

ENGAGING WITH GOVERNMENTS AND CIVIL SOCIETY IN ASIA TO PROMOTE A BAN ON ASBESTOS:

LESSONS AND KEY MOMENTS FROM THOSE ON THE FRONTLINE OF THE CAMPAIGN

Union Aid Abroad – APHEDA



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CONTENTS

Introduction to research	3
Process and interviewees	5
Results: Key Moments	7
Analysing influencing approaches and outcomes	13
Tactics	20
Challenges and barriers to a ban identified	22
Conclusion	24
Appendix	
Organisations: abbreviations and information.	25

INTRODUCTION TO RESEARCH

Asbestos (chrysotile) is banned in Australia and 65 other countries currently because of its carcinogenic nature. Yet, its use across most of Asia is booming, with the region consuming more than 75% of world total consumption. Knowledge and understanding of its toxicity among the general population is very low in many countries. Powerful vested interests connected to the asbestos industry deliberately spread misinformation on the health hazards of chrysotile asbestos exposure. This lobby also seeks to undermine efforts of ban campaigns in an effort to limit and delay any policy action to restrict trade in this hazardous substance.

Union Aid Abroad – APHEDA has been working in Asia since 2010 with local partners to:

- Promote awareness of the dangers of chrysotile asbestos,
- Support advocacy and campaigning to achieve national bans,
- Achieve just compensation for those suffering from avoidable cancers and other Asbestos Related Diseases (ARDs)
- Eliminate future Asbestos Related Diseases
- Help avoid the future enormous health, environmental and economic burden on individuals, communities and economies in the region caused by the use of chrysotile asbestos

This work began in Vietnam in 2010, in Laos in 2011, Cambodia and Indonesia in 2015.

Union Aid Abroad - APHEDA's motivation in joining this global campaign emerged from the tragic health and economic legacy left from our own heavy use of chrysotile (white) asbestos and other types in Australia last century, combined with concern at the continuing asbestos trade focused on Asia and the overwhelming international evidence linking human exposure to the substance to a range of cancers and other related diseases. This campaign to prevent future asbestos related diseases builds on APHEDA's long support for health promotion and occupational health and safety programs in the region and globally.

Specific campaign approaches have developed in each of the four focus countries depending on local political contexts and partnerships. The advocacy has extended regionally and globally through support for and collaboration with Asia Ban Networks, global ban networks and the International Trade Union Confederation Asia Pacific (ITUC AP) through sharing of advocacy resources, training materials, lessons and expertise.

Across all country specific advocacy and awareness raising campaigns there have been common elements that:

- Support broad coalition building locally, nationally, regionally and globally as possible
- Includes trade unions as representatives of one of the key at risk groups i.e. workers in asbestos product manufacturing or handling
- Seeks to support and facilitate local movements of concerned organisations and individuals through development of Asbestos Ban Networks
- Links international evidence and independent experts into local campaigns
- Seek collaboration with relevant UN agencies, particularly the World Health Organisation (WHO) and International Labour Organisation (ILO) and support for their recommendations to national governments in pathways to eliminate ARDs

- Targets both public awareness raising as to the hazards of exposure and need for bans, regulation, compensation etc., particularly among at risk groups such as workers in asbestos industry, consumers of products containing asbestos, communities in proximity to manufacturing sites, media and policy makers as well as specific advocacy to key government leaders as to the high cost of continuing to use asbestos and the misinformation and conflicts of interest by specific interest groups attached to the asbestos industry.

Methods used to promote awareness of exposure risks differ between countries depending on local political and social contexts. Vietnam and Laos for example, are countries where civil society may use very different methods to publicly campaign and influence policy reform compared with Indonesia. There are common elements between countries, including:

- booming construction industries
- under reporting of ARDs despite global estimates suggesting otherwise
- high recent chrysotile consumption or use of Asbestos Containing Materials (ACMs)
- often very poor occupational health and safety standards or compliance with standards that do exist
- a lack of managed safe practice for storage, handling and waste disposal of asbestos fiber or ACMs
- Lack of warning labels on chrysotile bags or asbestos containing materials in local languages.
- Extremely low or non-existent compensation access for ARD sufferers

Methodology

The research has been coordinated by a small team at Union Aid Abroad, including the Quality and Evaluation Officer, the Asbestos Ban Coordinators (Asia and Australia), Programs and Quality Coordinator and the Executive Officer. It has been based on semi structured interviews and group discussion with 18 direct staff, volunteers and selected partner organisations who have been involved in the advocacy campaign and debate around asbestos bans over the years, including ban networks members. There were 6 females and 12 males interviewed.

This qualitative research activity uses a 'key moments' survey to draw out experiences and lessons learnt from Union Aid Abroad's collaboration and program with partners in the region over the last 7 years.

The resulting learning, lessons, good practices and approaches will be shared with other regions, networks and countries. Broader outcomes identified in terms of effect of the campaigning on civil society capacity and engagement in policy reform has also been included in the report.

This research documents and analyses the various approaches used to promote greater awareness of asbestos and advocacy strategies. The research documents and analyses ongoing engagements with governments and civil society and the precursor steps and conditions which facilitate that engagement.

The aim of this research is to serve as a useful guiding document for groups engaged in similar work in these countries and other regions.

Research questions

- How can ban asbestos policy be effectively promoted in each of the research countries?
- How best to engage governments and civil society in action around banning chrysotile?
- Can any patterns be identified that could be replicated in other countries?

PROCESS AND INTERVIEWEES

The 17 Interviews for this study were conducted by phone, in person and by email. All Interviews were conducted by one of the current Union Aid Abroad - APHEDA Campaign Coordinators. All interviewees were asked to identify key moments, in their campaign, what factors led up to those moments and what outcomes resulted. Additional questions were asked in regard their comparable experience with other campaigns, impact of the asbestos interest groups on the campaign and how they saw ways forward for the campaign in their country or region. As it was semi-structured, some questions varied depending on their answers and the discussion.

