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COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS

on working towards an asbestos-free future: a European approach to addressing the health risks of asbestos

1. INTRODUCTION

Asbestos is a highly dangerous, cancer-causing substance[1]**.** Environmental and occupational exposure to asbestos is known to contribute to the high burden of cancer in Europe, causing many avoidable deaths. 78% of cancers recognised as occupational cancer in the EU, and 88% of occupational lung cancers are asbestos-related[2]. **In 2019, occupational exposure to asbestos claimed over 70 000 lives in the EU-27**[3]. Although this is mainly due to past work-related exposure, it confirms the severe consequences of being exposed to asbestos.

Over the past 40 years, the EU has taken action to limit and then ban all use of asbestos. Between 1983[4] and 1985[5], it restricted the use of six types of asbestos fibres. In 1991, the EU banned the placing on the market and use of five of those types[6], and the use of chrysotile asbestos in products widely used in the construction sector, amongst others[7]. In 1999, it banned all six types of asbestos fibres[8], with the EU asbestos ban taking effect in 2005. The ban applies to goods both produced in and imported into the EU[9].

Beating cancer is an EU priority. The Commission has committed to effectively reducing exposure to carcinogenic substances such as asbestos as part of the Europe's beating cancer plan[10] and the zero pollution action plan[11]. As asbestos can still be found in many buildings, including in private homes, a comprehensive and integrated approach is required to tackle this legacy, across several policy areas. Taking further actions to manage the risks of asbestos exposure will protect people from diseases, promote well-being, and help strengthening the European Health Union.

Futher protecting the population from exposure to asbestos is particularly important as the EU rolls out the European Green Deal, which includes the ambition to increase the rate of building renovations. Buildings are responsible for 36% of energy-related

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1 https://monographs.iarc.who.int/wp-content/uploads/2018/06/mono100C-11.pdf

2 WHO/ILO Joint Estimates of the Work-related Burden of Disease and Injury

3 Lassen, C. and Christens, F. (COWI); Vencovska, J; Vencovsky, D. and Garrett, S. (RPA), Schnekider, K. and Dilger, M. (FoBiG). 2021. Study on collecting information on substances with the view to analysing the health, socio-economic and environmental impacts in connection with possible amendments of Directive 98/24/EC (Chemical Agents) and Directive 2009/148/EC (Asbestos). Final report for asbestos. Data from Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2019 database.

4 Restrictions on the use of crocidolite by Council Directive 83/478 introducing restrictions on asbestos into Directive 76/769/EEC https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:31987L0217&from=EN and https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:31976L0769&from=en

5 Restrictions on the use of Chrysotile, Amosite, Anthophyllite, Actinolite and Tremolite, in toys, products for spraying or in powder form, insulation devices, paints and varnishes, Directive 85/610 https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:31985L0610&from=EN

6 Crocidolite, Amosite, Anthophyllite, Actinolite and Tremolite.

7 Certain devices, paints and varnishes, filters for liquids, road surfacing material, fillers and sealants, low density insulating or soundproofing materials, air filters and filters for gas, underlays for plastic floor and wall coverings, textiles (with a temporary exception for diaphragms) and roofing felt.

8 Directive 1999/77/EC with the transposition deadline of 1 January 2005 https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:31999L0077&from=EN

9 Controls on products entering the EU with regards to their compliance with the REACH Regulation are governed by Regulation 2019/1020 on market surveillance and the compliance of products https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32019R1020&from=EN

10 COM(2021) 44 final https://eur-lex.europa.eu/resource.html?uri=cellar:8dec84ce-66df-11eb-aeb5-01aa75ed71a1.0002.02/DOC_1&format=PDF

11 COM(2021) 400 final https://eur-lex.europa.eu/resource.html?uri=cellar:a1c34a56-b314-11eb-8aca-01aa75ed71a1.0001.02/DOC_1&format=PDF

greenhouse gas emissions. Since it is estimated that more than 85% of existing buildings will still be standing in 2050, energy efficiency renovations will be essential for reaching the European Green Deal objectives[12]. In this context, the renovation wave strategy[13] aims to double the annual rate of energy renovations by 2030. Specialised renovation works to reduce energy consumption can ameliorate health and living conditions for dwelers, improve air-quality, alleviate energy poverty and foster social inclusion. They can also boost the long-term value of properties, create jobs and lead to investments often rooted in local supply chains. However, since many buildings with a poor energy performance were constructed by using asbestos, accelerating the building renovation rate could also significantly increase the number of people exposed to asbestos-related health risks, since asbestos present in buildings could be released during renovation works. The number of workers exposed, currently 4.1-7.3 million, is expected to increase by 4% a year for the next 10 years[14].

In October 2021, the European Parliament adopted a resolution[15] calling for a European strategy for the removal of all asbestos. In it, the Parliament called for further EU action to protect workers and citizens from the health risks related to exposure to asbestos, especially in the context of the energy transition. The European Economic and Social Committee also called for the removal of all asbestos[16], underlining that works in energy renovations create synergies with the removal of harmful substances[17]. Citizens' recommendations in the framework of the Conference on the Future of Europe also highlighted the importance of fair working conditions, in particular the revision of the Asbestos at Work Directive, and of a holistic approach to health[18].

A European approach to asbestos is needed to protect human health and the environment, in particular in implementing the European Green Deal and the Europe's Beating Cancer Plan. To achieve this goal, this communication presents a life-cycle approach underpinned by an overarching public health objective. It spans the action needed to identify asbestos present in buildings and to register such information, to ensure its safe removal or treatment as relevant and the treatment of asbestos-containing waste, while maximising the protection of workers and ensuring an adequate follow-up of asbestos-related diseases. This communication positions the EU as an international leader in the fight against the risks posed by asbestos. It also highlights the EU funding available for the safe removal of asbestos at national, regional and local level, based on already existing or planned programmes. The action taken would also contribute to achieve the Sustainable Development Goals (SDGs)[19].

