

Dublin statement on occupational health: new avenues for prevention of occupational cancer and other severe occupational health hazards

Declaração de Dublin sobre saúde ocupacional: novos caminhos para a prevenção do câncer ocupacional e outros riscos severos à saúde no trabalho

PREAMBLE

The 32nd International Congress on Occupational Health, ICOH 2018, was organized by the International Commission on Occupational Health, ICOH and the Royal College of Physicians of Ireland, Faculty of Occupational Medicine, in Dublin on 29 April–4 May 2018.

RECALLING

- The UN 2030 Agenda for Sustainable Development, particularly Sustainable Development Goals Nos. 1, 3, and 8;
- The 66th UN General Assembly Resolution 16 September 2011 Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases;
- The ILO Declaration on Fundamental Principles and Rights at Work, adopted by the 86th International Labour Conference on 15 June 2010; ILO Conventions No. 155 of 1981 and No. 187 of 2006 on Occupational Safety and Health and Convention No. 161 on Occupational Health Services of 1985, ILO Asbestos Convention No. 162 of 1986, Occupational Cancer Convention No. 139 of 1974 and the ILO Resolution of 1 June 2006 concerning asbestos;

- The 58th World Health Assembly Resolution No. WHA58.22 on Cancer Prevention and Control of 2005 including provisions for prevention of cancer at the workplace related to exposures to chemicals, tobacco smoke, certain infectious agents, solar and ionizing radiation and taking into consideration the 70th WHA Resolution 70.32 of 2017 on cancer prevention and control in the context of an integrated approach.

CONSIDERING

- The recommendations of the 12th Joint ILO/WHO Committee on Occupational Health, 1995, on Global Programme on Elimination of Silicosis and of the 13th Joint Committee 2003 recommendation on the Global Programme on Elimination of Asbestos-related Diseases (ARDs).

RECOGNIZING

- The WHO Tokyo Declaration of 2017 on Universal Health Coverage;
- The WHO Global Plan of Action on Workers' Health of 2007 and, for example, the Health 2020 Strategy of the WHO European Region, providing the provision of occupational health services to all workers;
- The systematic reviews of scientific evidence and classification by the IARC for cancer hazard identification

and other inputs providing evidence and tools for identification and prevention of occupational cancer.

TAKING INTO CONSIDERATION

- The conclusions of the 21st World Safety Congress Singapore, WSH2017 on Vision Zero and Global Occupational Safety and Health Coalition;
- Ongoing strategies and programmes by ISSA, EU, IOSH and other international, regional or national bodies for prevention of occupational cancer, ARDs and other severe occupational health hazards;
- Conclusions and the results of the online poll among the participants in the ICOH 2018 Global Policy Forum giving a high priority for:
 - Implementation of policy on Prevention of Occupational Cancer;
 - Programme on the Elimination of Occupational Cancer;
 - Occupational Carcinogen Exposure registers.

The ICOH 2018 Congress, under the theme: Occupational Health and Wellbeing: Linking Research to Practice, considered the following:

- Whereas the globalizing work life is in dynamic transition due to major demographic changes, transition from traditional industrial and service settings to information and communication technologies (ICT) and new technologies dominated production systems, changing work and working methods, work organizations and modes of employment, and setting new challenges and demands to occupational health;
- Whereas high proportions of workers of the world are still exposed to occupational health and safety hazards and conditions; psychological stress, non-physiological working hours, chemical, physical and biological agents, new hazards and materials, many of which are carcinogenic, and the majority of workers of the world still work and live in conditions which do not meet the basic international standards for health and safety;
- Whereas the majority, about 85%, of the workers of the world do not have access to competent occupational health services or services at all and access to services is not available for those most in need, and particularly not for the most vulnerable workers;

- Whereas 2.8 million workers are estimated to die every year from occupational accidents and work-related diseases, the single biggest contribution is from work-related cancer and a manifold number will contract non-fatal occupational injuries and diseases;
- Whereas 4% of the global GDP is lost by occupational accidents and work-related diseases, corresponding to a major part of the total health budgets of many countries.

The 2,200 participants of the ICOH 2018 Congress approved a Dublin Statement on Occupational Health as follows:

1. POLICIES

1. The countries, their governments and authorities, as a part of their responsible stewardship and governance, in collaboration with social partners, professional associations and other NGOs, should draw up policies for prevention of occupational cancer, including elimination of ARDs;
2. Governments should draw up appropriate regulations for obligating and enabling the prevention of occupational cancer and ARDs according to principles and guidance provided by the above international resolutions, conventions and covenants;
3. In line with the recommendations of international organizations, the ILO and WHO, all countries should draw up National Programmes for Prevention of Occupational Cancer, including a National Programme for Elimination of Asbestos-Related Diseases and a National Programme for Elimination of Silicosis.

