



**2019/2182(INL)**

15.7.2021

# **OPINION**

of the Committee on the Environment, Public Health and Food Safety

for the Committee on Employment and Social Affairs

with recommendations to the Commission on protecting workers from asbestos  
(2019/2182(INL))

Rapporteur for opinion: Manuel Bompard

(Initiative – Rule 47 of the Rules of Procedure)

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## SUGGESTIONS

The Committee on the Environment, Public Health and Food Safety calls on the Committee on Employment and Social Affairs, as the committee responsible:

- to incorporate the following suggestions into its motion for a resolution:
  - A. whereas a financial framework, based on the use of Union Structural and Investment Funds, should be established to support building owners and linking the removal of asbestos to other public policies and programmes (such as energy efficiency, improvements of the living environment and social housing) for reasons of efficiency and the use of synergies;
  - B. whereas Article 37 of the Charter of Fundamental Rights of the European Union requires a high level of environmental protection and the improvement of the quality of the environment to be integrated into the policies of the Union and ensured in accordance with the principle of sustainable development;
  - C. whereas, according to Article 191(1) TFEU, Union policy on environment is to contribute to the pursuit of objectives; such as protecting the health of its citizens, protecting and improving the quality of the environment, promoting the prudent and rational utilisation of natural resources, and promoting measures at international level to deal with regional or worldwide environmental problems;
  - D. whereas, according to Article 191(2) TFEU, Union policy on environment is to be based on the precautionary principle and on the principles that preventive action should be taken, that environmental damage should as a priority be rectified at source and that the polluter should pay;
  - E. whereas, the right to a safe, clean, healthy and sustainable environment is becoming universally recognised as the number of states recognising this right has grown over the last few years, with more than 155 countries recognising that right, or elements of that right, in their national legal systems;
- 1. Recalls that the European Pillar of Social Rights calls for a high level of protection of workers' health and safety at work, including from exposure to carcinogens and mutagens at the workplace; stresses that the Union must ensure the right of all people living in the Union to a clean, healthy and sustainable environment; stresses that the European Green Deal sets the ambition of zero pollution, to be delivered through a cross-cutting strategy to protect citizens' health from environmental degradation and pollution while calling at the same time for a just transition that leaves nobody behind; underlines that the Union Action Plan: 'Towards Zero Pollution for Air, Water and Soil' aims to reduce pollution "to levels no longer considered harmful to health and natural ecosystems and that respect the boundaries our planet can cope with, thus creating a toxic-free environment";
- 2. Stresses that the Union must ensure a high level of human health protection in the definition and implementation of all Union policies and activities;

3. Recalls that asbestos remains one of the most significant occupational health challenges and that 125 million people worldwide have been exposed to asbestos in the workplace<sup>1</sup>, despite its health risks having been known for decades;
4. Points out that approximately 250 000 people die each year as a result of asbestos exposure<sup>2</sup>; points out that, in recent years, the rate of death from asbestos fibres has even accelerated; stresses that vulnerable groups, which suffer the most from these health consequences and often have limited access to health care, should be supported by dedicated funding;
5. Recalls that the International Agency for Research on Cancer (IARC), recognised asbestos as a proven carcinogen (group 1) responsible for lung cancers and mesothelioma as well as larynx and ovarian cancers; stresses that all types of asbestos-related diseases such as lung cancer and pleural mesothelioma – caused by the inhalation of asbestos-suspended fibres thin enough to reach the alveoli and long enough to exceed the size of macrophages, as well as different types of cancer caused not only by the inhalation of airborne fibre have been recognised as a health hazard and can take several decades, and in some cases more than 40 years, to become apparent; stresses that asbestos is a non-threshold carcinogen, meaning that every level of exposure, however low, brings a risk of developing cancer; underlines that research on other cancers induced by asbestos should be promoted;
6. Recalls that in addition to active, continuous or discontinuous exposure of workers to asbestos, there are passive occupational exposures concerning people working in the vicinity of workers working with asbestos;
7. Stresses the existence of different types of non-occupational exposure to asbestos with potentially significant consequences on human health, whether of para-occupational (including exposure to asbestos dust reported at home by workers), domestic (including the presence of household objects containing asbestos), or environmental (by materials existing in buildings and installations or of industrial origin);
8. Points out that, according to recent studies, non-occupational exposure to asbestos may explain about 20 % of the mesotheliomas in industrialized countries<sup>3</sup>;
9. Recalls a World Health Organization (WHO) study<sup>4</sup> which outlines a substantial increase in risk for lung cancer due to co-exposure of tobacco smoke and asbestos fibres; calls on Member States to propose a smoking cessation program to all workers exposed to asbestos; reiterates that smoking should never be a reason to exclude a worker from the recognition of an asbestos-related occupational disease, as well as compensation and medical treatment for the disease;
10. Recalls that asbestos diseases have been observed in populations living or having lived