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[12] https://eur-lex.europa.eu/resource.html?uri=cellar:b828d165-1c22-11ea-8c1f-01aa75ed71a1.0002.02/DOC_1&format=PDF

[13] https://ec.europa.eu/energy/sites/ener/files/eu_renovation_wave_strategy.pdf

[14] Based on current notifications, the increasing trend of the amount of asbestos-containing waste, the number of certified workers and the lifespan of the asbestos cement materials (70-80% of asbestos in EU). Source: RPA (2021) external study, see footnote 3

[15] https://www.europarl.europa.eu/doceo/document/TA-9-2021-0427_EN.html

[16] https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/freeing-eu-asbestos#:~:text=The%20EESC%20encourages%20the%20EU%20to%20work%20with,States%20should%20be%20encouraged%20to%20develop%20such%20registers

[17] https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/working-asbestos-energy-renovation-own-initiative-opinion

[18] https://ec.europa.eu/info/sites/default/files/annex_0.pdf

[19] Specific SDGs include good health and well-being (SDG 3), decent work and economic growth (SDG 8), Industry, innovation and infrastructure (SDG 9) and responsible production and consumption (SDG 12).

2. SUPPORTING VICTIMS: IMPROVING DIAGNOSIS AND TREATMENT OF ASBESTOS-RELATED DISEASES

A strong and ambitious policy on asbestos would unlock significant benefits for human health and well-being. Exposure to asbestos can cause diseases such as mesothelioma[20], asbestosis and lung cancer. Cancers caused by asbestos are severe and have poor survival rates. Mesothelioma has no cure and patients have an average life expectancy of 4 to 18 months[21]. Asbestos exposure is responsible for 92% of all mesothelioma cases[22]. Lung cancer, which is the second most commonly diagnosed form of cancer for men and the third for women, has a relatively low survival rate after diagnosis compared with other common types of cancer[23].

Asbestos-related diseases have a long latency period. As the first signs of illness may take an average of 30 years from the moment of exposure to manifest, asbestos-related deaths and illnesses due to exposure that happened before the 2005 ban are expected to occur until the late 2020s and 2030s.

Screening and early diagnosis are fundamental to cancer prevention. As part of Europe's Beating Cancer Plan, the Commission has committed to put forward a new EU-supported cancer screening scheme[24] to help Member States improve access to early diagnosis. A key elements of this new scheme is the Commission proposal[25] to update the 2003 Council Recommendation on cancer screening, which includes the extension of population-based screening to lung cancer. Furthermore, the scheme will be supported by the European cancer imaging initiative. Building on an 'atlas' of cancer-related images and data, as well as new tools such as high-performance computing and artificial intelligence, the initiative will provide the ecosystem for the development of new screening methods and algorithms. Investments in screening and early diagnosis can significantly help victims of asbestos exposure, as a quick diagnosis and treatment will mitigate the effects of asbestos-related diseases, including cancers. In addition, several key actions under the Cancer Plan focus on optimising diagnosis, treatment and care of cancer patients, including complex cancers with poor prognosis such as those caused by asbestos exposure. For instance, the establishment of an EU Network linking recognised National Comprehensive Cancer Centres in every Member State will improve access to high-quality diagnosis and care, the 'Cancer Diagnostic and Treatment for All' initiative will improve access to innovative cancer treatment, and the 'Inter-specialty training programme' focusing on oncology, surgery, radiology, and nursing care will improve the skills of the cancer care workforce.

[20] Mesothelioma is a type of cancer that develops from the thin layer of tissue that covers many of the internal organs (known as the mesothelium).

[21] Burgers JA, Damhuis RA. Prognostic factors in malignant mesothelioma. Lung Cancer. 2004 Aug;45 Suppl 1:S49-54. doi: 10.1016/j.lungcan.2004.04.012. PMID: 15261434.

[22] European Occupational Diseases Statistics (EODS) - Experimental statistics - Eurostat (europa.eu)

[23] Health at a Glance: Europe 2020: State of Health in the EU Cycle

[24] See footnote 10

[25] Proposal for a Council Recommendation (CR) on Strengthening prevention through early detection: A new approach on cancer screening replacing CR 2003/878/EC (europa.eu) of 20 September 2022

The risk of exposure to asbestos is highest in occupational settings. In 2016, an estimated 66 808 deaths in the EU-27 were attributable to past occupational exposure to asbestos[26]. In 2019, this increased to 71 750[27]. For these workers to have access to relevant compensation schemes, the occupational origin of asbestos-related diseases needs to be recognised. As the Treaty does not allow the Commission to propose a legally binding instrument in this field, the main basis for promoting the recognition of occupational diseases at EU level is Commission Recommendation 2003/670/EC[28]. This Recommendation currently covers cancers and other diseases caused by occupational exposure to asbestos. The Commission will consult the tripartite Advisory Committee on Safety and Health at Work (ACSH) on the need to update it in light of the latest scientific findings[29].

The Commission will:

- launch the European Cancer Imaging Initiative (2022);
- consult the tripartite Advisory Committee on Safety and Health at Work (ACSH) on the need to update the Commission Recommendation concerning the European Schedule of Occupational Diseases by including additional asbestos-related diseases.

3. PROTECTING WORKERS AGAINST EXPOSURE TO ASBESTOS

The risk of exposure to asbestos is mostly related to handling asbestos and the dispersion of fibres during construction works, such as renovation and demolition. It is estimated that 4.1 to 7.3 million workers are exposed to asbestos. 97% of these workers are in the construction sector, including related occupations such as roofers, plumbers, carpenters or floorlayers, and 2% are in the waste management industry. Occupational cancer is the first cause of work-related deaths in the EU[30] and 78% of occupational cancers recognised in the Member States are asbestos-related[31]. Therefore, tackling work-related exposure to asbestos is one of the priorities under the EU Strategic Framework on Health and Safety at Work for 2021-2027[32].