Interviewees are located across the four target countries and in the region. The interviewees come from a range of organisations and institutional backgrounds.

Interviewees were chosen due to their lead positions in the campaign in their countries or their positions within the campaign as APHEDA staff.

Interviews were conducted in English and with assistance of a translator for some interviews in Cambodia, Laos and Vietnam (5 interviews in total).

Interviews were conducted in April and May of 2018.

Limitations

Due to access, time and resource constraints, not all lead campaigners could be interviewed from the ban networks. Due to the ban campaign in Vietnam operating the longest, slightly more people interviewed were located in Vietnam. This report seeks to give a limited snapshot of the campaigns achievements and lessons; further research would provide a more complex picture of the campaigns to ban asbestos in Asia. The information in this report is a reflection of the views of the interviewees only. Notes were taken during interviews then transcribed, the interviews were not recorded.

A full list of interviewees is in the table below.

Name	Country	Organisation	Position
Mr Lim Soksan	Cambodia	APHEDA	Asbestos Project Coordinator
Ms Teng Rany	Cambodia	APHEDA	Program Officer
Mr Sok Kin	Cambodia	Building and Woodworkers Trade Union Confederation and CAMBAN	President, Building and Woodworkers Trade Union Confederation. Convenor CAMBAN
Mr Darisman	Indonesia	LION	Coordinator
Mr Wiranta Yudha	Indonesia	LION	Coordinator (up to 2018)
Ms Vilada Phomduangsy	Laos	APHEDA	Asbestos Project Coordinator
Dr Khampasong Siharath	Laos	APHEDA	Laos Country Manager

Dr Daovone Thepsouvanh	Laos	LAOBAN and Cancer Centre	Director of Vientiane Cancer Centre of Friendship Hospital, Ministry of Health, Committee member LAOBAN
Mr Inpeng Meunviseth	Laos	LFTU and LAOBAN	Director International Cooperation Department Lao Federation of Trade Unions, Convenor LAOBAN
Ms Wulan Dari	Indonesia	APHEDA	Building and Woodworkers International South East Asia Officer 2014 - 2018
Mr Phillip Hazelton	Regional	APHEDA	Campaign Coordinator for the Elimination of Asbestos Related Diseases
Ms Hoang Thi Le Hang	Vietnam	APHEDA	Vietnam Country Manager
Mr Pham Vinh Thuan	Vietnam	APHEDA	Vietnam Asbestos Program officer
Mrs Van	Vietnam	VN BAN NGO Coordination Centre	Director NGO Coordination Centre Vietnam , Convenor VNBAN
Prof. Trinh	Vietnam	VNBAN, VOSHA, NILP, VGCL	President VOSHA (Vietnam Occupational Health and Safety Association), previous Director National Institute for Occupational Health and Safety (NILP), VGCL
Mrs Bu Thi An	Vietnam	VNBAN, Institute for Resources, Environment and Community Development, Vietnam National Assembly member (retired)	
Dr. Tran Tuan	Vietnam	VNBAN	Director Research and Training Centre for Community Development

RESULTS

KEY MOMENTS

Below is a summary of all the key moments in the campaign that each of the interviewees has been active in. While the question asked for two key moments, some participants offered more than two reflecting in some cases the length of the campaign they had been involved in (the longest was 17 years among four focus countries), or the complexity of the twists and turns in their specific campaign.

Laos
<p>Factors contributing to Key Moments</p> <p>Engaging with international networks.</p> <p>LFTU leadership engagement with the asbestos issue.</p> <p>Developing LAOBAN</p> <p>Government to government engagement. Demonstrated to the Lao government that asbestos is significant issue for other governments. Australian, Canadian, WHO and ILO representatives lent credibility to the campaign at key moments.</p> <p>Bringing international expertise to Laos including independent experts and peer reviewed research reports, photos and video from Japan, Australia and Canada in particular.</p> <p>Engaging with doctors. They were a powerful voice compared to other stakeholders in regards to information on asbestos as a health issue.</p> <p>Workshops for National Assembly that brought together expert speakers with LFTU representatives</p>
<p>Key Moments in campaign for an asbestos ban</p> <p>Laos campaigners visiting Australia in 2012 to observe and learn from the campaign to ban asbestos in Australia including learning about asbestos removal practice and medical care.</p> <p>LFTU leadership in supporting the campaign and hosting information sessions for workers and workshops 2012 and 2017 in particular</p> <p>National Asbestos Profile reveals that Laos is the heaviest user of asbestos per capita (2017) Formation of LAOBAN in 2017 and engaging with a broader coalition of active members, including doctors.</p> <p>Work with international organisations and partners including July 2017 workshops and meetings with Australian and Canadian experts.</p> <p>Fulltime Campaign coordinator in the regional campaign being appointed 2017 (networking with UN, ASEA, Australian Embassy, technical input, encouragement for ban networks)</p>

The Ministry of Labour and the Ministry of Health signalling support for an asbestos ban (2017 and 2018)

Changes and outcomes from Key Moments

Broader community understanding including amongst workers, employers and consumers.

Many Ministries now support a ban and some advocate strongly for a ban (Ministry Health, Ministry of Labour and Social Welfare, Ministry of Natural Resources and Environment, Ministry of Science and Technology)

Government has begun the process of deciding on the mechanics of a ban, for example considering ban via either a specific decree, an order from the Prime Minister, a regulation or a law.

LAOBAN has more credibility which has resulted in a broader reach, more legitimacy with decision makers and access to celebrities who have donated their time to promote the ban campaign.

Cooperation between the WHO, embassy representatives, Union Aid Abroad – APHEDA and LAOBAN has produced an effective coalition.

A National Asbestos Profile and a National Action Plan to ban asbestos have been produced.

Cambodia

Factors contributing to Key Moments

Public Health Concern
Awareness of ARD being incurable scared the community.

Growing knowledge from international partners
Union Aid Abroad – APHEDA approached Cambodian partners, organisations and activists with information about asbestos hazards. Knowledge of the risks and experience from other campaigns prompted communications strategies including radio programs, leaflets and training programs.