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<sup>1</sup> WHO, Asbestos: elimination of asbestos-related diseases 2018.

<sup>2</sup> Furuya, Sugio; Chimed-Ochir, Odgerel; Takahashi, Ken; David, Annette; Takala, Jukka. 2018. "Global Asbestos Disaster" *Int. J. Environ. Res. Public Health* 15, no. 5: 1000. <https://doi.org/10.3390/ijerph15051000>

<sup>3</sup> [The health impact of nonoccupational exposure to asbestos: what do we know? \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/30411111/)

<sup>4</sup> WHO, Asbestos: elimination of asbestos-related diseases 2018, DG Employment, Social Affairs and Inclusion, Evaluation of the practical implementation of the EU occupational safety and health (OSH) directives in EU Member States.

in the vicinity of industrial sites or premises with friable asbestos, including populations living close to construction sites, train infrastructures, shipyards and power plants, and this sometimes more than thirty years after direct or indirect exposure; stresses that the deterioration of the building stock in the Union increases the risk of environmental exposure which could, in particular, lead to more cases of mesothelioma;

11. Underlines that risks arising from populations exposed to naturally occurring asbestos materials is also an area where information is needed;
12. Points out that, despite the difficulty of assessing it accurately, many studies tend to show an underestimation of environmental exposure to asbestos<sup>5</sup> <sup>6</sup>; recalls that, depending on the source of exposure, environmental exposure levels to asbestos can reach occupational exposure levels<sup>7</sup>; urges the Commission and the Member States in this regard to support research into the risks related to such environmental asbestos exposure pathways;
13. Considers that exposure to asbestos is a form of environmental and health inequality fostering feelings of injustice and being “left behind” among vulnerable groups, particularly in, but not limited to, countries which do not have prevention or victim support schemes;
14. Calls on the European Environment Agency to conduct further research on the presence of asbestos in rivers and their surrounding tributaries, and its effects on vegetation and wildlife, such as the one conducted by the US Environmental Protection Agency<sup>8</sup> <sup>9</sup>;
15. Stresses that background concentration levels of asbestos in the atmosphere should be monitored and measured across Member States;
16. Calls on the Commission to set out a European strategy for the complete elimination of asbestos; calls on all Member States to adopt national action plans to implement that strategy with financial means and specific roadmaps at local, regional and national levels; considers that the Commission should coordinate the national action plans, in particular through the adoption of a framework directive on this matter; underlines in this context the need for a coherent methodology for risk assessment to ensure a level playing field;

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<sup>5</sup> Krówczyńska M, Wilk E. Environmental and Occupational Exposure to Asbestos as a Result of Consumption and Use in Poland. *Int J Environ Res Public Health*. 2019;16(14):2611. Published 2019 Jul 22.

doi:10.3390/ijerph16142611

<sup>6</sup> Agence nationale de sécurité sanitaire de l'alimentation, de l'environnement et du travail (National Agency for Food, Environmental and Occupational Health and Safety) (2016), L'amiante: Présentation, effets sanitaires, expositions et cadre réglementaire (Asbestos: presentation, impact on health, forms of exposure and regulatory framework) (<https://www.anses.fr/fr/content/l%E2%80%99amiante>)

<sup>7</sup> Haute autorité de Santé (High Authority for Health) (2009), Exposition environnementale à l'amiante (Environmental exposure to asbestos): état des données et conduite à tenir (state of scientific knowledge and action required) ([https://www.has-sante.fr/jcms/c\\_759760/fr/exposition-environnementale-a-l-amiante-etat-des-donnees-et-conduite-a-tenir](https://www.has-sante.fr/jcms/c_759760/fr/exposition-environnementale-a-l-amiante-etat-des-donnees-et-conduite-a-tenir))

