

## **Health and the environment: addressing the health impact of air pollution**

### **Draft resolution proposed by the delegations of Chile, Colombia, France, Monaco, Norway, Panama, Ukraine, United States of America, Uruguay and Zambia**

The Executive Board,

Having considered the report on air pollution and health,<sup>1</sup>

RECOMMENDS to the Sixty-eighth World Health Assembly, the adoption of the following resolution:

(PP1) Noting with deep concern that indoor and outdoor air pollution are leading avoidable causes of disease and death globally, and the world's largest single environmental health risk;

(PP2) Acknowledging that 4.3 million deaths occur each year from exposure to household (indoor) air pollution and that 3.7 million deaths a year are attributable to ambient (outdoor) air pollution, at a high cost to societies;<sup>2</sup>

(PP3) Aware that exposure to air pollutants, especially fine particulate matter, is a leading risk factor for noncommunicable diseases in adults, including ischemic heart disease, stroke, chronic obstructive pulmonary disease, asthma and cancer, and poses a considerable health threat to future generations;

(PP4) Concerned that half of the deaths due to pneumonia in children aged less than five years may be attributed to household air pollution, making it a leading risk factor for childhood mortality;

(PP5) Further concerned that ambient air pollution, and particularly its fine particulate component, is classified as a cause of lung cancer by IARC, which has classified diesel and coal

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<sup>1</sup> Document EB136/15.

<sup>2</sup> WHO. Burden of disease from ambient air pollution for 2012. [http://www.who.int/phe/health\\_topics/outdoorair/databases/AAP\\_BoD\\_results\\_March2014.pdf?ua=1](http://www.who.int/phe/health_topics/outdoorair/databases/AAP_BoD_results_March2014.pdf?ua=1) (accessed 1 December 2014).

combustion products (the principal causes of household and ambient air pollution) carcinogenic in humans;<sup>1</sup>

(PP6) Aware that exposure to both short- and long-term exposure to air pollution has a negative impact on public health, with a potentially much greater impact resulting from long-term exposure, causing chronic diseases such as cardiovascular disease, chronic obstructive pulmonary disease (COPD) and other respiratory diseases, and also that for some pollutants, such as particles, it is not possible to identify a threshold of exposure below which there would be no health effects;

(PP7) Noting the strong significance of air pollution and its health effects to the objectives and targets contained in the WHO NCD global action plan 2013–2020;

(PP8) Noting that air pollution is a cause of global health inequities, affecting in particular women, children and old persons, as well as low-income populations who are often exposed to high levels of ambient air pollution as a result of living near busy roads or industrial sites, or in homes that have no choice but to rely on polluting fuels and technologies for cooking, heating and lighting; [and noting also that air pollution is getting worse in many cities in developing countries while the situation is improving in the developed world,] and that improving air quality are among the measures with the greatest potential impact on health equity;

(PP9) Cognizant that most air pollutants are emitted as a result of human activity in a range of sectors, with indoor air pollution typically being a result of home use of polluting fuels inefficient technologies for heating, cooking and lighting, smoking, or emission of harmful chemicals from building materials and household products, with outdoor air pollution resulting inter alia from energy production, motorized transportation, patterns of industrial and urban development, waste disposal, agriculture and burning of biomass and other household sources of energy; and noting also that there is a significant interrelation between outdoor and indoor air quality;

[(PP9 bis) Cognizant that there are also other air pollutants, not resulting from human activity which cause significant health threats, radon in particular, and that exposure to indoor radon is an important cause of lung cancers in the general population and that this exposure can be substantially reduced by awareness raising programmes aimed at the general public and in particular property owners, as well as by prevention and remediation measures in buildings];

[(PP9 ter) Underscoring that the root causes of air pollution and its adverse health impacts are socioeconomic in nature, and recognizing that rapid and uncontrolled urbanization is a major driver for air pollution, especially in developing countries];

(PP9 quart) [Reaffirming that poverty eradication is the greatest global challenge facing the world today, and is an indispensable requirement for sustainable development, including finding sustainable solutions for air pollution];

(PP9 cinc) [Recognizing that ensuring open channels for technology transfer and providing support for innovation is essential for addressing indoor and outdoor air pollution];

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<sup>1</sup> IARC Monograph 109.

(PP10) Acknowledging recent global efforts to promote air quality as well as the many national and regional initiatives to mitigate the health impacts of indoor and outdoor air pollution, while noting the need for the health community to contribute to a coordinated global strategy to reduce outdoor or indoor air pollution, so as to prevent consequent disease and ill-health, loss of quality of life and life expectancy;

(PP11) Recognizing that the sources of air pollution, its impacts on health, and the policy options for tackling it, are specific to context and place, and that outdoor air pollution may also be transported over long distances, thereby requiring cooperation across sectors at the local, regional, and global level for the identification and implementation of policies with maximal health and social benefits (“win-win actions”), and that in order to contribute to policy choices that protect health and reduce health inequities, the health sector will need to engage in cross-sectorial approaches to health, including adopting health-in-all policies approach;