Lowering the occupational exposure limit for asbestos

[26] WHO/ILO Joint Estimates of the Work-related Burden of Disease and Injury

[27] Mesothelioma (7 510 deaths), ovarian cancer (2 032), tracheal, bronchus and lung cancer (61 035) and larynx cancer (1,173). RPA external study (2021), see footnote 3, data from Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2019 database.

[28] Commission Recommendation 2003/670/EC of 19 September 2003 concerning the European schedule of occupational diseases, OJ L 238, 25.9.2003, p.28. OJ L 238, 25.9.2003, p.28. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32003H0670&from=EN

[29] The occupational diseases linked to asbestos currently included in Annex I to the Recommendation are the following: asbestosis; mesothelioma following the inhalation of asbestos dust; complication of asbestos in the form of bronchial cancer, fibrotic diseases of the pleura, with respiratory restriction, caused by asbestos; and lung cancer following the inhalation of asbestos dust.

[30] Occupational cancer is, with a share of 52 %, the leading cause of work-related deaths in the European Union, above circulatory illnesses (24 %) and injuries (2 %) and all other causes (22 %). This is according to 2017 data, thus EU27+UK. https://visualisation.osha.europa.eu/osh-costs#!/

[31] https://ec.europa.eu/eurostat/web/experimental-statistics/european-occupational-diseases-statistics

[32] COM/2021/323 final. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52021DC0323

EU legal protection of workers from the specific risks of exposure to asbestos dates back to 1983[33]. Since then, it has been updated several times. The most recent piece of legislation is the Asbestos at Work Directive 2009/148/EC, which lays down strict obligations on employers in terms of protection, planning and training. In addition, since asbestos is a carcinogenic agent, Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens, mutagens or reprotoxic substances at work[34] applies whenever it is more favourable to the health and safety of workers.

Overall, the Asbestos at Work Directive remains fit for purpose[35]. However, the most recent scientific knowledge supports a lowering of the current occupational exposure limit (OEL)[36] [37]. Four Member States (Denmark, France, Germany and the Netherlands) have implemented binding OELs below the current EU-wide OEL. Germany has, in addition to the binding OEL, a limit value corresponding to an acceptable concentration. In order to keep exposure below the acceptance level, there are mandatory guidelines that require measures to be considered in practice. The remaining EU Member States use the current EU-wide OEL.

The Commission is adopting today a legislative proposal to significantly lower the existing OEL for asbestos from 0.1 fibres per cubic centimetre (f/cm³) to 0.01 f/cm³, 10 times lower than the current value. Revising the OEL for asbestos will lead to a greater harmonisation of limit values across the EU. This is expected to lead to better working conditions, including for the significant number of posted workers in the construction sector, and to a fairer distribution of healthcare costs for Member States.

To protect workers from exposure to asbestos, it is important to use the most scientifically up-to-date methods to measure the concentration of fibres in the air. This produces an accurate assessment of the risks and, consequently, a better protection of workers. Although the most used method currently is **phase-contrast microscopy, as recommended by the World Health Organization in 1997**, other effective methods are also available. Scientific evidence suggests that a method based on electron microscopy could give a more precise counting of the fibres, potentially resulting in better protection measures[38]. The Commission has therefore covered the use of measurement methods in the proposal to amend the Asbestos at Work Directive.

Guidelines supporting the implementation of the Asbestos at Work Directive

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[33] The second individual directive within the meaning of Article 8 of Directive 80/1107/EC on the protection of workers from the risks related to exposure to chemical, physical and biological agents at work (OJ L 263, 24.9.1983, p. 25).

[34] OJ L 158, 30.4.2004, p. 50. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:02004L0037-20140325&from=EN

[35] See the 2017 ex-post evaluation of the EU OSH Directives https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX:52017SC0010

[36] Evaluation supporting study available at: https://ec.europa.eu/social/BlobServlet?docId=17060&langId=en

[37] If no action is taken at EU level, and considering only the occupations where exposure to asbestos currently occurs, an estimated 884 cases of occupational cancer will occur over the next 40 years in the EU-27. It is also predicted that 707 workers will die from cancer attributed to occupational exposure to asbestos over the same period. In terms of health costs, it is estimated that cancer cases will cost between EUR 228 and 438 million.

[38] For more information on measurement methodologies see the opinion of the European Chemicals Agency's Risk Assessment Committee https://echa.europa.eu/documents/10162/30184854/OEL_asbestos_Final_Opinion_en.pdf/cc917e63-e0e6-e9cd-86d2-f75c81514277

The considerable number of renovations and demolitions expected over the coming years means that for workers to be fully protected, the Asbestos at Work Directive must be adequately implemented. Member States, employers (especially small and medium-sized enterprises (SMEs), which make up 99% of all companies working with asbestos) and workers could benefit from additional support to ensure compliance. To this end, the Commission will develop guidelines to aid implementation of the revised Asbestos at Work Directive, once adopted. The guidelines will provide in-depth information on the provisions in the Directive currently in force (such as training and use of personal protective equipment), but that merit clarification and advice. It is crucial to promote adequate training for workers who handle asbestos as part of construction, renovation and demolition works. The guidelines could help Member States and employers, especially SMEs, to make sure that workers are aware of the precautions needed, to achieve the highest level of protection. The guidelines could also cover some provisions that fall within the competences of the Member States (such as certification of asbestos removal firms), where additional explanations could be useful. This would allow all parties involved to carry out the expected number of renovations, while ensuring the highest level of protection of workers from exposure to asbestos.