<sup>8</sup> Washington State Department of Health (2009), Advisory for Swift Creek Naturally Occurring Asbestos

<sup>9</sup> United States Environmental Protection Agency, Swift Creek ([https://response.epa.gov/site/site\\_profile.aspx?site\\_id=3639](https://response.epa.gov/site/site_profile.aspx?site_id=3639))

17. Calls on the Commission to create a European framework for public registers to identify the presence of asbestos in the EU and a best practice platform for asbestos removal; stresses the need to establish public registers relating to asbestos and minimum standards relating to their implementation; recalls that such minimum standards relating to public registers need to be linked to health and safety policies and to environmental and public health regulations;
18. Insists that the transition toward a asbestos-free Union should be socially fair, avoid fragmentation of the internal market, and include sufficient and focused support for private owners, employers, microentreprises and small and medium-sized enterprises in transposing these protective measures, in order to facilitate proper compliance; notes that this approach should be targeted to areas of particular risk, or groups of vulnerable people; stresses the polluter pays principle should be taken into account in the attribution of the cost of asbestos removal as far as possible; recalls the importance of adequate financial support from relevant existing Union funds to ensure proper support and to encourage correct and safe removal of any asbestos detected; highlights that actions to enhance prevention are major public health investments for healthier lives but also for the cost-benefit balance in the management of healthcare systems;
19. Stresses the need to fully involve the social partners and other stakeholders, including asbestos victims groups, at Union, national and regional levels in the development, implementation and evaluation of the European Strategy and national plans;
20. Points out that the safe removal of asbestos is an example of the principle of health in all policies and is directly connected to recent and upcoming Union policy initiatives such as the European Green Deal with the “Renovation Wave for Europe - greening our buildings, creating jobs, improving lives”, set out in the Commission communication of 14 October 2020 (Renovation Wave) and “Europe’s Beating Cancer Plan”, set out in the Commission communication of 3 February 2021; recalls that improving early diagnosis, treatments and rehabilitation are priorities of Europe’s Beating Cancer Plan and should benefit patients suffering from asbestos-related diseases;
21. Insists on the need to carry out long-term epidemiological surveillance to assess the effectiveness of the measures taken; highlights that mesothelioma is a disease, the main risk-factor of which is asbestos and that the number of mesotheliomas diagnosed is a relevant indicator for epidemiological surveillance; calls therefore for the declaration of mesothelioma to competent authorities to be made mandatory;
22. Acknowledges WHO recommendations<sup>10</sup> that it is not necessary to include asbestos fibres in Annex I to the Drinking Water Directive<sup>11</sup>; which concluded that asbestos fibres in drinking water are of no concern for health; recalls that a study by Italian scientists has raised the important question of whether ingestion of water containing asbestos fibres increases the risk of gastric and colorectal cancers<sup>12</sup>; stresses that

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<sup>10</sup> WHO, Regional office for Europe, Drinking Water Parameter Cooperation Project Support to the revision of Annex I Council Directive 98/83/EC on the Quality of Water Intended for Human Consumption (Drinking Water Directive) Recommendations, 2017.

<sup>11</sup> Council Directive 98/83/EC of 3 November 1998 on the quality of water intended for human consumption (OJ L 330, 5.12.1998, p. 32).

<sup>12</sup> Agostino Di Ciaula, Valerio Gennaro. Rischio clinico da ingestione di fibre di amianto in acqua potabile. Epidemiologia&Prevenzione, <https://epiprev.it/3608>

potential asbestos-related diseases possibly caused by the ingestion of water containing such fibres coming from asbestos pipes could take several decades to become apparent; stresses that, even if the Italian study alone cannot make it possible to definitively conclude, at this stage, on the link between the ingestion of asbestos via water and the development of cancers of the gastrointestinal tract, the precautionary principle should apply given the uncertainties involved; considers that more research should be conducted on this important question; calls on the Member States, therefore, to carry out regular monitoring of the quality of the water used for the abstraction of drinking water and to take the necessary preventive and mitigation measures in case there is a risk to human health;

