Written Submission on Asian Development Bank's (ADB) September 2023 Draft Environmental and Social Framework (ESF)

Submission from Central Asia Association of Chrysotile
Received on January 18, 2024

ХРИЗОТИЛОВАЯ АССОЦИАЦИЯ ЦЕНТРАЛЬНОЙ АЗИИ

CENTRAL ASIA ASSOCIATION OF CHRYSOTILE

Adress: Republic of Kazakhstan, Kostanay region, Zhitikara city, Lenin Street 67.
Email: chrysotileprotection@gmail.com
Phone +7 (778) 650 5000

January 18, 2024

Head Director
Office of Safeguards (OSFG)
Mr. Nianshan Zhang,

Policy and Technical Services, OSFG
Mr. Bruce Dunn

Dear Sirs,

Central Asia Association of Chrysotile (CAAC) is the non-government organization promoting the safe and controlled use chrysotile asbestos and unites enterprises of the chrysotile mining and chrysotile cement industry of 5 countries in the region - Kazakhstan, Kyrgyzstan, Uzbekistan, Tajikistan and Azerbaijan.

JSC Kostanay Minerals is developing chrysotile asbestos mine located in the Kostanay region, which includes a quarry with a capacity of 3.5 million tons of ore and a processing plant with a capacity of 200 thousand tons of graded raw asbestos per year. The ore reserves are sufficient for many years of work (more than 100 years). The company is one of the top three in the world in terms of production and processing of chrysotile and produces 15% of the world's volume of chrysotile fiber.

In the Central Asian region, about 10 thousand workers are employed in interconnected industries (1 mine with processing plant and dozens of factories producing chrysotile cement products).

We have learned that the Asian Development Bank ("ADB"), in an ESF working paper, proposes to completely restrict any use of products containing chrysotile asbestos, regardless of the percentage of content in the product. Previously, the bank provided financing for projects using chrysotile cement products, where asbestos is in a bound state and where the fiber content is less than 20%. This reasonable approach allowed low income countries in the region to use affordable and durable chrysotile-containing materials (pipes for sewerage and drinking water, slate for roofing) in the development of their infrastructure and housing construction.

The fact that ADB is reviewing its asbestos safety policy is a cause of concern as these changes will have a negative impact on industry and the population of countries of the region.

In the Central Asian region, chrysotile cement materials have been used for more than 70 years, and compared to many other substances and materials, its use in various industries has not caused diseases.

The results of numerous international studies show that the amphibole group of asbestos poses the greatest danger to human health while chrysotile and especially high density chrysotile cement products have low risk for workers and general population. Below are some evidences supporting our statement:

1. According to the monograph of the International Program on Chemical Safety (IPCS) "Environmental Health criteria. Chrysotile asbestos 203"[1], 1998: *The overall* ***relative risks for lung cancer are generally not elevated in the studies of workers in asbestos-cement production*** *and in some of the cohorts of asbestos-cement production workers.*
2. UK Health and Safety Executive (HSE) compared the risks posed by different asbestos-containing materials[2]. According to study, **the risk of death when working with asbestos-cement materials is very low and amounts to only 0.8 cases per million**, while the risks of death in agriculture are 104 cases per million, and from road accidents - 70 cases per million. (Please see enclosed).
3. Extract from Asbestos in Drinking-water Background document for development of WHO Guidelines for Drinking-water Quality. WHO/SDE/WSH/03.04/02[3]
   "Although asbestos is a known human carcinogen by the inhalation route, available epidemiological studies ***do not support the hypothesis that an increased cancer risk is associated with the ingestion of asbestos in drinking-water****. Moreover, in extensive feeding studies in animals, asbestos has not consistently increased the incidence of tumours of the gastrointestinal tract. There is therefore no consistent, convincing evidence that ingested asbestos is hazardous to health, and it is concluded that there is no need to establish a guideline for asbestos in drinking-water."*
4. On the page 1687 of paper Concha-Barrientos M et al. *Selected occupational risk factors. Comparative quantification of health risks: global and regional burden of diseases attributable to selected major risk factors*[4]‖ author state: — *In 20 studies of over 100,000 asbestos workers, the standardized mortality rate ranged from 1.04 for chrysotile workers to 4.97 for amosite workers, with a combined relative risk of 2.00. It is difficult to determine the exposures involved because few of the studies reported measurements, and because it is a problem to convert historical asbestos measurements in millions of dust particles per cubic foot to gravimetric units.* ***Nevertheless, little excess lung cancer is expected from low exposure levels.***