Lobbying of Government Representatives (Union Aid Abroad – APHEDA with Cambodian activists)
Ministry support is key to bringing the ban campaign towards policy reform. The Ministry of Labour was in favour of a ban and engaged other ministries in the ban campaign through the formation of the working group. BWTUC has been a member of the working group and has provided data on awareness raising in construction sector and Rotterdam Convention.

Key Moments in campaign to win asbestos ban

Training and media engagement for the purpose of educating workers
This engagement resulted in a change of behaviour in workers who began to take more precautions for their health.

Formation of a government working group Cambodian National Asbestos Profile Working Group (CNAP WG)
The formation of the working group has increased awareness and encouraged people to take the process of raising awareness more seriously.

Changes and outcomes from Key Moments

Awareness raising

There continues to be increased awareness of the health hazards related to asbestos and OHS more generally. Workers trained in the hazards of asbestos avoid using asbestos containing materials. There has been increased use of PPE by workers that participated in the training programs. Campaigners believe that information regarding the hazards of asbestos has been distributed more broadly in the community to family, friends and neighbours by people who have participated in trainings.

Government responses

In 2017, with the support of Union Aid Abroad – APHEDA, BWTUC approached the Cambodian Government and formally sent a letter and petition regarding the Cambodian position on listing chrysotile asbestos on Annex III of the Rotterdam Convention. The activity was successful in securing the Government’s position to support the listing.

Working group drafts first National Asbestos Profile

The National Asbestos Profile has mapped the prevalence of ACM in Cambodia for the first time. This information will be an important information document to further engage government representatives on the asbestos issue and promote a ban.

Network Coordination

CAMBAN has been launched

Vietnam¹

Factors contributing to Key Moments

Developing an understanding of the scientific evidence related to asbestos. Publishing research was one of the key factors in persuading politicians.

Period of raising awareness in 2014-15 and lobbying of government to change position on chrysotile asbestos listing on Rotterdam Convention

Developing an analysis of the decision makers who are important to the campaign. Lobbying of government leaders directly in order to avoid campaign materials being blocked at lower levels.

Development of a media strategy to share information and engage decision makers.

Setting up the Vietnamese Ban Asbestos Network.

Ability to change tactics depending on context. Setbacks helped them identify barriers and change targets and strategy.

Diverse stakeholders were mobilised to persuade and advocate on behalf of the campaign. Union Aid Abroad – APHEDA assisted in engaging a variety of stakeholder in the campaign in 2012.

¹ There were differing opinions on identifying factors contributing to key moments, key moments and resulting outcomes of key moments. For example the Prime Minister’s ban announcement in January 2018 was identified as both a key moment and an outcome of key moments. We have done our best to sort the information provided into factors, key moments and outcomes.

Campaigners and members of VNBAN were mindful of opportunities to integrate the ban asbestos campaign into other advocacy forums and opportunities to raise issues with political leaders.

2017 was a key year for pressure towards a ban. There was a focus on media, workshops, a letter campaign to leaders, meetings with the Ethnic Affairs Committee and other tactics to move the campaign forward.

International support from Union Aid Abroad – APHEDA, Oxfam, and WHO.

Use of health policy advocacy framework to assist in developing a campaign methodology. This involved studying documents and gathering evidence, identifying key players, working in communication channels and working with the media.

Key Moments in campaign to win asbestos ban

Multi-Stakeholders get involved through Union Aid Abroad - APHEDA in 2012

Rotterdam 2013 - Vietnam opposed listing of chrysotile asbestos on Annex III of Rotterdam Convention. This motivated campaigners.

July/August 2014 Workshop for National Assembly/ILO/WHO letter to PM and PM Decision to approve construction plan to 2030 still using asbestos.

Campaigners thought there was momentum towards a ban building in 2014. However despite the momentum, in late August the PM approved Regulation 903 Construction Plan to 2030 which also approved continued asbestos use to 2030. Campaigners saw that the asbestos lobby was active and their needed a new approach to advocate policy makers.

September 2014 Vietnam Union of Science and Technology Association (VUSTA) meeting to set up VNBAN -Civil Society organisations coming together to launch new campaign

Rotterdam 2015

Vietnam changes its position and does not oppose or support listing of chrysotile asbestos on Annex III of Rotterdam Convention - “50 / 50 success”.

In 2015 asbestos containing materials were listed as a ‘conditional selling product’.

Rotterdam 2017 – Vietnam supports listing Chrysotile asbestos on Annex III of the Rotterdam Convention.

Speech by the Prime Minister on January 16 2018 that directed the Ministry of Construction to develop a roadmap for banning asbestos in the building sector by 2023 at the latest.

Changes and outcomes from Key Moments

Increased cooperation across a broad coalition

Progress in the campaign to ban asbestos focussed on countering the activities of the asbestos industry that has successfully lobbied the government and delayed the ban since 2001.

Information on asbestos hazards is distributed to target groups

A draft roadmap to ban asbestos roof sheet in the construction sector has been published by the MOC (2018).

MOC media reports indicate that consumption of asbestos roof sheet decreased by 35% in 2017.

Anecdotal evidence indicated that asbestos roof sheet manufacturers want to change to manufacture alternative roofing products.

Indonesia

Factors contributing to Key Moments

Public Engagement

Public activities such as the 'car free day' campaign in Bandung and a focus on good and accessible design for materials engaged community members to support the campaign.

Collection of information on industry

Campaigners investigated the extent of the asbestos industry, documented the safety standards in the factories, investigated owners of the companies and analysed the extent of domestic consumption. They also gathered visual evidence in the form of photo and video.

Networking

Campaigners established networks at a national, regional and international level that enabled them to access and strategically engage with doctors, experts and other campaigners. LION's consistent work on OHS issues gave them access to networks where they could raise the asbestos issue with doctors and other organisations. In 2015 the founder of BaliFokus (NGO working on environmental and quality of life issues) invited Local Initiative for OHS Network (LION) and Canadian Professor Novak to a conference where they met Dr Anna who would become a key ally in the medical community.