Awareness raising

As part of Europe's Beating Cancer Plan, the European Agency for Safety and Health at Work (EU-OSHA) is preparing a workers' exposure survey on cancer risk factors in Europe[39]. It will look into the most prevalent exposure situations and the number and characteristics[40] of workers exposed to a range of cancer risk factors, including asbestos. This will enable better targeted awareness-raising campaigns and preventive measures, and will contribute to evidence-based policy-making. It will be particularly important given the increased number of companies, workers, and private and public building owners that will be affected by the removal of asbestos. For the same reasons, the Commission will work with the Senior Labour Inspectors Committee (SLIC) to launch an updated awareness-raising campaign.

The Commission:

- proposes to revise the Asbestos at Work Directive in order to lower the current occupational exposure limit value and clarify the related provisions (accompanying this communication) and calls on the European Parliament and Council for a swift adoption;
- will develop updated guidelines to support Member States, employers and workers in implementing the Asbestos at Work Directive, following its revision;
- will work with the Senior Labour Inspectors Committee (SLIC) to launch an updated awareness-raising campaign on the safe removal of asbestos aimed at companies, workers, owners and public administrations.

4. ADDRESSING ASBESTOS PRESENT IN BUILDINGS

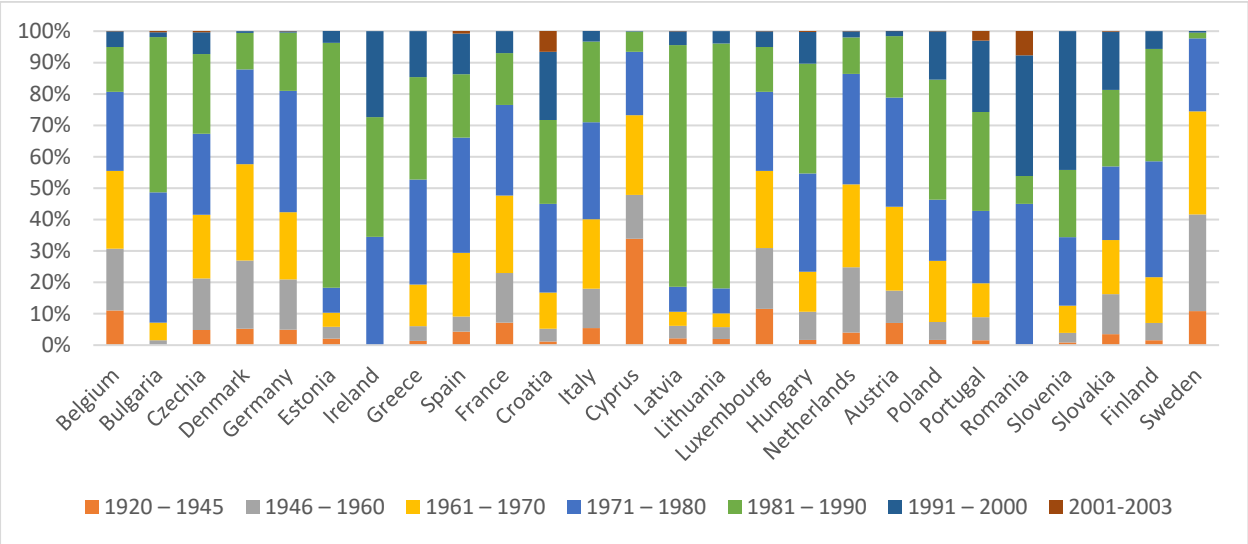
[39] See https://osha.europa.eu/en/facts-and-figures/workers-exposure-survey-cancer-risk-factors-europe for more information. The survey will initially be carried out in a broadly representative selection of six EU Member States covering 24 cancer risk factors, including chemical and physical risks. First findings expected in 2023.

[40] The characteristics analysed include gender, age, country of birth, occupation, activity sector, the size of the company, size of the workplace, professional status, type of contract, and weekly working hours.

Before the EU ban, asbestos was widely used, mainly in the construction sector. 70-80% of asbestos was used for cement products, the rest mainly for other construction products, such as floor coverings, textiles, cardboards, or insulating boards. In 1970, more than 920 000 tonnes of raw asbestos were consumed in the countries that now form the EU, reaching a peak of 1 200 000 tonnes in 1980, before falling to fewer than 40 000 tonnes in 2000[41]. Given that over 220 million building units (85% of all units) were built before 2001[42], it is likely that a significant part of today's building stock contains asbestos[43].

The peak consumption period of asbestos differs between Member States (see figure 1[44]). All Member States registered high shares of asbestos consumption between 1970 and 1990. However, in Cyprus, Belgium, Denmark, Luxembourg, the Netherlands and Sweden, the bulk of asbestos were consumed before the 1970s, while Croatia, Ireland, Portugal, Romania, Slovenia and Slovakia registered high levels of asbestos consumption in the 1990s or early 2000s.

Figure 1 Estimated share of asbestos consumption during the main periods of construction of buildings in the EU27



Source: JRC figures[45]

The magnitude of the asbestos legacy challenge differs between regions. Based on the average age of residential buildings and the average estimated quantity of asbestos (kg/dwelling), the map below displays the asbestos vulnerability of EU regions, ranging from both low levels of built-in asbestos (low quantity of asbestos, newer buildings) to both high levels (high quantity of asbestos, older buildings). It appears that central EU regions have

[41] Maduta, C., Kakoulaki, G., Zangheri, P., Bavetta, M., Towards energy efficient and asbestos-free dwellings through deep energy renovation, JRC129218, https://publications.jrc.ec.europa.eu/repository/handle/JRC129218

[42] A Renovation Wave for Europe. See footnote 13.