23. Is concerned about the state of the drinking water distribution network in the Union and the presence of asbestos cement pipes, the deterioration of which releases asbestos fibres into the water; further, recalls that in line with WHO recommendations asbestos-cement pipes should no longer be used or approved for drinking water<sup>13</sup>; considers that, in the framework of the European Strategy for the complete elimination of asbestos, and through the European Recovery Plan and those of the Member States, a comprehensive renovation and asbestos removal plan for the European drinking water distribution network should be drawn up and implemented;
24. Welcomes the opportunity presented by the Renovation Wave for the complete removal of asbestos from buildings;
25. Recalls the anticipated increase in construction work in view of the Renovation Wave which will be accompanied by increased occupational and environmental exposure to asbestos fibres; highlights the need for asbestos to be substituted with energy efficient materials in the context of the Renovation Wave;
26. Stresses that, as the demand for asbestos-related work is likely to grow significantly with the Renovation Wave, there is a crucial need to support research and development in order to ensure the highest possible level of protection for workers and the local population exposed to asbestos during rehabilitation and demolition operations, and to improve the reliability and speed of asbestos screening, measurement, removal, and safe waste management;
27. Is concerned that a large proportion of public schools built before 2005 or the year of the national asbestos ban still contain asbestos, creating a risk of exposure for children or students and for school staff; urges that a census of schools with asbestos be carried out across Member States and that the renovation of school buildings therefore be considered to be a priority;
28. Recalls that, despite the ban on the use of asbestos, it is still found in many everyday life products still in use, as well as in many ships, trains, machinery, bunkers, tunnels, galleries, pipes in public and private water distribution networks and especially in buildings, including many public and private buildings;
29. Recalls that more information is needed with regard to population exposure through

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<sup>13</sup> [https://ec.europa.eu/environment/water/water-drink/pdf/20171215\\_EC\\_project\\_report\\_final\\_corrected.pdf](https://ec.europa.eu/environment/water/water-drink/pdf/20171215_EC_project_report_final_corrected.pdf) - point 13.1

contact with commercial products containing asbestos, such as housing materials and their disturbance through normal activity;

30. Stresses that unsafe working conditions for workers may expose society as a whole to risks of asbestos exposure, in particular the families of the workers concerned especially in the maintenance of work clothes; insists, therefore, on the need to ensure a high level of protection of the health and safety of workers, in particular by providing them with adequate protective equipment and preventing exposure of their relatives to asbestos on work clothing and tools, in particular through appropriate decontamination procedures;
31. Calls on the Member States to improve the number, frequency, and quality of their inspections; considers that the Union and the Member States should go well beyond the minimum objective of the International Labour Organization (ILO) of one inspector for every 10 000 workers;
32. Stresses that some workers are much more exposed to asbestos than others, and that this situation of environmental inequality reinforces the already existing economic inequalities; stresses in particular that construction workers are highly exposed to asbestos; underlines that, in the case of a fire, all existing information regarding the presence and location of asbestos should be shared with firefighters;
33. Calls on the Member States to share best practices on the protection of persons reporting the presence of asbestos, whether through internal or external reporting channels;
34. Stresses that women are also exposed to asbestos-related risks and that women are particularly vulnerable to certain kind of asbestos exposure<sup>14 15 16</sup>, including in their work life<sup>17 18</sup>; calls on the Commission to assess if there is a need to revise relevant legislation to better protect women against exposure to asbestos<sup>19</sup>;
35. Considers that citizens should receive equal protection from exposure to asbestos in their living spaces; urges the Commission in this regard to ensure the protection of all citizens by introducing regular screening and exposure limit values for asbestos in

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<sup>14</sup> Panou, V. et al. Non-occupational exposure to asbestos is the main cause of malignant mesothelioma in women in North Jutland, Denmark. *Scandinavian Journal of Work, Environment & Health* doi:10.5271/sjweh.3756 [http://www.sjweh.fi/show\\_abstract.php?abstract\\_id=3756](http://www.sjweh.fi/show_abstract.php?abstract_id=3756)

<sup>15</sup> Michaela Senek, Angela Tod, Steven Robertson. The gendered Experience of mesothelioma study (GEMS): findings from a survey data analysis. *European Respiratory Journal* Sep 2020, 56 (suppl 64) 1684; DOI: 10.1183/13993003.congress-2020.1684

<sup>16</sup> Vasiliki Panou, Ulla Moller Weinreich, Jens Bak, Mogens Vyberg, Christos Meristoudis, Oyvind Omland, Oluf Dimitri Roe, Johnni Hansen. Gender differences in asbestos exposure and disease location in 327 patients with mesothelioma. *European Respiratory Journal* Sep 2017, 50 (suppl 61) PA4294; DOI: 10.1183/13993003.congress-2017.PA4294

<sup>17</sup> Marinaccio A, Corfiati M, Binazzi A ReNaM Working Group, et al The epidemiology of malignant mesothelioma in women: gender differences and modalities of asbestos exposure *Occupational and Environmental Medicine* 2018;75:254-262.