Lobbying

LION and INABAN approached members of Parliament and political parties to lobby for support. The policy changes that they have lobbied for include the recognition of occupational diseases, compensation, and the declaration of an asbestos-free province or area.

Organising strategies

LION and trade union organisers developed strategies for organising in asbestos factories. For example, LION send staff to live with the workers in the asbestos factories in order to better understand the working conditions and the culture of the workplace and to develop relationships with workers and their families. They organised workers around issues including wages, legal agreements and workplace rights. Knowledge of these issues gave them credibility and access to workers. Performing advocacy for victims of asbestos related diseases has been integral to strengthening the unions. In the process of developing broader recognition of the dangers of asbestos there have been approaches to and negotiations with management and OHS staff in factories.

Key Moments in campaign to win asbestos ban

Formation of OHS Network in 2009

The formation of the OHS network in Indonesia was supported by IBAN through the Asia Monitor Resource Centre (AMRC). The network was created to connect workers, communities, workers'

rights activists, environmental groups and lawyers in the pursuit of advocating for OHS advances and served as an opportunity to introduce issues related to asbestos. The network was later transformed into the Local Initiative for OHS Network (LION).

Formation of Indonesia Ban Asbestos Network (INA BAN) in 2010

The formation of INA BAN engaged a broader network of organisations and individuals including the medical community, unions and environmental groups.

Engaging doctors with the ban asbestos campaign in 2015

One of the barriers to recognition of the risks of asbestos was the argument that experiences in other countries were not applicable to the Indonesia. The idea that international scientific studies or recommendations do not apply to chrysotile asbestos or the experience in countries that have not yet banned asbestos is commonly propagated by the asbestos industry. There are concerns that the asbestos industry has attempted to influence the Indonesian medical community. Previously there had been difficulty in getting diagnoses of asbestos related diseases as doctors would diagnose 'lung abnormalities' or tuberculosis. When an Indonesian doctor supported the ban campaign it increased legitimacy, especially when engaging government representatives and workers.

South East Asia Ban Asbestos Network (SEABAN) meeting in 2016

The regional meeting facilitated an exchange between Australian unions and South East Asian union on the campaign to achieve asbestos bans across the region.

Formal Recognition of Asbestos Victim in 2017

LION identified workers in an asbestos factory who may be victims of ARD and arranged medical examinations for 20 participants. From those examinations 10 people were diagnosed with asbestos related diseases. INA BAN made a strategic decision to focus on one test case with a worker from the Jeil Fajar factory called Sriyono. Sriyono's case was the first case of occupational disease related to asbestos to be recognised by the state and to result in compensation. The case resulted in increased recognition in the medical community and was an important step forward for organising in the community and workplaces.

Changes and outcomes from Key Moments

Outcomes from the compensation case

After Sriyono's case was successful a victims' organisation was formed. The victims' organisation is broader than issues related to asbestos and also organises victims of other OHS problems. Three more cases have been submitted for compensation however at the time of the interview (31/05/2018) LION and INABAN had not been notified of an outcome. Media coverage of the case alerted other organisations and unions who had previously not engaged with the campaign.

Outcomes of engaging the medical community

Dr Anna has assisted in organising and engaging more members of the medical community. There has been increased capacity and credibility. Conversely, there have also been accusations that the doctors who are supporting asbestos victims are being manipulated by other countries or asbestos alternative companies.

The milestones and developments in the campaign have resulted in a stronger network of doctors, activists and unions advocating for an asbestos ban in Indonesia.

Media coverage

Creating a public discourse on asbestos has engaged policy makers and prompted them to further discuss the dangers of asbestos with activists.

International and Regional cooperation

Regional meetings such as the SEABAN conference co-organised by Union Aid Abroad – APHEDA, Building Workers International (BWI), ABAN and IBAN prompted further cooperation and exchanges of experience and knowledge. BWI facilitated an exchange between LION and the Building and Wood Workers Federation (BWFM) in Myanmar to develop policies on an asbestos ban and engage unions and the social security doctors' alliance. It is hoped that replication of national ban campaigns will accelerate policy changes at a regional and international level.

ANALYSING INFLUENCING APPROACHES AND OUTCOMES

In the following section we use a framework of four main influencing approaches to analyse how the different factors, key moments, and resulting outcomes that have been identified in the interview process can be analysed. The aim is to provide some metrics for comparison. The approach has been adapted from the Overseas Development Institute's paper 'Guide to monitoring and evaluating policy influence'². In order to properly apply these tools, a more thorough approach would be taken involving the collection of both quantitative and qualitative data. In this instance, the framework is being used to frame an analysis of the data collected through interviews.

² <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/6453.pdf>

Influencing Approach	Where? Through what channels?	How? By What means?	Outcomes, what to measure	How; Tools
Evidence and Advice	<ul style="list-style-type: none"> National and international policy discourses/debates Formal and informal meetings Coalition building UN/National Govt/Trade Unions/Civil society 	<ul style="list-style-type: none"> Research and analysis, 'good practice' Evidence based argument Providing advisory support Developing and piloting new policy approaches 	Outputs	Evaluating research reports, policy briefs and websites.
			Uptake and Use	Logs; new areas for citation analysis; user surveys
			Influence	RAPID outcome assessment; Episode studies; Most Significant Change
Public Campaigns and Advocacy	<ul style="list-style-type: none"> Public and political debates in developing countries Public meetings, speeches, presentations Television, newspapers, radio and other media 	<ul style="list-style-type: none"> Public communications and campaigns 'Public education' Messaging Advocacy 	Target audience attitudes behaviours etc...	Surveys, focus groups, direct responses
			Media Attention	Media tracking logs, media assessment
			Media framing and influence	Framing analysis, coverage
Lobbying and Negotiation	<ul style="list-style-type: none"> Formal meetings Semi-formal and informal channels Membership and participation in boards and committees 	<ul style="list-style-type: none"> Face-to-Face meetings and discussions Relationships and trust Direct incentives and diplomacy 	Actors; relationships; Policy process and institutions	Recording meetings; tracking people; interviewing key informants; probing influence
Coalition and Movement Building	<ul style="list-style-type: none"> Network meeting and communications National Ban Networks 	<ul style="list-style-type: none"> Engaging stakeholders Influence policy makers Advocate to target groups 	Network size and effectiveness; movement leadership engagement	Communications; meetings; surveys and focus groups

