

Environmental Health Update

Sustainable Development and Healthy Environments



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Focus of the Month

Workers' health: non-negotiable!!

Every minute, at least four lives are lost due to work related neglect, injuries and disease. Most of these occur in the informal sector of industry in developing countries "from occupational diseases which have long been eliminated in industrialized nations. Those incapacitated or dying from these diseases are often in the prime of their lives, and thus, such disabilities and deaths impact not only their lives and their families', but also the productivity and profits of their employers and society as a whole.¹ More than two-thirds of workers in developing countries (against 2–10% in industrialized nations) are engaged in agricultural work. The image of agricultural work is that of a healthy pursuit, but this is far from the truth. Agricultural work is associated with a variety of health risks such as cancers, respiratory diseases and injuries.²

The ILO estimated that in 2001, there were 2.2 million deaths due to work-related injuries and diseases.³ The UN Agency also reported that each year, 268 million cases of work-related injuries resulted in at least a 3-day absence from work. Indeed, the neglect of health-related work conditions exact huge losses to the economy both as cost of caring for the diseased and injured, and also from litigations that business enterprises face. Asbestos is a good case in point. In industrialized nations, asbestos litigation has so far bankrupted 67 companies globally and wrung US\$ 54 billion from corporations.⁴ But the story does not end there. Driven by the forces of globalization, and the stringent regulations in developed nations, such hazardous



Nicotine Poisoning in Tobacco Harvesters: Plucking of green tobacco leaves is associated with significant absorption of nicotine through the skin resulting in nausea, vomiting and headache within few hours. Nicotine is a tumour promoter and has adverse reproductive effects.

manufacturing jobs are moving towards the developing world. The manufacturers of asbestos, producers of highly hazardous pesticides, and the ship-breaking industry find willing populations and wide open uncontrolled market places in developing country destinations. Working conditions in these local industrial settings – particularly the informal sector – are no less tragic. Unrestricted application of pesticides and other chemicals in the cotton growing and processing

¹Takala J. Introductory Report: Decent Work – Safe Work International Labour Office, Geneva VIIth World Congress on Safety and Health at Work, Orlando, 18-22 Sep. 2005. Available at <http://www.ilo.org/public/english/protection/safework/wdcongrs17/intrep.pdf>.

² ILO Encyclopedia of Occupational Health and Safety, Fourth Edition. Geneva International Labour Office 1998. Available at <http://www.ilo.org/encyclopaedia/>

³ Same as 1

⁴ Carroll SJ et al. Asbestos Litigation Costs and Compensation: An Interim Report, Rand Institute for Civil Justice, 2002, available at <http://www.rand.org/publications/DB/DB397/DB397.pdf>

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Highlights

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Exposure of a young (Child and a woman respectively) worker to high concentrations of air borne quartz (silica) dust in silica mill factory. Silica flour is used in making of glass, ceramics and tooth pastes. The boy and the woman shown in the picture are most likely to die from silicosis or other diseases such as lung cancer or tuberculosis associated with silica exposure. A study by National Institute of Occupational Health, Ahmedabad showed that the levels of silica dust in silica flour mills were several times higher than the permissible levels. The study further showed 50% of the workers developed silicosis – irreversible, progressive and fatal fibrosis of lungs only after 1 year of exposure.



industry, the suffocating environment in our local silica mills and brick kilns, and casual work processes used in the dismantling of batteries and electronic “waste”, and unprotected handling in the harvesting of tobacco, expose a large segment of this informal sector – mostly the poor – to grave occupational hazards. It is now universally accepted that workplace fatalities, injuries and illnesses are at unacceptably high levels and involve an enormous and unnecessary health burden, suffering, and economic loss amounting to 4–5% of GDP.⁵ However, paradoxically, in developing countries, while the most hazardous

manufacturing and processing tasks are carried out in the informal sector, the provisions of occupational health and safety laws and services cater for only 10% of the organized sector.

With a view to reducing these inequities between and within nations, there is visible action on many fronts. ILO's continuing efforts are a prime example for the organized or formalized sector to protect the right of workers. Global conventions such the Rotterdam (prior informed consent), Basel (trans-boundary movement of hazardous wastes) and Stockholm (persistent organic pollutants) Conventions provide needed international mechanisms and support to avert such inequities. Their success will require assiduous application in the acceding States. Developing countries need the voice of responsible governance to make this happen. Unfortunately, the ratification of these conventions is poorest in the Asia Pacific region where workers are more likely to be adversely affected by these emerging global phenomena.