<sup>18</sup> Camargo MC, Stayner LT, Straif K, et al. Occupational exposure to asbestos and ovarian cancer: a meta-analysis. *Environ Health Perspect.* 2011;119(9):1211-1217. doi:10.1289/ehp.1003283

<sup>19</sup> Council Directive 92/85/EEC of 19 October 1992 on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding (OJ No L 348, 28.11.92, p. 1)

living spaces;

36. Calls on the Commission to update, no later than 31 December 2022, the Asbestos at Work Directive<sup>20</sup> with a view to amending the existing binding occupational exposure limit value for asbestos, taking into account the latest scientific knowledge and technical developments, including an evaluation of different types of asbestos fibres and their adverse health effects, as well as to start the process for updating the list of fibrous silicates within the scope of the directive and in this context consider the inclusion of and riebeckite as well as winchite, richterite, fluoro-edenite, and erionite to the list which already cover actinolite, grunerite, anthophyllite, chrysotile, crocidolite and tremolite;
37. Considers the urgent need for an effective access to justice and redress for all health damage, not only that relating to anxiety, for all asbestos victims; underlines that all medical costs related to asbestos exposure should be covered by the employers when they have failed to take all appropriate measures and to make efforts within their means to prevent asbestos exposure; calls on the Commission to assess the possible need for legislation establishing a general liability regime for diffuse pollution to provide compensation to victims for all damages from diffuse pollution, including that caused by asbestos;
38. Calls on the Commission to support the dissemination of information on the various systems for the safe and orderly removal or disposal of asbestos products based on best available techniques;
39. Stresses that the disposal of asbestos waste in landfills is only a short-term solution, which can lead to the release of asbestos fibres into the environment to the detriment of public health;
40. Highlights the need for the treatment of asbestos waste and the safe handling, removal and substitution of this substance in waste streams to be at the heart of the strategy to be developed by the Commission;
41. Emphasises the need for synergies between the strategy to be developed by the Commission, the circular economy objectives including the labelling system and the strategy for a sustainable built environment; highlights also the need for synergies to be created between the strategy and existing initiatives concerning the development of a knowledge base in relation to the substitution of hazardous substances of concern;
42. Recalls the need for transparency with regard to the presence and composition of asbestos fibres in waste streams with a view to improving dismantling and decontamination techniques in order to facilitate the recovery of waste; encourages the creation of synergies with the database being set up by the European Chemicals Agency to gather information and improve knowledge about substances of concern in products and in products when they become waste;
43. Recalls the need for greater circularity in the construction sector and the importance of

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<sup>20</sup> 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. 28–36)

preventing asbestos waste from entering the circular economy; insists on the need to ensure the availability of adequate waste facilities for the safe and sustainable disposal of asbestos materials;

44. Stresses that asbestos waste should be made inert prior to its environmentally sound disposal and calls on the Commission to propose a corresponding revision of relevant Union waste legislation;
45. Highlights that the waste management of asbestos is a challenge of strategic significance for the Union given the amount of asbestos still to be removed and already in landfills; highlights that the treatments of asbestos should fully apply the precautionary principle;
46. Calls on the Commission, in cooperation with the Member States, to promote the establishment throughout the Union of centres for the treatment and inertisation of waste containing asbestos, combined with phasing out all delivery of such waste to landfills; urges the Commission and Member States to consider all tools to support research and investment in inerting treatment technologies for asbestos-containing waste;
47. Considers that organised and structured asbestos removal contributes to regional development objectives and should therefore be fully supported by the Union Structural Funds;
48. Highlights the need for the Union to advocate in international fora against the dumping of asbestos in developing countries;
49. Considers that the complete eradication of remaining asbestos and all asbestos-containing products worldwide should be an important objective of the Union;
50. Calls on the Union to work with the WHO, the ILO, the United Nations (UN) Environment Programme, other international organisations and third countries and take all measures to achieve a global prohibition of asbestos, promote higher levels of occupational health and safety protection worldwide and to improve information and support for victims of asbestos-related diseases; urges the Union to take initiatives with asbestos-exporting countries to close asbestos mines; stresses the need for controls on the import of objects from third countries which still allow the use of asbestos and that waste asbestos should not be exported to third countries;
51. Recalls that one third of the people in the WHO European region live in countries which have not yet banned the use of all forms of asbestos<sup>21</sup>; points out that 16 European countries still use asbestos, particularly as a building material, and continue to produce and export it; urges the Commission to take decisive action within the framework of the Neighbourhood Policy in order to achieve a ban and the complete eradication of asbestos on the whole of the European continent and in the countries bordering the Mediterranean Sea;