Scientific understanding of the dangers of asbestos has undergone a certain evolution - from the danger of asbestos in general to its individual forms. As a result, amphibole asbestos was widely recognized as very dangerous and totally banned, but the contribution of chrysotile to morbidity, especially at low levels of exposure, remained unclear, and in recent years the scientific community has focused on studying the effects of chrysotile asbestos on human health. Numerous epidemiological studies have been conducted on cohorts of workers engaged in chrysotile-only production. The balance of scientific evidence now suggests that there is a huge difference between health effect of chrysotile and amphiboles.

This scientific consensus has allowed for the development and strengthening of a differentiated approach to the regulation of various forms of asbestos, allowing for controlled use of chrysotile based on risk assessment. Supporters of this regulatory model are countries such as Russia, the Central Asian countries, India, China, Thailand, Indonesia, the Philippines, Pakistan or more than 60 countries that use chrysotile, where 2/3 of the world's population lives.

This differentiated approach to asbestos regulation is also reflected in the ILO Convention No. 162 on the Safety of Asbestos, where the use of one of the amphibole types of asbestos is prohibited, and the use of chrysotile is permitted under controlled conditions.

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[1] https://www.inchem.org/documents/ehc/ehc/ehc203.htm
[2] Health and Safety Commission, Comparing the risks of different asbestos-containing materials, p. 4, 2006
[3] https://cdn.who.int/media/docs/default-source/wash-documents/wash-chemicals/asbestos.pdf?sfvrsn=6c57cf49_4
[4] https://www.who.int/publications/i/item/9241580313

Specific conditions for the use of asbestos in the countries of the region:

The fundamental point is that the conditions of use and scope of asbestos in the countries of the former USSR were completely different. It should be noted that in our countries:

• Exclusively chrysotile asbestos was mined and used;

• Amphibole asbestos was not used in civil engineering (with existing deposits).

• The technology of spraying loose insulating materials, loose materials, in residential and public buildings was not used.

• Over 95% of chrysotile was used only for the production of high-density materials – corrugated roofing and flat sheets, pipes.

Thus, in the Central Asian countries, of the entire variety of asbestos-containing materials, only high-density slate, flat sheets, asbestos-cement pipes, and friction materials were used. All these materials have a sanitary inspection certificates.

The National Center for Occupational Health and Diseases of the Ministry of Public Health of the Republic of Kazakhstan conducted a study of workers of JSC Kostanay Minerals JSC and the population in the area where chrysotile-asbestos production is located. The studies carried out did not reveal occupational diseases, severe and pronounced forms of lung diseases, a low level of morbidity (including cancer) among the population of the Zhitikara region was established in comparison with the cities of Central Kazakhstan, the Kostanay region and the Republic of Kazakhstan as a whole, the environmental situation in the city of Zhitikara is characterized by an acceptable level of environmental pollution.

An in-depth preventive medical examination of the workers of the main workshops was carried out: the enrichment and crushing and screening workshop, by a team of specialists - occupational pathologists of the Scientific Center for GT and PZ. A total of 981 people were examined, of which 432 were women, which amounted to 44%. Of the 918 workers examined, the medical examination did not reveal occupational diseases, severe forms of lung diseases.

Conducted national studies indicate the safety of chrysotile when used in a controlled manner and do not confirm data on the presence of high pathogenicity of dust containing chrysotile.

In connection with the above, we kindly ask you to leave the possibility of using chrysotile cement products where the fiber content is less than 20%, as provided in the previous edition of the SPS from 2009.

Dauren Munkebayev

Executive Director

Central Asia Association of Chrysotile