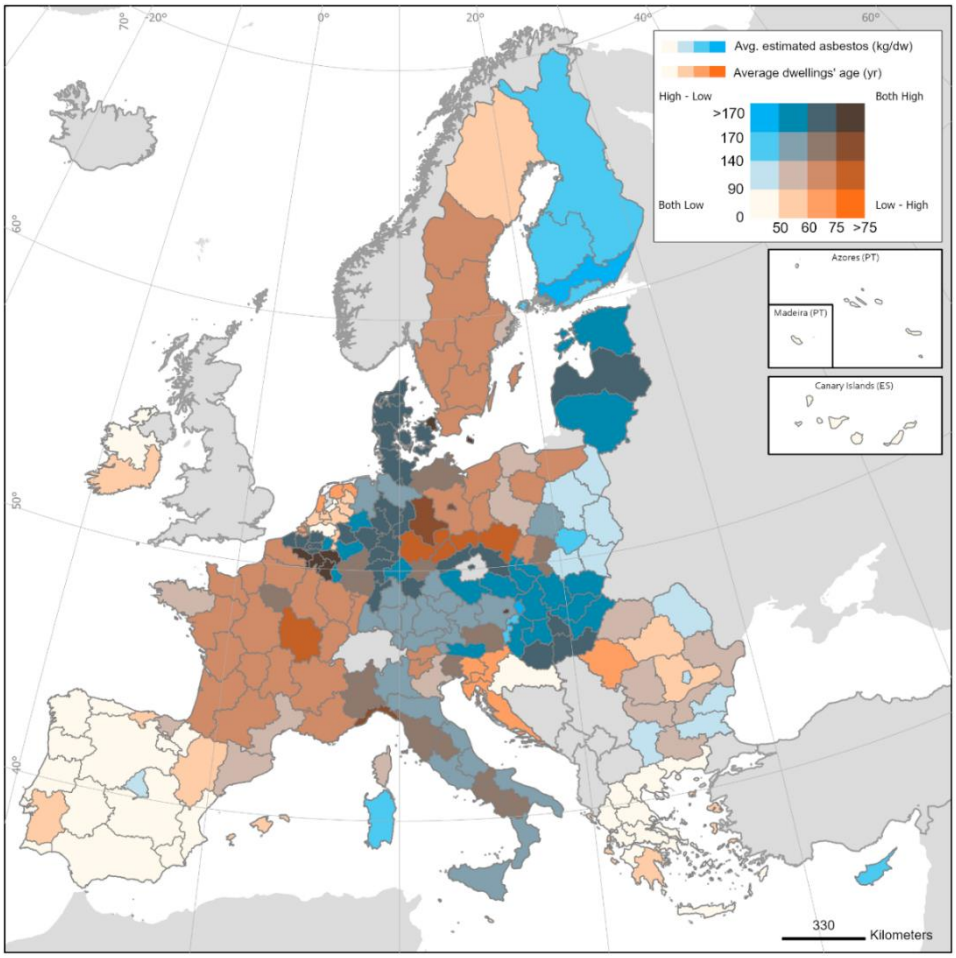
[41] E.g., flat roofing tiles, large and small facade panels, ceiling and wall panelling, heat and sound protection against fire and condensation on beams, smoke proof doors and gates, kilns, boilers and high-temperature installations, etc.

[44] Figure 1 breaks down the consumption of asbestos per main periods of construction of EU buildings. The estimate is based on the apparent asbestos consumption between 1920 and 2003 (Virta, 2006) and the percentage of raw asbestos used in building materials identified in the literature; no figures for asbestos consumption were reported for Malta. Full methodology in reference [40].

[45] See footnote 41.

mostly old buildings and high quantities of asbestos, while generally in eastern and north-eastern EU regions, large amounts of asbestos are found in more recent buildings. The results could indicate the Member States and regions where asbestos screening before renovations should be a priority.

Figure 2. Bivariate map showing the average age of residential buildings (years) and the average quantity of asbestos (kg/dwelling)



Source: JRC figures[46]

More information and transparency on asbestos in buildings

The main threat to human health posed by asbestos occurs when asbestos-containing materials are disturbed, as fibres may be released into the air and subsequently inhaled. The deterioration of some asbestos products as they age may also eventually lead to fibres being released into the air. Since asbestos is mainly found in construction materials, and these materials are subject to substantial change during renovation works, construction deserves special attention when developing protection measures. The likelihood of fibres being released varies depending on the type of asbestos and where it is found. For instance, friable asbestos is particularly dangerous, because its fibres are released more easily than non-friable

[46] See footnote 41.

asbestos. By contrast, asbestos embedded in solid materials is less easily disturbed, and poses considerably lower risks when left untouched.

A principal challenge in addressing the removal of asbestos from the building stock is the lack of knowledge on whether the buildings contain asbestos. The renovations planned for the coming years and the long-term goal of renovating Europe's building stock to reach climate neutrality strongly support the case for a comprehensive assessment of the buildings that could potentially contain asbestos, and where renovation could pose a health threat. The late identification of asbestos-containing materials may delay renovations, and finding them unexpectedly during renovation works could lead to the accidental release of asbestos fibres, a potentially severe risk for workers, inhabitants and neighbours. It is already compulsory to assess the risk of exposure to asbestos before works commence, under the Asbestos at Work Directive 2009/148/EC[47]. However, as asbestos screening, registration and removal strategies vary widely across Member States[48], it would be helpful to have a common EU framework to more easily identify and then remove the asbestos contained in the EU building stock.