To meet new challenges faced by workers, particularly in the developing countries, WHO is framing a Global Plan of Action on Workers' Health (2008-2017), which will be discussed at the sixtieth World Health Assembly in May 2007.⁶ It proposes to complement the labour-oriented approach of ILO with a public health dimension⁷. The public health approach underlines the need for capacity building of ministries of health to advocate and negotiate more strongly on health-related issues in international trade treaties and seek ways to prevent the transfer of hazardous chemicals and technology to developing countries.

Indeed, work is an essential component of human society. It gives stability to families, communities and societies. Wisdom and vision of public health leadership can generate the dual benefits of productivity and health to our peoples. And let's not forget: our health is non-negotiable!

⁵ World Health Organization, Occupational Health Home Page http://www.who.int/occupational_health/en/

⁶ Workers' health: draft global plan of action Report by the Secretariat, Geneva, World Health Organization, 2007. http://www.who.int/gb/ebwha/pdf_files/EB120/B120_28Rev1-en.pdf

⁷ The labour approach envisages only the work related health issues, which are subject to negotiation between workers and employers. The public health approach deals with all determinants of health including work environment, social factors such employment conditions, income, inequities in gender and race and access to health services by all

WHO alerts on Asbestos Dangers across Asia

Across India, asbestos is exposing millions of people, from concrete makers to school students, to the risk of developing cancer. In India, asbestos causes an estimated 8000 deaths from cancer annually and WHO believes that this number could increase if measures are not taken to stop using the carcinogenic material.

People most at risk of dying from lung cancer and mesothelioma are workers who engage in the manufacture of asbestos-filled concrete and pipes, and those who install such products in buildings. Many school buildings in India also use asbestos-based roofing materials thus placing students and teachers at risk as well.

In India, China, Thailand and other Asian nations, WHO has held workshops on the dangers of asbestos, bringing together officials from key ministries, including health and industry, industry players, other UN agencies and nongovernmental organizations.



Roofing Substitute for Asbestos

While calling for asbestos-use to stop, WHO also suggests alternative materials that industry can use instead of this cancer-causing product.

EH News

Thailand initiates action to ban asbestos

As a follow-up to the First Asian Asbestos Conference held in July 2006 and exchange of communications between the Ministry of Public Health and WHO/HQ, a National Asbestos Workshop was organized by the Thai Government on 6-8 March 2007 in Bangkok to map ongoing activities by different governmental departments and to develop recommendations for the national plan of action on elimination of asbestos related diseases⁸. The participants of the workshop included representatives of Ministry of Labour, Ministry of Industry, and asbestos manufacturers and international experts from WHO and ILO. A committee under the Chairmanship of the Minister of Public Health

of Thailand recommended phasing out asbestos within 5 years. Thailand is the first developing nation in Asia to move for a ban and thus provides an example to others in the region. Dr Habibullah Saiyed participated in the workshop as SEARO representative. For details, contact Dr Saiyed at saiyedh@searo.who.int.

2008 declared "International Year of Sanitation"

The United Nations General Assembly has declared 2008 as the "International Year of Sanitation". The U.N. Department of Economic and Social Affairs will serve as the focal point for the Year and develop proposals on activities, and sources of funding. The DECLARATION was one of the recommendations of the Hashimoto Action Plan launched by the U.N. Secretary-General's Advisory Board on Water and Sanitation in March 2006 at the 4th World Water Forum. Further details can be obtained from the website http://www.unsgab.org/top_page.htm.

⁸ EH update had reported in the January 2007 issues about the First Asian Asbestos Conference organized by the Ministry of Public Health, Thailand from 26-27 July 2006. This Conference was sponsored by ILO and WHO and was attended by more than 300 participants across the world. During the Conference the Bangkok Declaration was adopted to call upon countries to take concerted actions towards the elimination of asbestos-related diseases.

SDE News

Bhutan goes serious on workers' health

Bhutan is in a transition period from an agriculture-based to an industry-based economy. Recently, the Royal Government of Bhutan enacted the Occupational Health and Safety Rules 2006 to protect the health and safety of workers. With technical support from WHO, the Ministry of Health, Bhutan is also formulating a national plan of action based on WHO Global Plan of Action for Workers' Health. Dr Habibullah Saiyed, SEARO focal point for Occupational and Environmental Health, visited Bhutan from 11 to 24 February 2007 to assist the Ministry of Health in this effort and advise on standards for occupational health and safety.