LAOS

Import data collected as part of the National Asbestos Profile identifying Laos as the highest asbestos consumer per capita globally in 2013 at 1.2 kg/head was an important step forward in raising the profile of the issue and persuading decision makers and political leaders to prioritise asbestos response in Laos. No import data had previously been collected. The data also showed a very sharp increase in imports in a short time. Sixteen asbestos roof sheet factories were identified, with often very poor controls on handling of the fibre and therefore high exposure risks for workers in those factories and communities living around those factories. Recycling of old asbestos roof sheet to other buildings and road maintenance was also identified as major hazards. The uptake and use of this information by government partners and campaigners is a significant outcome of the efforts to develop that profile. When combined with information from international organisations and regional partners on asbestos related diseases the information was highly persuasive as to future cancer burdens that can be expected, to some Ministers and other government staff as well as medical and trade union representatives. Some interview subjects identified the strengthening of the message to the public with the voice of Doctors and particularly cancer doctors entering the debate. The collection of evidence was used to advance the advocacy campaign.

Advocacy to government has also been the main strategy of the asbestos industry. Their influence is often opaque. In Laos eight Ministries, including the Ministry of Health (MOH) and the Ministry of Labour have participated in MOH led workshops and the process towards the development of the National Action Plan, following the WHO/ILO recommended roadmap to countries seeking to eliminate asbestos related disease. On the other hand, the Ministry for Industry and Commerce, working with CIC Chrysotile Information Centre Bangkok, has opposed the move towards a ban, claiming evidence linking chrysotile asbestos to ARDs is not yet sufficient. The results of these contradictory influences could be seen in 2018 when in the same period of time as the Minister for Labour was publicly stating a commitment to a ban by 2020, the Ministry of Industry and Commerce downgraded chrysotile asbestos from a high hazard rating chemical to a medium hazard under the Chemical Law regulation³.

The approaches of using public campaigns and advocacy and coalition and movement building advanced in Laos in 2017 with the formation of LAOBAN. LAOBAN is an important and unusual coalition in the Lao context, bringing trade union, NGO, medical experts and media together in advocating a ban by the government. The Laos based movement and advocacy success has been considerably boosted from international coalitions on the issue including collaborations between Union Aid Abroad – APHEDA, WHO, Australian government agency ASEA, the Australian Embassy, Asbestos Disease Research Institute (ADRI), ABAN and Right On Canada and the Canadian Embassy. The focus on independent evidence remains crucial in this campaign for governments to make effective policy. There has been considerable community, media and workplace awareness rising on the risks of asbestos exposure since 2011 however recognition by the general public remains low.

³ Reclassification in April 2018

VIETNAM

Tactics and strategies for lobbying and negotiation and coalition and movement building were identified as the most useful approaches by the Vietnamese interview subjects. Public campaigning, awareness raising and the collection of evidence have also been important. An indicator of the prioritisation of the lobbying and negotiation tactics is the use of mass media (television) to inform politicians and decision makers, rather than as a public awareness raising tool. Whilst the media coverage may have served multiple purposes or had a variety of effects, interview subjects identified that tactic as a method of influencing government.

The change to the Vietnamese position on listing chrysotile asbestos on Annex III of the Rotterdam Convention was identified by many of the interview subjects as a key milestone and indicator of progress in the campaign. Between 2013, 2015 and 2017 Vietnam moved from opposing the listing, to abstaining, to supporting the listing of chrysotile asbestos. It must be noted that the 2017 Vietnamese position on the listing predated the announcement by the Prime Minister in January 2018 to instruct the Ministry of Construction to ban asbestos roof sheet in the construction sector by 2023. Progress between Rotterdam meetings in regards to government policy was seen as an outcome of successful lobbying efforts and progress in the campaign.

Vietnam has the broadest and longest advocacy movement among the four countries in the effort to ban asbestos, so it may be expected that there is some analysis of the tactics in hindsight that prioritises certain tactics that can most clearly be connected to the campaigns successes.

CAMBODIA

Cambodia is in the process of building coalitions, gathering information and developing stronger networks to strengthen the movement to ban asbestos. Currently most effort is in the finalisation of the first National Asbestos Profile led by the Ministry of Labour and Vocational Training with APHEDA support and including 12 other Ministries, WHO, ILO and trade union and employer representatives. This process will help clarify evidence and data for future government action. The patterns of use in Cambodia at present focussed primarily on imports of asbestos containing materials, both in construction and friction materials. The outcomes of the campaign so far include the Decree (Prakas) setting up the Working Group to develop the National Asbestos Profile, successful advocacy on Rotterdam Convention position to listing chrysotile by BWTUC, the formation of CAMBAN in October 2017, the completion in 2018 of the first National Asbestos Profile.

While workers in construction sector have been a target of awareness raising by APHEDA and BWTUC and more recently ILO, the reach into the sector is not yet strong. Similar to the situation in Laos, the interest group, particularly the Chrysotile Information Centre (CIC), has been active in linking funded cooperation and study tours for key Ministries, Departments and policy makers in attempts to promote the continued use of asbestos and asbestos products.

A question prompted by the Cambodian example relates to how awareness raising in the workplace or the community contributes to the campaign for a ban. It is, of course, vitally important to conduct awareness raising and public campaigns on the risks of asbestos and the dangers of asbestos related diseases. Even in countries that have banned asbestos, public and occupational safety campaigns are

vital in reducing risk of exposure from asbestos products in the built environment. One way in which this community and worker information focus contributes to the campaign is by undermining the misinformation of the asbestos industry. Asbestos producing countries and the asbestos industry can target politicians and decision makers; however unions and public health campaigners have high engagement with the public and workers and can distribute information at a grassroots level which can then also from bottom up, inform the government.