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<sup>21</sup> <https://www.euro.who.int/en/media-centre/sections/press-releases/2015/04/at-least-one-in-three-europeans-can-be-exposed-to-asbestos-at-work-and-in-the-environment>

52. Urges the Union to consider as a top priority and take all necessary initiatives to include chrysotile asbestos in Annex III to the Rotterdam Convention;
53. Stresses that dangerous substances forbidden in the Union, such as asbestos, should not be produced and used by Union undertakings located in third countries; considers that the imposition of a duty of care on Union undertakings may be an appropriate instrument to ensure the contribution of Union undertakings to the global eradication of asbestos and to guarantee access to justice for third-country victims of asbestos-related diseases; calls on the Council to give the Commission a mandate to enter into negotiations on a UN Treaty for Business and Human Rights, taking into account exploitation of dangerous pollutants such as asbestos;
- to incorporate the following recommendations into the annex to its motion for a resolution:
1. The development of models to detect, register, monitor and check asbestos in private and public buildings, land, infrastructure, logistics and piping;
  2. The definition of models for monitoring asbestos fibres suspended in the air in the workplace, built-up areas and landfills, abandoned and degrading industrial areas (brownfields) to be rehabilitated, and fibres present in drinking water supplied through asbestos cement pipes;
  3. The registration of all cases of mesothelioma;
  4. The development of Union-wide information campaigns on asbestos to provide relevant information to workers and their families, employers, owners, tenants, users of buildings and infrastructure, and citizens about the risks, including of the synergistic effect of tobacco use and asbestos exposure, especially on the fact of its delayed and cumulative effects on human health, and existing accompanying measures for the safe removal of asbestos and legal obligations relating to asbestos;
  5. The promotion of research and integration of a Union-wide plan in the strategy to be developed by the Commission for the treatment of asbestos waste and the safe handling, removal and substitution of this substance in waste streams;
  6. The establishment of centres for the treatment and inerting of waste containing asbestos by providing for the phasing out of the disposal of such waste in landfills and other harmful practices such as its disposal in waterbodies;
  7. The development of a strategic plan for the Union to increase its activity and influence on global level with regard to the fight against dumping of asbestos in developing countries;
  8. The establishment of a Union framework for national asbestos removal strategies, including a legislative proposal for public and accessible asbestos registers, with minimum standards relating to their implementation, based on asbestos certificates delivered after the screening of buildings to map the exact location of asbestos on public and private sites, and provide accurate information on landfills containing asbestos waste in order to avoid the uncontrolled release of asbestos fibres into the air, the

inadvertent displacement of the soil in which these materials are buried, and the associated health risks to citizens;

9. A roadmap to establish asbestos-free workplaces and an asbestos-free environment, which could establish priority sectors, comprise support for safe removal, and be subject to periodic evaluation every five years of the progress made by the national and regional authorities;
10. The monitoring, measurement and access to information with regard to background concentration levels of asbestos in the atmosphere across Member States and the introduction of exposure limit values for living spaces;
11. The identification of funding instruments including both Union and national funds for the implementation of the Strategy to be adopted by the Commission;
12. The need to include asbestos-related diseases as a key issue in preventive public health;
13. The active involvement of the social partners and other stakeholders, such as asbestos victims groups, tenants and environmental organisations, representatives of the national health services and representatives of the operators to the development, implementation and evaluation of the roadmap for asbestos-free workplaces and environments.