Nepal study reveals creeping occupational health issues

Through the Nepal Health Research Council, WHO has attempted to raise interest in occupational safety and health. From 2004 and 2005, a study was undertaken on "Occupational Health Risks from to Small-Scale / Household Industries with Focus Children within Kathmandu Valley". The industries studied were metalwork, carpet weaving, stone crushing, brick kiln and construction work. Workers in these industries are generally exposed to injuries due to poor lighting and risky conditions. The study showed a high prevalence of lower respiratory infections in children working in stone crushing, brick kiln and the carpet industry, which are most likely related to occupational exposure to dust.



The metal industry located in Kathmandu (selected for the study) uses coal as its chief fuel and this exposes workers (including child workers) to various oxides of carbon and sulphur, VOC, PAH and suspended particulate matter that cause asthma, bronchitis and restrictive pulmonary disease, nose and throat irritations, and even lung cancer.

In Nepal, the Ministry of Labor and Transport Management is responsible for worker safety and occupational health, although this area has yet to receive the attention it deserves, and several fundamental ILO conventions still need to be ratified.

Currently SEAM-N, a Finnida-supported programme through its environmental management systems (EMS) is actively promoting worker safety and occupational health in industrial corridor of Dharan-Biratnagar. An informative article on the outputs of this project can be found in the **Asian-Pacific Newsletter on Occupational Health and Safety** at <http://www.ttl.fi/Internet/English/Information/Electronic+journals>.

Visits and Missions

Healthy Food Markets: Horizontal collaboration between Thailand and Indonesia

Thailand food safety control system was highgeared when the government declared the year 2004 as "Thailand's Food Safety Year" The Thai cabinet approved the "Road Map of Food Safety" as an operational framework for addressing the safety of food and agricultural products along the food chain. Since 2002, the Ministry of Public Health has certified with a "Clean Food, Good Taste" logo to street food vendors, stalls and restaurants that complied with some 20 standards of clean and hygienic food,. The Thailand success story is the result of strong political will,

coupled with cooperation from universities, restaurant and market associations and the food industry.

At a request of the MOH Ministry of Health, Indonesia, and the senior management of semi- private market association PASAR JAYA – which owns over 150 markets in Jakarta, a field mission to Thailand was organised by WHO/SEARO during the period 21-26 January 2007. This was an excellent opportunity for Indonesian market managers to learn from Thai experience in promoting Healthy Markets, discuss and prepare recommendations from this experience for use in the Indonesian context. For both countries, this visit marks an initiative to continue the bilateral collaboration and exchange of experiences. The WHO offices of both countries provided generous support and facilitation. (For more details, contact Mr Alexander Hildebrand, FCS at hildebranda@searo.who.int)

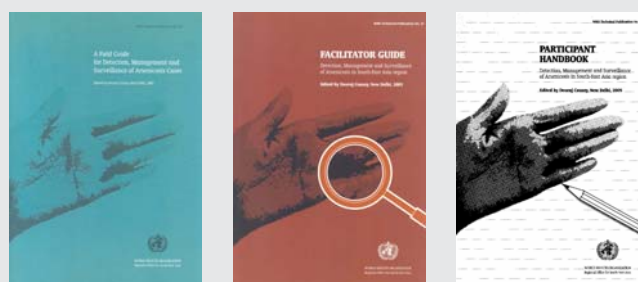
Upcoming Events

- Asia Pacific regional SAICM (Strategic Approach to International Chemicals Management) meeting that will be held in Bangkok from 21 to 23 May 2007
- Ministerial-level East Asia Sanitation Conference (EASan) is scheduled to be held in Beijing, China, in June 2007
- The Ministerial Regional Forum on Health and Environment has been rescheduled for 8-9 August 2007 in Bangkok, Thailand. This meeting is a bi-regional initiative between WHO (WPR/SEAR) and UNEP that brings together ministers of health and environment of the ASEAN countries – including Indonesia, Myanmar and Thailand from the South-East Asia Region. The purpose of the initiative is to promote greater dialogue and collaboration between these two sectors and disciplines for more sustainable health action.

Publications and Learning Materials

Copies of the “Field Guide for Detection, Management and Surveillance of Arsenicosis Cases”, a guide for human resource development in the area of arsenic mitigation and field-tested in Bangladesh, India and Thailand, are available in SEARO. The “Facilitator Guide and the Participant handbook for Detection, Management and Surveillance of Arsenicosis in South-East Asia Region” complement the abovementioned field guide.

These teaching materials are best suited to be used during a three-day training course, designed for managers of health-care establishments, public health professionals and policy makers in the areas of arsenicosis detection, surveillance and management.



Requests for these documents may be sent to Dr Habibullah Saiyed, Occupational and Environmental Health at the email address saiyedh@searo.who.int.

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