The Commission will put forward a legislative proposal on mandatory screening and registration of asbestos in buildings, while respecting the principles of subsidiarity and proportionality and Member States' competences. Adding to existing obligations to assess the presence of asbestos before renovation works commence, the legislative proposal could consider the obligation to screen and register the presence of asbestos in buildings when economic transactions are made (e.g., before sale or rent) and/or at other pivotal moments in the life-cycle of a building. Member States would also be asked to set up national strategies for asbestos removal, reflecting their building codes, and taking into account national circumstances, as well as historical information on the use of asbestos.

In preparing the legislative proposal, the Commission will also consider the introduction of minimum requirements on data collection and dissemination related to the presence of asbestos in buildings. It is critical to have transparent information on the presence of asbestos across the entire life cycle of buildings to minimise the risks of exposure and facilitate the removal of asbestos. Registration in a digital format would make this information more easily accessible, as described in the next section.

The proposal will be developed through a broad consultation of experts and stakeholders. It will also draw on an impact assessment study to identify the best available policy options based on the best available scientific evidence, and respecting the legal basis provided in the Treaty.

The proposal will also build on the **evaluation and identification of best practices** in the management of asbestos risks in the Member States, including in the context of the the implementation of the renovation wave action plan.

[47] Directive 2009/148/EC of the European Parliament and of the Council of 30 November 2009 on the protection of workers from the risks related to exposure to asbestos at work, OJ L 330, 16.12.2009, p. 28. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32009L0148&from=EN

[48] See footnote 41.

- For instance, France has legislated to make the identification of asbestos mandatory before certain operations can be carried out in buildings (decrees of May 2017[49] and July 2019[50]). In building works that could result in a risk of exposure, the person or body ordering the works (for instance, the building owner or the contracting authority) must carry out a preliminary identification of asbestos before works can start. This means searching, identifying and locating materials and products containing asbestos likely to be affected by works.
- Poland also has a national programme for the safe removal of asbestos (2009-2032), and has operated an asbestos database since 2013. The national programme comprises legislative measures for asbestos removal, information and training, and also monitoring via Spatial Information Systems.
- In Belgium, the Flemish Government aims to make buildings and infrastructure asbestos-free by 2040 at the latest. To achieve this, it has taken measures such as making asbestos removal a precondition for installing solar panels and it has planned to bring in an asbestos certificate for buildings for sale in 2022[51].

The renovation wave and energy efficiency

The renovation wave strategy emphasises the importance of maintaining standards for buildings that are sustainable and safe. Therefore, it is important to take action to remove and protect against harmful substances, in particular asbestos. The implementation action plan[52] for the renovation wave includes regulatory measures strengthening the EU legislative framework, in particular the Energy Performance of Buildings Directive 2010/31/EU. In December 2021, the Commission proposed[53] a revision of this Directive, which stresses the importance of a healthy indoor environment. The proposal contains provisions for Member States to address the removal of hazardous substances, including asbestos, in buildings undergoing major renovations.

Ensuring good indoor air quality will become even more important, in particular in the context of reducing energy losses by improving the insulation of buildings. Although EU policies have addressed several factors contributing to good air quality (from ambient air to heating, cooling and ventilation systems, construction materials and consumer products, as well as smoking and similar occupant behaviour), the main regulatory instruments to tackle these elements – building codes – are a competence of Member States and their regions. Therefore, the EU lacks a comprehensive, integrated approach to indoor air quality. Nevertheless, as announced in the zero pollution action plan, the Commission will, by 2023, assess pathways and policy options to improve indoor air quality, focusing on the key factors of air quality and the main sources of pollution, including asbestos. The Commission will explore ways to raise greater public awareness and reduce risks.

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49 https://www.legifrance.gouv.fr/download/pdf?id=LykGmH7vMb-yJKNXCJ9VQ3z9fiEK5Q9jlNDoaaUnwUM=

50 https://www.legifrance.gouv.fr/download/pdf?id=uE3o2iaLz4ujX46N5eNQWUANnUy9niNepuHoD-nISzQ= amended in 2020 https://www.legifrance.gouv.fr/download/pdf?id=TtFjMCu9CIzP1bhSZJIVTvpNRp6cu4pAD6cG41mJnZw=

51 See footnote 41.

52 https://eur-lex.europa.eu/resource.html?uri=cellar:0638aa1d-0f02-11eb-bc07-01aa75ed71a1.0003.02/DOC_2&format=PDF

53 https://eur-lex.europa.eu/resource.html?uri=cellar:c51fe6d1-5da2-11ec-9c6c-01aa75ed71a1.0001.02/DOC_1&format=PDF

Digital building logbook

Digital technologies can facilitate the registration and sharing of asbestos-related data collected during the screenings. Digital building logbooks hold all building-related data and they can allow the sharing and use of all types of information generated over the lifetime of the building, from design and construction to renovation and demolition.

The Commission will propose a regulatory approach for a model for an EU digital building logbook. It will build upon existing obligatory and voluntary initiatives in different Member States, and the digital tools and certificates for buildings being developed at EU level (e.g., energy performance certificates). Logbooks can also store any available information linked to the 'Level(s)'[54] core indicators that track sustainability and performance of buildings. This proposal for a model will include a standardised approach to data collection, data management and interoperability. This will include its implementation framework, also for data resulting from the screening obligation. Information on the presence of asbestos in buildings should become available through logbooks and be linked to other datasets within the logbooks (e.g., blueprint of the building).

The Commission will:

- put forward a legislative proposal on the screening and registration of asbestos in buildings and ask Member States to set up national strategies for asbestos removal (2023);
- propose a regulatory approach for an EU model for digital building logbooks (2023);
- support Member States who wish to introduce digital building logbooks or expand their existing schemes and align them to the EU model;
- assess pathways and policy options to improve indoor air quality, focusing on the key factors of air quality and the main sources of pollution, including asbestos, and explore ways to raise greater public awareness and reduce risks (2023).