## INFORMATION ON ADOPTION IN COMMITTEE ASKED FOR OPINION

<b>Date adopted</b>	13.7.2021
<b>Result of final vote</b>	+: 77 -: 0 0: 1
<b>Members present for the final vote</b>	Bartosz Arłukowicz, Margrete Auken, Simona Baldassarre, Marek Paweł Balt, Traian Băsescu, Aurélie Beigneux, Monika Beňová, Sergio Berlato, Alexander Bernhuber, Malin Björk, Simona Bonafè, Delara Burkhardt, Pascal Canfin, Sara Cerdas, Mohammed Chahim, Tudor Ciuhodaru, Nathalie Colin-Oesterlé, Esther de Lange, Christian Doleschal, Marco Dreosto, Bas Eickhout, Cyrus Engerer, Eleonora Evi, Agnès Evren, Pietro Fiocchi, Catherine Griset, Jytte Guteland, Teuvo Hakkarainen, Anja Hazekamp, Martin Hojsík, Pär Holmgren, Jan Huitema, Yannick Jadot, Adam Jarubas, Petros Kokkalis, Ewa Kopacz, Joanna Kopcińska, Peter Liese, Sylvia Limmer, Javi López, César Luena, Fulvio Martusciello, Liudas Mažylis, Joëlle Mélin, Tilly Metz, Giuseppe Milazzo, Dolors Montserrat, Alessandra Moretti, Dan-Ștefan Motreanu, Ville Niinistö, Ljudmila Novak, Grace O’Sullivan, Stanislav Polčák, Jessica Polfjärd, Frédérique Ries, María Soraya Rodríguez Ramos, Sándor Rónai, Rob Rooker, Silvia Sardone, Christine Schneider, Günther Sidl, Linea Sjøgaard-Lidell, Nicolae Ștefănuță, Annalisa Tardino, Nils Torvalds, Véronique Trillet-Lenoir, Petar Vitanov, Alexandr Vondra, Pernille Weiss, Emma Wiesner, Michal Wiezik, Tiemo Wölken, Anna Zalewska
<b>Substitutes present for the final vote</b>	Manuel Bompard, Antoni Comín i Oliveres, Martin Häusling, Kateřina Konečná, Ulrike Müller

## FINAL VOTE BY ROLL CALL IN COMMITTEE ASKED FOR OPINION

77	+
EPP	Bartosz Arłukowicz, Traian Băsescu, Alexander Bernhuber, Nathalie Colin-Oesterlé, Christian Doleschal, Agnès Evren, Adam Jarubas, Ewa Kopacz, Esther de Lange, Peter Liese, Fulvio Martusciello, Liudas Mažylis, Dolors Montserrat, Dan-Ștefan Motreanu, Ljudmila Novak, Stanislav Polčák, Jessica Polfjärd, Christine Schneider, Pernille Weiss, Michal Wiezik
S&D	Marek Paweł Balt, Monika Beňová, Simona Bonafè, Delara Burkhardt, Sara Cerdas, Mohammed Chahim, Tudor Ciuhodaru, Cyrus Engerer, Jytte Guteland, Javi López, César Luena, Alessandra Moretti, Sándor Rónai, Günther Sidl, Petar Vitanov, Tiemo Wölken
Renew	Pascal Canfin, Martin Hojsík, Jan Huitema, Ulrike Müller, Frédérique Ries, María Soraya Rodríguez Ramos, Nicolae Ștefănuță, Linea Sogaard-Lidell, Nils Torvalds, Véronique Trillet-Lenoir, Emma Wiesner
Greens/ALE	Margrete Auken, Bas Eickhout, Eleonora Evi, Martin Häusling, Pär Holmgren, Yannick Jadot, Tilly Metz, Ville Niinistö, Grace O'Sullivan
ID	Simona Baldassarre, Aurelia Beigneux Marco Dreosto, Catherine Griset, Sylvia Limmer, Joëlle Mélin, Silvia Sardone, Annalisa Tardino
ECR	Sergio Berlato, Pietro Fiocchi, Joanna Kopcińska, Giuseppe Milazzo, Rob Rooker, Alexandr Vondra, Anna Zalewska
The Left	Malin Björk, Manuel Bompard, Anja Hazekamp, Petros Kokkalis, Kateřina Konečná
NI	Antoni Comín i Oliveres

1	0
ID	Teuvo Hakkarainen

### Key to symbols:

+ : in favour

- : against

0 : abstention