help in raising international awareness of the dangers of asbestos and in reducing asbestos-related diseases; Australia encouraged Member States to ratify and implement those instruments. Australia continued to support the inclusion of chrysotile asbestos in Annex III of the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade. She welcomed the offer made by the delegate of the Russian Federation to share information, but pointed out that asbestos was a very dangerous product and that the international community had a responsibility to find alternatives and ways to protect workers.

Dr KARAGULOVA (Kazakhstan) said that her country was committed to workers' health and welcomed WHO's efforts in that area. Kazakhstan adhered to a policy for the controlled use of asbestos, in particular chrysotile asbestos, in accordance with the ILO Convention on Safety in the Use of Asbestos, 1986 (No. 162). However, it did not agree with proposals to prohibit the use of all types of asbestos. Regrettably, some countries did not differentiate between the various types of asbestos, and the majority of countries calling for a ban on asbestos were referring to blue rather than chrysotile, or white, asbestos. Her country had accumulated more than 60 years of experience with materials containing chrysotile asbestos and was confident that that type of asbestos differed in all respects from blue asbestos and was less hazardous. The controlled use of chrysotile asbestos in high-density materials could be advantageous, enabling large sections of the population to have access to roofing materials, and clean drinking-water, sewerage and irrigation systems. At the recent sixth meeting of the Conference of the Parties to the Rotterdam Convention, seven countries had objected to the inclusion of chrysotile asbestos in Annex III. However, it should be noted that alternatives to chrysotile asbestos had not yet been researched fully.

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Mr FEDOTOV (International Labour Organization) said that ILO and WHO had cooperated for the previous five years on implementation of the global plan of action on workers' health, which had included the establishment of national programmes for the elimination of silica- and asbestos-related diseases, development of the ILO international list of occupational diseases, integration of essential interventions for workers' health in primary health care, development of healthy workplace programmes, and formulation of national occupational safety and health policies, programmes and services. Although joint action at national level by ministries of health and labour had given rise to significant gains for workers' health, too many countries still lacked policy and services for protecting the health of their workers, and more than 2 million people died of occupational diseases every year. WHO's efforts to link occupational health services to universal health coverage and to integrate occupational health activities into global action on prevention of noncommunicable diseases were therefore welcome. ILO was strongly committed to continuing its fruitful collaboration with WHO on occupational health.

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Dr FUKUDA (Assistant Director-General) ... In respect of the progress report on worker's health: global plan of action, he wished to thank the delegates of Indonesia, Italy and Liberia for pointing out the importance of occupational health. WHO recognized that many work settings presented dangerous conditions for workers, and that there was a need for increased awareness and attention to safety in such settings. The Organization was using primary health care as a strategic element towards achieving that goal. There had been general agreement among Member States on the need to reduce and eliminate asbestos-related disease, and he thanked the delegate of the Russian Federation for offering to share its research findings in that regard. A risk analysis conducted by WHO in conjunction with IARC, and made available to countries in 2011, had concluded that all

forms of asbestos were carcinogenic, that no safe threshold had been identified, and that it was extremely difficult to control exposure to asbestos in the workplace.