# INTERREGIONAL PROGRAMME ON THE ELIMINATION OF SILICOSIS

## 1. BACKGROUND AND JUSTIFICATION

Silicosis is a well-known fibrogenic lung disease. The hazards of silica, which induces silicosis, had been recognised as far back as the Hippocratic times. Today, society possesses all the necessary means to combat this preventable disease and to eliminate it as an occupational health problem.

At present, millions of people are exposed to silica-containing dusts throughout the world. This ancient disease still afflicts hundreds of thousands of miners and millions of other workers engaged in hazardous dusty occupations in many countries. With its potential to cause permanent and progressive physical disability, silicosis still continues to be one of the most important occupational health problems and there is no excuse for silicosis persistence throughout the world.

In recognition of the seriousness of the problem of silicosis among workers worldwide and the utmost importance of its prevention for the health of workers exposed to mineral dusts, the Joint ILO/WHO Committee on Occupational Health, at its 12th Session which took place in Geneva from 5 to 7 April 1995, proposed to develop a joint ILO/WHO programme for the global elimination of silicosis. The Committee believed that the elimination of this serious disease would be feasible.

Existing statistics show that silicosis remains a significant threat to workers' health worldwide, Although hazardous exposure occurs everywhere, the situation is particularly serious in most of the developing countries, where millions of workers are at risk of developing silicosis. Colombia estimates that 1,800,000 workers axe at risk. In India 1,691,000 workers are exposed to silica-containing dusts at their workplaces. A 55% prevalence of silicosis (with 50% of male silicotics below 25 years of age) was found in India among workers engaged in the quarrying of shale sedimentary racks. Studies in Latin America revealed 37% prevalence of silicosis among miners and 50% *prevalence of silicosis* among miners who are over 50 years old, i.e. fifty per cent of miners of that age alone have silicosis.

Due to limitations in reporting systems and data collection, global statistics on the incidence and prevalence of silicosis are unfortunately not available at this stage. However, many countries have their own national statistics that, in spite of the limitations related to under-diagnosis and under-reporting, show trends of this disease.

## 2. POSSIBILITY OF ELIMINATION

Experience in several countries has demonstrated convincingly that it is possible to reduce the number of registered patients significantly with well-organised silicosis control programmes (Switzerland, Sweden, Finland, and Australia). The success of silicosis control clearly results from a range of preventive measures. Sound legislative, adequate administrative and

organisational measures for supporting efforts aimed at dust control in the working environment have also been proved necessary. Major efforts directed towards improving the working environment and minimising dust exposure would greatly reduce the risk of silicosis and would therefore make it possible to eliminate silicosis as an occupational health problem.

Over the years, the International Labour Office and World Health Organization have paid special attention to the prevention of silicosis in collaboration with other international organisations. Continuous efforts are being undertaken by the ILO and WHO in organising various activities in developing countries aimed at the prevention of occupational respiratory disease which are targeted particularly at the citation of silicosis. The global elimination of silicosis must be given a high priority in a world, which needs healthy workforce for socio-economic development

## 3. DEVELOPMENT OBJECTIVE

***The development objective of the Interregional Programme on the Elimination of Silicosis is to establish a wide international co-operation on the elimination of silicosis and go create conditions for the elimination of it as an occupational health problem.***

The purpose of the interregional programme is to make an ILO contribution to the ILO/WHO International Programme on Global Elimination of Silicosis in offering countries a framework for a wide international co-operation the global elimination of silicosis as a worldwide occupational health problem worldwide.

By establishing the ILO/WHO International Programme on Global Elimination of Silicosis, the ILO and WHO have shaped a policy perspective for their member States for a wide international collaboration which should he governed by a true partnership between industrialised and industrialising countries. Within the framework of this collaboration, every effort should be made to promote the exchange, of technical information and expertise in order to attain the common goal of the global elimination of silicosis.

## 4. IMMEDIATE OBJECTIVE

***The immediate objective of the Interregional Programme on the Elimination of Silicosis is to promote rite development and adoption of national Programmes on Silicosis Elimination and to reduce significantly the incidence rare of silicosis.***

A <u>National Programme on Silicosis Elimination</u> should comprise the following main elements:

(a) socio-economic context of the problem of silicosis in the country;

(b) identification of target groups of workers;

(c) definition of prevention strategy;

(d) involvement of principal partners in the implementation of the programme;

(e) tripartite consultation and co-operation;

(f) institutional framework required for the implementation of the programme;

(g) criteria for monitoring and evaluation of the implementation of the programme;

(h) national standards and link with international standards;

(i) relationship with the protection of the general environment.

A **National Action plan on Silicosis Elimination** should accompany the National Programme and be prepared in the form of a compilation of required actions necessary to achieve targets set up by the National Programme. Among others, it should indicate actions to be taken to mobilise resources contributions in kind (exchange of technical information and expertise), and institutional co-operation necessary for the implementation of the Programme.

Initially, the Interregional Programme on the Elimination of Silicosis will target several countries (those willing to join the Programme and having established the National Programmes on Silicosis Elimination) and then it will be gradually enlarged to include an increasing number of countries.

## 5. OUTPUT

(i) a long-term efficient co-operation between industrialised countries, industrialising countries, and international organisations on global elimination of silicosis is catalysed;

(ii) a number of National Programmes on Silicosis Elimination accompanied by National Action Plans (a compilation of required actions) are developed;

(iii) technical assistance to countries in developing models of National Programmes and National Action Plans on Silicosis Elimination and support in their implementation provided.

## 6. MAIN ACTIVITIES

(i) development in countries of political will and awareness of the necessity to co-operate on silicosis elimination;

(ii) development of national commitment and ensuring inter-sectoral collaboration and entire community involvement through a National Programme on Silicosis Elimination,

(iii) development of co-operation between governmental agencies, employers' and workers' organisations and occupational safety and health professionals to build up a solid infrastructure in the country to control exposure to silica dust and prevent silicosis;

(iv) establishment of training programmes and dissemination of technical information necessary for silicosis prevention, training and health education;

(v) introduction of the diagnostic criteria for silicosis prevention through a wider use of The ILO International Classification of Radiographs of Pneumoconiosis to improve the early diagnose of silicosis and to Facilitate epidemiological comparisons;

(vi) performance of workers' health surveillance, monitoring and evaluation of results achieved in the prevention of silicosis in the country.

## 7. INPUT

### Recipient Countries

The input by recipient countries will depend upon the submitted requests for assistance nationally and sub-regionally by the member states. The submitted requests will be evaluated and endorsed by the MDT's and Area offices concerned, for financing.

### Donor Agency/ILO

Will provide necessary financial contribution (according to approved activities), technical and advisory support.

## 8. EXECUTION PRINCIPLES

The programme will have the year by year planning based on requests for assistance endorsed by the ILO field offices and MDT's. Priority will be given to the urgent needs identified by country objectives, expert missions and demands from the ILO constituents.

The allocation of funds will be decided every year depending on the number of the accepted requests for assistance and availability of donors' contributions.

KN/em SEC HYG
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