The Commission encourages Member States to:

- accelerate the digitalisation of building-related information and existing registries, improve the collection, storage, comparability and exchangeability of data on building characteristics;
- introduce digital building logbooks, or improve existing initiatives, following the EU guidelines.

5. SAFE DISPOSAL OF ASBESTOS WASTE - ZERO POLLUTION

Although the use of asbestos has long been banned in the EU, it is still necessary to take action to manage and dispose of products resulting from demolition and asbestos removal. Construction and demolition waste represents over one third of all waste generated in the EU[55]. The volume of asbestos-containing materials, mostly as part of buildings, runs to tens of millions of tonnes and is likely to exceed 100 million tonnes. The renovation wave

[54] https://ec.europa.eu/environment/topics/circular-economy/levels_en

[55] See Eurostat, 2018 https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Waste_statistics#Total_waste_generation

strategy aims to at least double the annual rate of building renovations by 2030. This highlights the importance of addressing the whole life cycle of asbestos.

EU waste legislation comprehensively regulates the environmentally sound management of asbestos waste once it is generated[56]. As asbestos waste is classified as hazardous waste[57], specific and stringent provisions already apply under EU waste legislation to the generation, transport and management of such waste. This includes reporting and traceability obligations to ensure that the waste is managed in a way that protects the environment. The Commission has issued two guidance documents to help stakeholders follow these obligations: the EU Construction and Demolition Waste Management Protocol (2016)[58] and the Guidelines for the waste audits before demolition and renovation works of buildings (2018)[59].

In the pursuit of an environmentally sound management of the high volumes of asbestos-containing waste, landfilling remains the main approach to safely dispose of this waste. Other treatment methods are limited due to the high volumes of waste involved, the shortage of installations offering alternative treatments, and their high costs and energy intensity.[60] While landfilling does not destroy asbestos fibres, it stabilises and contains them, and therefore provides a safe way of dealing with asbestos waste until alternative treatment options become widely available and affordable. EU waste legislation sets strict requirements for the safe disposal of asbestos in landfills[61].

Exploring alternative ways of treating asbestos waste in an environmentally sound manner is a priority. The waste hierarchy[62] prioritises waste recovery over disposal. The Commission will launch by the end of 2022 a study to identify asbestos waste treatment technologies and practices and carry out a comparative analysis of them and of their environmental impacts. This includes an analysis of gaps in asbestos waste management and future perspectives. The results of the study will be used to evaluate whether any changes to the EU waste legislation are warranted to improve the environmentally sound management of asbestos-containing waste, in particular, demolition waste.

The Commission will:

- launch a revision of the EU Construction and Demolition Waste Management

[56] Under Article 2(b) of Directive 2008/98/EC on waste 'buildings permanently connected with land' are excluded from the scope of the Directive since they are not regarded as waste.

[57] See Annex III to Directive 2008/98/EC on waste and Decision 2000/532/EC establishing a list of waste.

[58] https://ec.europa.eu/docsroom/documents/20509/

[59] https://ec.europa.eu/growth/news/eu-construction-and-demolition-waste-protocol-2018-09-18_en

[60] Vitrification, for instance, which converts asbestos into inert, potentially recyclable, mineral materials, has very limited availability at industrial scale, and it is highly energy intensive. For instance, the plant of the company INERTAM, in France, uses plasma-torch technology that vitrifies asbestos waste, reaching temperatures of up to 1600 °C, which generates a very high energy consumption and related climate impact.

[61] Council Decision 2003/33/EC sets requirements for the safe disposal of asbestos in landfills, and Directive 1999/31/EEC on landfilling of waste provides minimum control and monitoring procedures to be carried out periodically at the site.

[62] The waste hierarchy, as set out in Article 4 of the Waste Framework Directive, is a priority order for waste management, reflecting a general approach under EU waste management law. The hierarchy sets out five possible ways of dealing with waste and prioritises these measures as follows: 1) Prevention; 2) Preparing for re-use; 3) Recycling; 4) Other recovery, e.g., energy recovery; and 5) Disposal. Its primary purpose is to minimise adverse environmental effects from waste and to increase and optimise resource efficiency in waste management and policy. (Extracted from the 2012 Guidance on the interpretation of key provisions of Directive 2008/98/EC on waste https://ec.europa.eu/environment/pdf/waste/framework/guidance_doc.pdf).

Protocol, and the Guidelines for the waste audits before demolition and renovation works of buildings, with a particular focus on renovation works and asbestos (2023);

- launch a study to identify asbestos waste management practices and novel treatment technologies, whose results will be used to evaluate whether changes to EU waste legislation are warranted (by the end of 2022).

6. FINANCING

The EU provides significant funding through the Recovery and Resilience Facility (RRF), which can be used to support national measures for the removal of asbestos in the context of renovations. The Recovery and Resilience Facility makes available EUR 723.8 billion (in current prices) in loans (EUR 385.8 billion) and grants (EUR 338 billion) to support investments and reforms in the Member States to make European economies and societies more sustainable, resilient and better prepared for the challenges and opportunities of the green and digital transitions. One of the seven flagship initiatives of the RRF is the Renovation flagship initiative, which will cover millions of square metres of residential and public buildings undergoing both medium and deep renovations. Member States can use the RRF to fund the removal of asbestos-containing materials from buildings as part of energy efficiency renovation work planned in their national recovery and resilience plans. Member States can also use RRF funds, in particular under pillar 6 (policies for the next generation) and flagship 7 (reskill and upskill) to promote skills acquisition for workers handling asbestos (for instance in the construction or waste management sector) and to update workers' skills to meet new market needs.

