

The Helsinki Declaration on Management and Elimination of Asbestos-Related Diseases
Adopted by the International Conference on Monitoring and Surveillance of Asbestos-Related Diseases, 10–13 February 2014, Espoo, Finland

Declaration

We, the participants of the International Conference on Monitoring and Surveillance of Asbestos-Related Diseases (ARDs), declare:

1. The Consensus Report: *Asbestos, Asbestosis, and Cancer: Helsinki Criteria for Diagnosis and Attribution 2014*, updated by an International Expert Group in a two-year preparation process, and a final meeting in Espoo, Finland, on 10–13 February 2014, summarizes the up-to-date information on the methods for management and elimination of ARDs. The Report is recommended for use in the programmes and practices for detection, diagnosis and attribution of ARDs.

Primary prevention

2. Primary prevention is the only effective way to eliminate ARDs. We confirm our support for the global ban of asbestos mining, processing, manufacturing, inclusion in any materials or products, use and trade, as well as the circulation of all kinds of existing asbestos. We call for joint international actions for the implementation of the global ban. Information on the availability and feasibility of safe substitute materials for asbestos should be made accessible for all in need.
3. We call for policies, regulations and practices for the prevention of risks and for effective protection of workers in removal and waste handling of asbestos from existing structures (construction and industrial) and community infrastructures. Preparedness should also be ensured for the protection of workers, populations and communities against occupational and environmental exposures to asbestos in major hazard events, such as industrial, environmental and natural disasters.
4. Training on prevention, recognition and diagnosis of ARDs should be provided for all involved experts in health services and occupational safety and health. The competent authorities, employers and workers, as well as building owners and the public at large should be adequately informed and trained on asbestos hazards, of the risks of ARDs and their prevention and elimination.

Regulation

5. Monitoring of potential asbestos exposures should be organized for identification of workers exposed to asbestos in current or previous occupations. Competent authorities should ensure the systematic registration of asbestos-exposed workers, their occupations, sectors of employment and exposure histories. Appropriate regulations and good practices for registration of personal data and record keeping should be followed.
6. In many countries health surveillance of asbestos-exposed workers is stipulated by law. In view of the lengthy latency periods of ARDs (some even beyond 50 years), health monitoring should continue af-

ter exposure has ceased, and among workers who may have changed jobs or retired. Exposed workers need to be fully informed of the nature, purpose and results of the monitoring. It must not result in any cost or loss of earnings for the workers. Records of the health monitoring data should be organized according to regulations and guidelines for good data protection practice, and kept for appropriate lengths of time.

Health surveillance and diagnosis

7. For medical, legal, and social reasons ARDs should be diagnosed at the earliest possible stage of disease development. This is important for the appropriate use of available preventive and therapeutic opportunities, such as immunization against influenza and pneumococcus infections, and for minimizing the adverse health effects of asbestos, as well as for compensation of disease and disability. Ongoing advances in biomedical research and technology provide good opportunities for more sensitive and reliable methods for early disease detection and management.
8. New scientific evidence provides support for the health benefits of screening people with a high risk of smoking-related lung cancer. Such screening programmes are also recommended for workers with a history of asbestos exposure who are at high risk of lung cancer. Screening should be carried out in organized screening programmes with ongoing quality control, allowing assessment of lung cancer mortality.

Registration

9. Systematic collection of data on ARDs is important for well-informed occupational and environmental health policies, prevention and treatment practices, and for compensation for ARDs. Diagnosed ARDs should be notified and registered according to national law and practice, based on international guidance (ILO Code of Practice, ICD10 and 11).

Research and collaboration

10. Further research is still needed on distribution and levels of asbestos exposures, epidemiological research on occurrence of asbestos-related cancers, further developments of methods for early diagnosis, and economic appraisal of asbestos-related diseases. International collaboration in research for follow-up, screening of asbestos-related diseases, and prevention and management of the global asbestos epidemic is recommended.

In order to prevent the epidemic of asbestos-related diseases from being repeated among workers and communities in the developing world, ceasing the use of new asbestos is essential. We commit ourselves and invite all scientific and professional communities in occupational health and safety, environmental and public health, intergovernmental and nongovernmental organizations to join forces, for extension and implementation of the global ban of asbestos in all countries and protection of workers being currently exposed, as guided by the World Health Organization (WHO), International Labour Office (ILO) and the International Commission on Occupational Health (ICOH).



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Background

Over two million tonnes of asbestos are still produced, marketed, exported and used annually in some parts of the world, mainly in construction materials, asbestos cement, insulation and fire protection. The production and use of asbestos has moved steadily from industrialized countries to the developing world and to countries in rapid industrialization. A total of 125 million workers are estimated to be exposed to asbestos in the world.

There is convincing evidence that asbestos in all its forms, even at low doses, is a proven human carcinogen. It is associated with an increased risk of cancers of lung, larynx, ovary and mesothelioma (cancer of the pleura) among exposed workers. Other adverse health effects, pulmonary fibrosis (asbestosis), pleural changes (thickening), and related respiratory dysfunction are also caused by asbestos exposure. In a high proportion of cases, the diagnosis of asbestos-related diseases (ARDs) takes place at an advanced stage of the disease, with limited possibilities for effective cure. New diagnostic and therapeutic methods are continually being developed, thus permitting better and earlier diagnosis.

Due to wide-scale use of asbestos in the last century, hundreds of thousands of workers in industrialized countries have contracted ARDs. ARDs often have a fatal course. According to WHO, 107 000 people die annually from ARDs, cancers or pulmonary fibrosis. In addition to the major health burden, if all the long-term health and social costs are taken into account, the significant financial impact of asbestos is found to be clearly negative, for companies and national economies alike.

Fifty-five countries have banned the use of new asbestos and undertaken regulatory and practical measures for the protection of workers and implementation of the ban. Notwithstanding, the adverse health effects from exposures in the past will be seen for many decades to come. The management and disposal of asbestos waste from existing buildings, community infrastructures and industrial facilities still constitute a risk and stringent legislation must be provided for workers' protection.

Countries which have not yet undertaken to ban the use of new asbestos nor instituted other necessary measures for prevention will face the burden of ARDs for even longer periods. Thus, the global epidemic of ARDs is expected to continue well into the second half of the 21st century. Successful asbestos risk management and elimination of ARDs requires implementation of the global ban of the use of new asbestos and effective preventive and protective policies and practices for the management of risks from existing asbestos.