INDONESIA

The emphasis on identifying victims as an initial element of the campaign and then campaigning on compensation for those identified, is an important feature of the approach in this country. Indonesia has a longer and larger consumption history than any others of the 4 countries and mirrors experience of ban movements in many user countries that banned last century. The compilation of evidence of asbestos disease presence in the country is an approach to influence both governments and civil society. There have been several fields of evidence that the campaign has collected including: mapping the industry, identifying victims, analysing legal barriers to recognition of occupational diseases and public health and epidemiology data. Identifying the first compensated victim of asbestos related diseases and can be seen as both an act of advocacy and the gathering of evidence. There has been an increase in credibility and access for the campaign since the successful compensation case, as well as some media attention.

In Indonesia, campaigners have identified legislative barriers to recognition of occupational diseases including ARD. The existing legislation covering OHS dates from the 1970s. They specifically have identified the lack of recognition for degenerative diseases. LION and other campaigners have worked to successfully identify a test case for compensation that was awarded in 2016. Campaigners have taken the approach that further recognition via compensation of occupational and community risk related to asbestos will influence government.

So far, Indonesia has identified the lowest level of government engagement. The campaign here has not attempted the same high level of National Government advocacy as the other 3 countries in this group. The country context is also very different however both in the size of the country and moves to decentralise decision making in many areas in the last 2 decades meaning local and regional campaigning has a relevance and logic not present in the other 3 countries.

The asbestos industry is concentrated primarily in Java in Indonesia, which means that this can also be seen as a regional rather than a national issue. Ina BAN engages strategically and has succeeded in engaging the medical community and support from some unions. One of the strengths of the Indonesian campaign so far has been the strategic campaign development and commitment to building networks at a local, national and international level.

REGIONAL COMPARISON

Indonesia differs from the other target countries in the tactical commitment to the identification of victims in their approach as an important first step in preparing to advocate to government for a ban. There is no doubt all victims should have access to diagnosis, treatment and just compensation. However there are challenges associated with this approach if the objective is to achieve a national ban in the shortest time practical.

There is also the question, given the vast global evidence that now exists, and the inability of many countries to be able to diagnose ARD's of whether the identification of local victims is as necessary to the campaign towards a ban as it may have been in other countries in the past. This is an open question and may differ between different country contexts. In countries that have recent high and new consumption of asbestos, waiting to identify victims to push a ban would seem to reinforce the asbestos industry argument that there is insufficient evidence that chrysotile asbestos leads to ARDs. It is somewhat difficult to compare the campaigns in this way because of the different political systems and the different points that the campaigns find themselves in the movement towards a ban. Fortunately, forums such as ABAN and SEABAN exist to facilitate the comparison of strategies and outcomes.

In Vietnam, the lobbying and negotiation approach had both an inside and an outside track in the sense that some members of VNBAN could be considered decision makers and political actors. VNBAN lobbied from outside political institutions and within them. This is a contrast to Laos and Cambodia where despite some similarities in lobbying, networking and negotiation approaches, it is primarily from outside political institutions towards them. Vietnam has also had the longest attempts at a national ban and the most blatant confrontation with the asbestos industry lobby of the four countries.

It is to be expected that a campaign with broadly the same purpose across four countries with different political systems, histories, geopolitical relationships and economies would produce a variety of approaches and tactics. It is interesting in this case to find the common threads between the campaigns, as well as their differences. Common threads that can be identified include the importance of developing networks and coalitions, the presence of international institutions in support of local networks and the coordinating presence of Ban Asbestos Networks. What these approaches have in common is that they are highly flexible across contexts. Approaches such as local evidence gathering, engagement with media and public campaigns and advocacy are potentially more restricted by their context in the case of the asbestos campaign and therefore are more varied. For example, there are vast differences between state run media and an open media market. There is also a complication in regards to asbestos around the presence of public health or epidemiology practices that may complicate the gathering of evidence on Asbestos Related Diseases (this is exacerbated by the latency period of most ARDs). A practice that has been consistently useful is the sharing of information across national borders, regardless of nuances of approach or context.

TACTICS

BUILDING COALITIONS

Building broad coalitions has been identified as a key approach in all the countries. This primarily takes place in Ban Asbestos Networks; however it can also take place in less formal networks and alliances. Coalitions also lend credibility and allow access to new forums of influence. The following example was identified by one of the campaigners in Indonesia in regards to working towards the key moment of engaging members of the medical community in the ban campaign to build a stronger and broader coalition:

“Dr Anna would call the meeting luck and say they met by coincidence at a conference. However, LION have been working consistently since 2010 with raising the dangers of asbestos. They were the only organisations with an asbestos focus in Indonesia at that time. People recognise that LION is an OHS organisation with a focus on the issue of asbestos.”

The coalitions and networks across Laos, Vietnam, Indonesia and Cambodia have varied in their composition and success, however respondents across countries expressed that the issue of asbestos has engaged a broader coalition than on other issues. For example, it brings together unions, public health advocates, international organisations, the medical community, activists and political leadership.

CAMPAIGNING ON LINKED ISSUES

Many of the interviewees and the organisations they work with have participated in or led other campaigns in the area of environmental protection, public health and OHS. Their work on other issues gave those skills, knowledge and experience to apply to the campaigns to ban asbestos. For example, Indonesian activists surveyed, through LION, had been working on campaigns to address occupational disease and implementing strategies including workplace organising and cooperation with unions. In Laos, the LFTU has existing relationships with legislators and a history of work on OHS and trade union issues. In Vietnam, campaigners have a range of networks reaching from some of the highest political levels to regional communities that has allowed them to strategically engage and spread information. These include anti-tobacco campaigns, alcohol campaigns, clean energy campaigns.