(PP12) Noting that WHO’s air quality guidelines for both ambient air quality<sup>1</sup> (2005) and indoor air quality<sup>2</sup> (2014) provide [guiding principles, recommendations and targets] for clean air that protect human health, but with a need outstanding for activities, such as the promotion of policies that provide access to clean fuels and clean and efficient home energy solutions, as well as global, regional, national and local sectorial policies in transport, energy, land use planning and construction to reduce air pollution from emission sources;

(PP13) Acknowledging that while many of the most important and cost-effective actions against outdoor and indoor air pollution require the involvement and leadership of national governments as well as regional and local authorities, cities are both particularly affected by the consequences of air pollution and well-placed to reduce air pollution and its associated health impacts, and can complement national air quality measures and emission standards through policies and investments in more energy-efficient and healthy urban planning, more sustainable and healthy transport, building housing and energy systems, and that the health sector can contribute to identifying, communicating and evaluating the healthiest policy options for indoor and outdoor air quality;

(PP14) [Acknowledging that re-tooling household, urban and industrial infrastructure which generates air pollution, involves huge financial and technological investments, requiring mobilization of adequate resources, at national, regional and international levels, and] aware that both established and expanding clean-energy technologies and renewable energy solutions offer cost-effective opportunities to reduce energy poverty while facilitating a shift to cleaner energy sources, particularly at community and household level;

[(PP15) [*Underscoring* the fact that sources of air pollution contributes to climate change through both emissions of greenhouse gases and near-term climate forcers], [that emission reduction in air pollutants both benefit human health as well as the fight against climate change, and that any action in favour of one is mutually beneficial];]

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<sup>1</sup> WHO air quality guidelines for particulate matter, ozone, nitrogen dioxide and sulfur dioxide – global update 2005: summary of risk assessment. Geneva: World Health Organization; 2006 (document WHO/SDE/PHE/OEH/06.02).

<sup>2</sup> WHO indoor air quality guidelines: household fuel combustion; 2014; ISBN 978 92 4 154887 8 (<http://www.who.int/indoorair/guidelines/hhfc/en/>).

(PP15 bis) Underscoring that climate change (i.e., higher temperatures) can also exacerbate air pollution and its impacts, for example through the generation of detrimental climatic conditions, such as more frequent heat waves that exacerbate the health consequences of air quality;

(PP16) Underscoring that air pollution-related health impacts can be a health-relevant indicator for sustainable development policies, particularly with regard to sustainable energy, sustainable cities and clean and sustainable transport, and that due consideration should be given to these impacts in post-2015 Sustainable Development Goal and climate change discussions;

(PP17) Considering due attention to the geographical distribution of pollution, across the production chain,

(OP1)1. URGES Member States<sup>1</sup> to:

1. [Increase their efforts to reduce air pollution of any kind across all levels.]
2. [Within their capabilities to promote and facilitate, transfer, diffusion and access to up to date environmentally sound alternative technologies, to developing countries; supported by the private sector and other stakeholders as appropriate.
3. Reaffirm commitment to promote facilitate and finance, as appropriate, access to and the development, transfer and diffusion of environmentally sound technologies particularly clean air technologies, and corresponding know-how, in particular to developing countries.]

(1) Redouble their efforts to identify, address and mitigate the health effects of air pollution, by developing and strengthening, as appropriate, multisectorial cooperation on the regional and national levels, and through targeted, multisectorial measures in accordance with national priorities, by contributing to enhanced global data collection, monitoring, research, informing the development of normative standards, engaging in cooperation and sharing of best practices and through dissemination of good practices and lessons from implementation;

(2) Enable health systems, including health protection authorities, to take a leading role in raising awareness in the public and among all stakeholders of the impacts of air pollution on health and opportunities to reduce or avoid exposure, including by [[ , as appropriate according to national context and on a voluntary basis], strengthening health systems capacity to provide information about the health effects of air pollution] guiding and sensitizing preventive measures to help reduce these health effects, and to interact effectively with the relevant sectors and other relevant public and private stakeholders to inform about sustainable solutions, to ensure that health concerns are integrated into relevant national, regional and local policy, decision making and evaluation processes, including public health prevention, preparedness and response measures as well as health system strengthening.

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<sup>1</sup> And, where applicable, regional economic integration organizations.