In addition, the European structural and investment funds can support a range of measures related to renovations. One of the key objectives of the European Social Fund Plus (ESF+)[63] is to help Member States finance policies and structural reforms to promote upskilling, reskilling and lifelong learning for all, and the adaptation of workers, enterprises and entrepreneurs to change. This could include changes brought by action taken under the green transition, such as renovation works. During the programming period 2014-2020, large-scale asbestos removal projects were co-financed by the European Regional Development Fund (ERDF)[64] in Poland, Italy and other countries. Several Member States have demonstrated an interest in including similar projects in their programmes for the period 2021-2027. The Commission can also offer support for administrative capacity building and for the exchange of expertise and knowledge between national authorities managing cohesion policy programmes through the REGIO Peer2Peer+ initiative, which is available at the request of Member States**.**

Given the wide range of EU financing mechanisms available to support energy renovations and energy efficiency, Member States need to be able to identify how to make the best use of these funds to also cover the identification and removal of asbestos.

The national recovery and resilience plans can also bring substantial improvements to healthcare reforms and investments, focusing on prevention and increasing the quality of diagnosis and treatment, including of cancer patients. In particular, investments in medical

63 https://ec.europa.eu/european-social-fund-plus/en
64 https://ec.europa.eu/regional_policy/en/funding/erdf/

devices for diagnosis and treatment, national oncological programmes, the development of specialised oncological care, and of the creation of cancer prevention infrastructure can strengthen the overall resilience of the cancer prevention and care system. Lastly, Europe's Beating Cancer Plan will be implemented and supported using the whole range of Commission funding instruments with a total of €4 billion being earmarked for actions addressing cancer, including from the EU4Health Programme, Horizon Europe and the Digital Europe Programme.

The Commission encourages Member States to:

- make the best use of all the specific opportunities under EU programmes and funds to cover initiatives that focus on asbestos screening and removal;
- integrate their strategies on asbestos removal in all their programmes and policies, in particular in implementing their national recovery and resilience plans;
- disseminate information on EU funding opportunities at regional and local level.

7. THE EU AS A GLOBAL LEADER IN THE FIGHT AGAINST ASBESTOS

The EU must continue to play a leading role globally to end the use of all types of asbestos. Several non-EU countries still produce and use asbestos-containing products, with global production reaching approximately 1.2 million tonnes in 2021[65]. Through technical assistance under the Rotterdam Convention[66], the EU helps countries replace asbestos materials with safer substitutes, and improve early diagnosis, treatment and rehabilitation services for asbestos-related conditions.

The EU leads by example in global action to protect workers from asbestos, as part of its ambition to achieve open strategic autonomy[67]. Currently, outside of the EU, only Switzerland (0.01 f/cm^3) and Japan (0.03 f/cm^3) have an occupational exposure limit stricter than the current EU limit[68]. The proposal to revise the Asbestos at Work Directive would make the EU OEL the strictest in the world, together with Switzerland. In 2017, the EU first brought up the need to formally recognise occupational safety and health (OSH) as a fundamental principle and right at work in the context of the International Labour Organization (ILO). Following five years of continued action by the EU, the 2022 International Labour Conference agreed to include a safe and healthy working environment in the ILO's framework of fundamental principles and rights at work. The EU will continue its work with the International Labour Conference, to promote safe and healthy environments and dignity at work for all. The European Commission also provides support to candidate countries and potential candidates to align their legal frameworks governing occupational safety and health to EU law.

The EU is committed to ensuring the protection of workers across Global Supply Chains (GSCs). The European Commission recently adopted a proposal for a Directive on

[65] U.S. Geological Survey, Mineral Commodity Summaries, January 2022.
[66] http://www.pic.int/TheConvention/Overview/TextoftheConvention/tabid/1048/language/en-US/Default.aspx
[67] Resilient health systems and first-mover global position in standard-setting, including in terms of rights at work, are among the 10 pillars of Europe's open strategic autonomy - see COM/2021/750 final.
[68] See footnote 3

corporate sustainability due diligence[69], to ensure that companies take measures to minimise adverse human rights and environmental impacts through their operations within and beyond the EU. This includes operations of their subsidiaries and along the value chain. The EU is also contributing financial support to a number of international projects for improving Occupational Safety and Health that are also relevant to address the risks from asbestos[70]. The EU's global commitment on occupational health and safety in global supply chains is further complemented by its involvement in framework initiatives such as the G7 Vision Zero Fund, the G20 Safer Workplaces Agreement, and the OSH Experts Network.

8. CONCLUSION

Though asbestos has been banned in the EU since 2005, its legacy continues to pose a considerable threat to public health. To protect the population from exposure to asbestos and to prevent the risks from being passed on to younger generations, it is important to scale up action at EU and national level to identify and remove asbestos.

This communication comes at a time when the EU is determined to greatly improve the energy efficiency of buildings, and to make its building stock carbon neutral by 2050. As part of this goal, addressing the health risks of exposure to asbestos is essential to achieve the green transition that puts public health and decent living and working conditions at its core.

The Commission calls upon all EU institutions, Member States, social partners and other stakeholders to accelerate action to achieve an asbestos-free EU for current and future generations.

[69] COM(2022) 71 final https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52022PC0071&from=EN

[70] The EU contributes to the ILO Vision Zero Fund (VZF) by financing, with EUR 1.8 million from the EU Programme for Employment and Social Innovation (EaSI), a project for improving Occupational Safety and Health in the global supply chain. It also finances with EUR 0.5 million the project 'Filling data and knowledge gaps on OSH in GSCs to strengthen the model of shared responsibility'. The project is aimed at ensuring that actionable knowledge on OSH and GSCs is available, to support industry, public and private stakeholders' decision-making, and to inform the development of industry-wide strategies to sustainably address the most persistent OSH challenges. The project provides available up-to-date, sex disaggregated data on the incidence of occupational fatal and non-fatal accidents, injuries and diseases in VZF project countries.