MEDIA

Media coverage has been an important tool in increasing public awareness on the hazards of asbestos and influencing policy makers. The use of this tactic has varied across the target countries and reflects the ability of the campaign to integrate institutions and decision makers into the campaigns as well as strategic approaches. Notably, in Vietnam interviewees included media as a way to reach government and has targeted information sessions on international evidence specifically at key journalists. The target audience will impact the information presented in regards to style, complexity and subject matter.

The media has been targeted by the asbestos industry. Recently in Laos, positive media coverage of the campaign and ministerial support for a ban during 2018 is countered by coverage of by the Ministry of Industry and Commerce, Chrysotile Information Centre and Russian Government position on continued 'safe use' (see below under Challenges and barriers to a ban identified: The Asbestos Lobby).

One section of coverage of the campaign in Indonesian media has been on the compensation case and process around that development⁴. Several factors are potentially at play; the ability to focus on one person's story rather than statistics, a clear narrative that translates for people who aware of the hazards of asbestos and a specific event that can be reported upon.

⁴ English language coverage of Sriyono's case in Jakarta post

<http://www.thejakartapost.com/life/2017/12/14/indonesias-asbestos-time-bomb.html>
<https://kompas.id/baca/utama/2018/05/18/kematian-global-terkait-asbes-tinggi/>

2010:

<https://translate.google.com/translate?hl=en&sl=id&u=https://kompas.id/baca/utama/2018/05/18/kematian-global-terkait-asbes-tinggi/&prev=search>
<https://translate.google.com/translate?hl=en&sl=id&u=https://regional.kompas.com/read/2010/09/30/22382724/Bahaya.Asbes.Kerap.Tak.Disadari.Pekerja&prev=search>

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CHALLENGES AND BARRIERS TO A BAN IDENTIFIED

THE ASBESTOS LOBBY

The asbestos industry, the asbestos lobby and asbestos producing countries all work to undermine campaigns for asbestos bans in Asia. They do this by spreading misinformation regarding the 'safe use' of asbestos, attempting to separate chrysotile asbestos from the consensus on the hazards of other forms of asbestos, funding lobbyists and falsely attacking asbestos ban campaigners as agents of foreign states or of asbestos alternatives companies. This challenge is felt across the region and internationally. At the Rotterdam Convention Intercessional meeting held in Latvia in June 2018 the Chrysotile Information Centre (CIC) was present and advocated against alterations to the rules of consensus. The CIC lobbied in favour of creating a period of time after agreement could not be met at a Conference of Parties where the listing of a specific substance could not be proposed for a prescribed period of time.

In Vietnam the Roof Sheet Association (an asbestos industry body in Vietnam) has advocated on behalf of the asbestos industry promoting the continued use, lobbying to delay bans successfully for many years. However many campaigners in Vietnam believe that they have reached a point of consensus amongst government Ministries and leaders that the asbestos industry will not be able to roll back.

In Vietnam, advocacy for a ban on chrysotile first started almost 18 years ago. In 2001 the VGCL developed a 'Proposal and Scientific Paper on Asbestos' and presented it to the Prime Minister supporting a ban on all six types of asbestos based on international evidence. The then Prime Minister issued a roadmap to ban all six types by 2004. However after the asbestos lobby intervention and a change of Prime Minister, by 2004 only five types were banned and chrysotile asbestos use was continued with the government adopting the 'safe use' description promoted by the industry.

Of those interviewed across the four countries in this survey, 85% named the asbestos industry lobby, as one of the biggest barrier to a ban in their countries and the region.

At a national level the tactics from the interest group that are common to influence delays, divide and intimidate according to the research include:

- *Policy makers offered gifts including expensive watches, laptops, mobile phones and holidays or study tours to Russia and Canada and Brazil before they themselves banned.*
- *Industrial espionage - funding of a spy to weaken ban networks in the region and globally from 2013-2016*
- *Sending of official letters to highest agencies of the Party and Government denouncing health advocates as anti- government*
- *Threaten court action if advocates don't keep silent on the issue*
- *Threaten institutions around their funding*
- *Lobby within Departments to move government positions*
- *Promote misinformation to the media*
- *Disagree with international evidence on asbestos - provide industry funded alternative research or seek research locally to delay a ban indefinitely*
- *Fund workshops with industry paid specialists who don't declare their conflict of interest*
- *Strong lobby campaign with specific influential Departments in government*
- *Trade threats from producer countries*

In Laos there are media reports in 2018 of the last key producer countries engaging with the Laos Ministry of Industry and Commerce actively promoting to delay a ban decision in that country.

According to the Vientiane Times 4th July 2018 the workshop promoted “best practices and technologies on safe and controllable use of chrysotile (white asbestos) containing products”. The meeting “heard there were no studies or statistics to show that chrysotile-containing products have caused any health problem in the last 50 years of manufacturing, production, installation and usage in the country.”⁵

In Indonesia the interviewees have less direct evidence themselves of direct approaches or coordination by the asbestos industry, but this does not mean it is not present. They are concerned that the influence of the asbestos lobby may have prevented senior members of the medical community from recognising ARD. The asbestos industry attempts to separate the international scientific view on asbestos as supported by the WHO by claiming that international studies linking chrysotile asbestos to disease do not apply to ‘safe use’ of asbestos or specifically to the target countries in Asia. They claim that until there is evidence of ARD in that country bans or restrictions on asbestos should not be implemented. Because of the long latency period and lack of epidemiology in this area it may be decades until scientific studies demonstrating a link between chrysotile asbestos and ARD in each country could be published.

Further evidence of the lobby’s influence is clear from the blocking of chrysotile being listed on the Rotterdam Convention. If listed, chrysotile would need prior informed consent from the receiving country before export. For 12 years now, despite the Conventions own scientific panel’s recommendations to list chrysotile, it has been blocked mainly by a few producer countries.

BARRIERS ACROSS TARGET COUNTRIES

A key barrier, as identified above, is the influence of the asbestos industry and asbestos producing countries on key ministries of government, often via the CIC.