2. INFORMATION AND EDUCATION

Reliable and evidence-based information is essential for the design of policies, regulations and for planning programmes and practices for the prevention of occupational cancer and elimination of ARDs. The following actions are recommended for each country:

1. Enhancement of awareness among decision-makers and stakeholders on occupational cancer and asbestos-related diseases;

2. Promotion of a ban on asbestos among non-banning countries;
3. Strict regulation, management and demolition of asbestos present in existing infrastructures everywhere in the community, workplaces and the general environment and in technical facilities and built structures;
4. Support the non-banning countries and particularly Low-Income Countries (LICs) with education, technical advice, and feasible good practice guidelines in the preparation and implementation of the ban and elimination of ARDs;
5. Providing information on the economic and health appraisal of cancer prevention and elimination of ARDs, for example, by using WHO Euro guidance;
6. Developing strategies and means for management and control of intentional misinformation concerning occupational cancer and ARDs.
6. Monitoring and registration of exposure to cancer causing agents and conditions by using competent measurements (if not available, using JEMs, CAREX);
7. Enhancement of competence and capacity in diagnosis of occupational cancer and ARDs;
8. Advice and support in the elimination of silicosis and silicotuberculosis as well as prevention of occupational tuberculosis as a whole;
9. Surveys of ARDs among heavily exposed workers;
10. Best care of those with disease, including secondary and tertiary prevention, cancer treatment, rehabilitation, and immunization against influenza and pneumonia;
11. Justice and fairness in the compensation of diagnosed occupational cancers and ARDs;
12. Intersectoral collaboration: in addition to labour, health, industry, and social partners, several other ministries should be involved (e.g. Social, Education, Defence, i.e. WHO Health in All Policies).

3. IMPLEMENTATION

Implementation of existing and planned policies and strategies need effective means and conditions. The following proposals are presented for strengthening cancer prevention implementation in all countries:

1. All countries to strengthen policies, means and practices feasible and effective for implementation of cancer prevention programmes and actions;
2. Mapping existing asbestos in constructed environments and technical facilities, marking and labelling asbestos in situ, which may be possible sources of exposure (for example, through surveys and use of existing data sources);
3. Distribution of information and providing technical advice and support for safe alternatives for asbestos;
4. Regulation and its implementation for protecting workers' health in asbestos demolition work, waste handling and disposal;
5. Advice, guidelines and technical support by international organizations, including ILO Convention No. 139, for all countries on effective and harmonized registration of carcinogenic exposures and occupational cancers, including ARDs;

Different tasks in implementation may belong to different actors and often several actors in collaboration with each other. The assignments and roles should be agreed in coordination with the responsible government or other national body, preferably in drawing up National Programmes.

4. INTERNATIONAL ACTIONS

Combatting, preventing and eliminating occupational cancer needs international collaboration and international and global actions. The following international actions are recommended:

1. International organizations, WHO, the ILO, International NGOs, ISSA and others to organize and implement the Global Covenant for support of implementation of the SDGs of the UN 2030 Sustainable Development Agenda and prevention of occupational cancer and ARDs;
2. Draw up a Covenant for the global ban of asbestos, including a Pan-European ban combined with the EU Parliament's 'Freeing the EU from asbestos by 2030' initiative;
3. Provide financial, technical, training, education and information support for countries willing to join the global asbestos ban and implement Programmes for Prevention

of Occupational Cancer and National Programmes for Elimination of Asbestos-related Diseases;

4. International organizations, the ILO, WHO, UNEP, IMF and the Regional Development Banks, to follow the example of the World Bank and set Decent Work Programmes and Prevention of Occupational Cancer, including asbestos ban and elimination of ARDs, as a condition for public investment, loans and development aid.

5. ICOH CONTRIBUTION

For implementation of its mission in occupational health and considering its overarching professional and ethical imperatives, ICOH commits to the following actions for prevention of occupational cancer and ARDs in collaboration with other relevant actors:

1. ICOH to join the UN and International Organizations and, within the limits of its resources, provide commitment and expertise for all relevant activities for the implementation of the UN Sustainable Development Goals, particularly Nos. 1, 3, and 8;
2. ICOH contributing to the production of scientific evidence and global and regional estimates on occurrence and distribution of occupational cancer and other work-related diseases and injuries in collaboration with other interested organizations;
3. ICOH to join and contribute to the organization and activities of the Global Occupational Safety and Health Coalition;

4. ICOH to provide its knowledge and expertise for collaboration with other international and national actors for prevention of occupational cancer and elimination of ARDs;
5. ICOH to enhance its own activities by drawing up an ICOH Programme for the Prevention of Occupational Cancer, including the ICOH Programme element for the Global Ban of Asbestos and Elimination of ARDs;
6. In the drawing up and implementation of the ICOH programmes, all the means, available to ICOH will be employed; research, information and education, and development and dissemination of good practices.

6. FOLLOW-UP

Follow-up and evaluation of this statement may be organized in connection with the MidTerm Meeting of the ICOH Board and the results will be presented in the forthcoming 33rd International Congress on Occupational Health, to be organized in Melbourne in 2021.

Dr Jukka Takala
President, ICOH

Dr Martin Hogan
President, ICOH 2018

Dublin, 04 May 2018.