- (3) Facilitate research [on interventions aimed at minimizing air pollution related health effects and evaluating the results of such interventions,] including statistics on morbidity, mortality, health impact assessment, the use and costs of health-care services and the societal costs associated with ill health, supporting identification of research priorities and strategies, engaging with academia to address knowledge gaps, and supporting the strengthening of national research institutions and international cooperation in research to identify and implement sustainable solutions;
- (4) Contribute[, as appropriate according to national context and on a voluntary basis,] to global and regional initiatives to address air pollution and its health effects, [emphasising in particular the monitoring of health effects of air pollution, including, as appropriate, by collecting and sharing data on air pollution exposure and relevant health outcomes]and by working towards harmonization of health related indicators which could be used by decision makers;
- (5) [Increase, [as appropriate according to national context and on a voluntary basis], coverage of air quality monitoring systems that monitor critical air pollutants through, as appropriate, multisectorial cooperation, and gradually integrate the measuring of specific pollutants that are associated with health impacts, thereby developing a better understanding of the current level of air quality in the Member States];
- (6) Improve and optimize the morbidity and mortality registry for all illnesses, especially those related to air pollution, to facilitate obtaining information that may be related to the registries of critical pollutants and other more specific registries in the Member States.
- (7) Encourage and promote clean cooking, heating, and lighting practices, technologies and fuels that will lead to meaningful progress to reduce levels of indoor air pollution as identified in the WHO guidelines for indoor air quality, as well as measures promoting and implementing the aims of the WHO guidelines for ambient air quality, while recognizing the differing capacities and resources of Member States;
- (8) Take into account the WHO Air Quality Guidelines and WHO Indoor Air Quality Guidelines and other relevant information, [within the national context], in the development of a multisectorial national response to air pollution;
- (9) Take effective steps, as appropriate, to address air pollution specifically associated with health care activities, including by implementing the WHO guidelines for ambient air quality and for indoor air quality in health care facilities;
- (10) [Develop policy dialogue and information sharing between different sectors to facilitate a coordinated, multisectorial basis for participation in future regional and global processes to address the health effects of air pollution;] [in particular by securing an active engagement of the health sector in all efforts to combat climate change and adapt to its impacts];

[(10bis) Identify and prioritize actions by the health sector that reduce health inequities related to air pollution and work closely with the communities at risk who can gain the most from effective equitable and sustained actions];

(11) Meet the commitments made at the 2011 UN High level meeting on noncommunicable diseases and to use, as appropriate, the road map and policy options contained in the WHO global action plan for noncommunicable diseases;

(12) [Reaffirm commitment to promote facilitate and finance, as appropriate, access to and the development, transfer and diffusion of environmentally sound technologies, particularly cleaner technologies and corresponding know-how in particular to developing countries];

(13) [Collaborate with regional and international organizations in developing partnerships to mobilize adequate technical and financial resources that can support wide scale and sustained adoption of clean air technologies, particularly in low and middle income settings];

2. REQUESTS the Director-General:

[1. To [consider establishing] a Program for Health and Air Pollution, in order to deliver;]

OR

[1. To provide]:

(a) Support and guidance for the implementation of the Air quality Guidelines and Indoor Air Quality Guidelines;

(b) Enhanced technical support and guidance to Member States, [that takes into account transboundary air pollution] including through appropriate capacities in regional and country offices to support [country] activities;

(b) bis [to support technical capacity building on air quality monitoring and focus on cost-effective methodologies [such as remote sensing and modelling];

(c) The further identification, development and updating of air quality guidelines and cost-benefit tools to support effective and efficient decision making;

(d) Increased technical capacity within the WHO to collect and analyse data on air quality, making full use, as appropriate of partnerships with other relevant international, regional and national actors;

(d) Alt: Enhanced technical capacity of the WHO in collaboration, as appropriate, with relevant international regional and national actors, to collect and analyze data on air quality, with particular emphasis on the health related aspects of air quality;

(e) Assistance to Member States to increase awareness and communicate to the general public and stakeholders, in particular communities at risk, about the effects of air pollution and actions to reduce it;

- (f) Dissemination of evidence-based best practices on effective indoor and ambient air quality interventions and policies related to health;
  - (g) Enhanced ability of WHO to convene, guide and influence research strategies in the field of air pollution and health, in conjunction with the WHO Global Health Observatory;
  - (h) The development of appropriate advisory capacity and support tools to assist the health and other sectors at all levels of government, especially the local level and in urban areas, taking into account different sources of pollution in tackling air pollution and their health effects;
  - (i) [The development of appropriate advisory capacity and support tools at regional level to help Member States to address the health effects of transboundary air pollution, taking into account local and regional sources of air pollution];
2. To exercise global health leadership and maximize synergies while avoiding duplication of efforts with relevant global efforts that promote air quality, [pollution] [reduction] and health improvements, [particularly in areas such as climate change, sound management of chemicals and waste, sustainable energy and sustainable transport];
- 2bis. To work with other UN partners, programmes and agencies, in particular with reference to the UN Environment Assembly resolution on Air Quality;
3. To strengthen, and where applicable forge, links with existing global health initiatives that can benefit from air pollution reduction, including global efforts to reduce noncommunicable diseases (such as the WHO global action plan for noncommunicable diseases) and improve children's health;
- 3bis. To set aside adequate resources for the work in the secretariat, in line with the Programme budget PB 2014/15 and PB 2016/17 and the twelfth General Programme of Work (GPW) 2014/19;
4. To report to the Sixty-ninth World Health Assembly on the implementation of this resolution [and its progress in mitigating the health effects of air pollution];
5. To propose to the Sixty-ninth World Health Assembly a road map for an enhanced global response to the health effects of air pollution.

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