There is also the challenge of low public awareness of the hazards of asbestos across the region. In Cambodia approximately 1000 construction workers have been trained in the dangers of asbestos, however this is a small proportion of the industries 200,000 workforce. Similarly, government awareness of the dangers of asbestos is low.

Cambodia along with many countries also faces the challenge of difficulty in identifying asbestos containing materials. With lack of labelling of asbestos containing materials common in the region and strongly resisted by producers, consumers are not aware of what they are buying. The only option then is testing materials. This is not currently possible in Cambodia or Laos for example. This barrier is being addressed through Union Aid Abroad – APHEDA and ASEA facilitating the testing of samples from Cambodia in Australian labs as well as the future provision of microscopes and testing

⁵ Vientiane Times, July 04, 2018, Chrysotile asbestos form can be used safely, meeting hears

equipment to Cambodian partners. There is currently no reliable data on the prevalence of ARDs in Cambodia or Laos.

CONCLUSION

The campaigns to ban asbestos have gained momentum in 2018 with the announcement in Vietnam by the Prime Minister that the country would ban asbestos in the construction sector by 2023 at the latest. In Laos a multi ministry task force led by the Ministry of Health has also completed a National Action Plan to Eliminate Asbestos related Diseases supported by APHEDA and WHO that has a proposed ban date of 2020. Cambodia has in 2018 will complete its first National Asbestos Profile, once again a combined work of many ministries. In Indonesia the ban coalition is broadening, the first asbestos diseases sufferers have achieved compensation recognition by the government and Bandung City is debating a local ban on asbestos on all future government buildings.

The recent movement towards recognition of Asbestos Related Diseases and asbestos bans, especially in the Mekong region, is the outcome of years of campaigning, international cooperation and advocacy. In order to identify not only the important events in the campaign but the factors that created them and the resulting shifts we have sought to identify key moments in the campaigns.

Common lesson that can be drawn include:

- The need for a broad coalition or movement of people and organisations (e.g. health, environment, trade union, consumer, scientific, media, legal, trusted leaders etc.) sharing information and strategy nationally and also regionally and globally to defeat the asbestos lobby
- Local voices are crucial in convincing national governments of the need to ban
- Trade unions are a key member of these coalitions in most countries reflecting a large victim group of workers
- Important to advocate to both consumers and policy makers (demand and supply side)
- Important to base advocacy and campaigning on both international independent evidence and local evidence and data where available
- Important to adapt strategy given the differing national political, economic and social contexts in each country
- The asbestos lobby's common and repeated self-interested profit-orientated tactics must be more effectively exposed and then defeated in each country, for the sake of public health, the economy and the environment
- International evidence is overwhelming on the health effects of exposure to chrysotile asbestos fibres and delaying a ban decision while waiting for national cases of ARD's to be identified serves the interests of those profiting from the sale of asbestos.
- Networks can benefit greatly from learning lessons of other previous campaigns to ban asbestos and also developing skills in planning advocacy and campaign tactics.

Though we have examined the differences between countries this is the common thread: to build coalitions that can strategically engage to take advantage of timing with an understanding of political context. We have seen that Government partners including ASEA have had important government to government interventions at key moments to push the campaigns forward.

The key moment's research captured here involves only a snapshot of views of campaigners at this time. Potential avenues for future research include:

- Media analysis
- Policy analysis
- An examination of the 'Health Policy Campaign Framework' that was identified by Vietnamese interview subjects
- Comparison studies between the campaigns to ban asbestos, occupational safety campaigns and public health campaigns in the Asia Pacific region.

The campaigns to ban asbestos will continue to be fertile ground for analysis and research as they continue to develop and achieve outcomes into the future.

International Organisations

International Labour Organisation (ILO)

The only tripartite U.N. agency, since 1919 the ILO brings together governments, employers and workers of 187 member States, to set labour standards, develop policies and devise programmes promoting decent work for all women and men.

The ILO Asbestos Convention, 1986 (No. 162), provides for the measures to be taken for the prevention and control of, and protection of workers against, health hazards due to occupational exposure to asbestos.

Building Workers International (BWI)

The BWI groups together around 334 trade unions representing around 12 million members in 130 countries. Their mission is to promote the development of trade unions in our sectors throughout the world and to promote and enforce workers' rights in the context of sustainable development.

World Health Organisation (WHO)

WHO are the directing and coordinating authority on international health within the United Nations' system. [Resolution WHA 60.26](#) called for global campaigns to eliminate asbestos-related diseases

Union Aid Abroad – APHEDA

The global justice organisation of the Australian union movement. Formed in 1984. Active in the campaign to ban asbestos since 2010.

International Ban Asbestos Networks and other collaboration partners on ban asbestos campaign

Asia Ban Asbestos Network (ABAN)

International Ban Asbestos Secretariat (IBAS)

Asbestos Disease Research Institute (ADRI)

Asia Monitor Resource Centre (AMRC)

SOLIDAR SUISSE

Right on Canada

National Ban Asbestos Networks contributing to the research

Lao Ban Asbestos Network (Lao BAN)

Cambodian Ban Asbestos Network (Cam BAN)

Vietnamese Ban Asbestos Network (VNBAN)

Indonesia Ban Asbestos Network (InaBan)

Selected Local Organisations

Local Initiative for OHS Network (LION)

LION is a non-profit organization focused on increasing workplace health and safety awareness that is located in Bandung, West Java.

Vietnam General Confederation of Labour (VGCL)

VGCL is Vietnam’s national union centre. It was founded in 1929.

Laos Federation of Trade Unions (LFTU)

National Trade Union Centre in Laos.

Building and Woodworkers Trade Union Confederation (BWTUC)

Cambodian Trade Union

NGO Information Communication (NGO IC)

Vietnam Non-Government Organisation

Vietnam OHS Association (VOSHA)

Vietnam Non-Government Organisation

Justice for Environment and Health Network (JEH)

Network of Vietnam NGO’s

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