



SIXTY-EIGHTH WORLD HEALTH ASSEMBLY

(Draft) A68/75
27 May 2015

Sixth report of Committee A

(Draft)

Committee A held its fourteenth and fifteenth meetings on 26 May 2015 under the chairmanship of Dr Eduardo Jaramillo (Mexico).

It was decided to recommend to the Sixty-eighth World Health Assembly the adoption of the attached resolutions relating to the following agenda items:

14. Promoting health through the life course

 14.6 Health and the environment: addressing the health impact of air pollution

 One resolution

11. WHO reform

 11.2 Framework of engagement with non-State actors

 One resolution

Agenda item: 14.6

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

The Sixty-eighth World Health Assembly,

Reaffirming its commitment to the outcome document of the Rio+20 Conference “The future we want”, in which all States Members of the United Nations committed to promoting sustainable development policies that support healthy air quality in the context of sustainable cities and human settlements, and recognized that reducing air pollution leads to positive effects on health;¹

Noting with deep concern that indoor and outdoor air pollution are both among the leading avoidable causes of disease and death globally, and the world’s largest single environmental health risk;²

Acknowledging that 4.3 million deaths occur each year from exposure to household (indoor) air pollution and that 3.7 million deaths each year are attributable to ambient (outdoor) air pollution, at a high cost to societies;³

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

Concerned that half the deaths due to acute lower respiratory infections, including pneumonia in children aged less than five years, may be attributed to household air pollution, making it a leading risk factor for childhood mortality;

Further concerned that air pollution, including fine particulate matter, is classified as a cause of lung cancer by WHO’s International Agency on Research for Cancer;⁴

Aware that both short- and long-term exposure to air pollution has a negative impact on public health, with a much greater impact resulting from long-term exposure and exposure at high levels, causing chronic diseases such as cardiovascular diseases and respiratory diseases, including chronic obstructive pulmonary disease, and also that for many pollutants, such as particles, long-term exposure

¹ UNEA resolution 1/7, PP6.

² Global Health Observatory <http://www.who.int/gho/phe/en/> (accessed 18 March 2015).

³ 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 (accessed 1 December 2014).

⁴ IARC Monographs Working Group on the Evaluation of Carcinogenic Risks to Humans on the following issues:

- Outdoor Air Pollution (2013, Volume 109);
- Diesel and gasoline exhausts and some nitroarenes (2012, Volume 105);
- Household use of solid fuels and high-temperature frying (2010, Volume 95);
- Indoor emissions from household combustion of coal (2012, Volume 100E);
- Tobacco smoke and involuntary smoking (2004, Volume 83).

even at low levels (below WHO air quality guidelines proposed levels) could result in some adverse health effects;

Noting the strong significance of air pollution and its health effects for the objectives and targets contained in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020, as well as the significance of the WHO Framework Convention on Tobacco Control, in particular Article 8 and Guidelines related to the protection from exposure to tobacco smoke, as applicable to the parties of the Convention;

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, or live in homes that have no other choice than to be exposed to air pollution from cooking and heating, and that improving air quality is among the measures with the greatest potential impact on health equity;¹

Cognizant that most air pollutants are emitted as a result of the human activities identified as sources of air pollution² in the WHO guidelines on ambient and indoor air pollution, and that there are also naturally occurring phenomena that negatively affect air quality,³ and noting that there is a significant interrelation between outdoor and indoor air quality;

Aware that promoting energy efficiency and expanding the use of clean and renewable energy can have co-benefits for health and sustainable development and stressing that the affordability of this energy will help maximize these opportunities;

Underscoring that the root causes of air pollution and its adverse impacts are predominantly socioeconomic in nature, and cognizant of the need to address the social determinants of health related to development in urban and rural settings, including poverty eradication, as an indispensable element for sustainable development and for the reduction of the health impact of air pollution;

Emphasizing the importance of promotion, transfer and diffusion of environmentally sound technologies, particularly to developing countries, to address the health impact of air pollution;

Acknowledging recent global efforts to promote air quality, in particular the 2014 United Nations Environment Assembly resolution on air quality, as well as the many national and regional initiatives to mitigate the health impacts of indoor and outdoor air pollution, and noting that regional and subregional cooperation frameworks provide good opportunities to address air quality issues according to the specific circumstances of each region;

¹ WHO Burden of Disease, Indoor and Outdoor Air Pollution, 2014.

² WHO Guidelines for Air Quality: Global Update 2005; WHO guidelines for indoor air quality: household fuel combustion; WHO Guidelines for indoor air quality: select pollutants; WHO guidelines for indoor air quality: Dampness and Mould.

³ These include, inter alia, Radon, [a carcinogenic], dust- and sandstorms, volcanic eruptions and forest fires.

Recognizing that in order to contribute to national policy choices that protect health and reduce health inequities, the health sector will need to engage in cross-sectoral approaches to health, including adopting a health-in-all policies approach;¹

Noting that WHO's air quality guidelines for both ambient air quality² (2005) and indoor air quality³ (2014) provide guidance and recommendations for clean air that protect human health, and recognizing that these need to be supported by activities, such as the promotion and facilitation of implementation;

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 promote healthy city activities to reduce air pollution and its associated health impacts, and can develop good practices, complement and implement national measures;

Acknowledging that mobilizing national and, as appropriate, international resources is important for re-tooling relevant infrastructure that contributes to air pollution reduction is an integral element of global sustainable development, and that air pollution-related health impacts can be a health-relevant indicator for sustainable development policies;

Aware that promoting air quality is a priority to protect health and provide co-benefits for the climate, ecosystem services, biodiversity, and food security;⁴

Acknowledging also the complexity between improving air quality and reducing emissions of warming climate-altering pollutants, and that there can be meaningful opportunities to achieve co-benefits resulting from these actions;

Underlining that higher temperatures, heatwaves, dust- and sandstorms, volcanic eruptions and forest fires can also exacerbate the impact of anthropogenic air pollution on health,

1. URGES Member States:⁵

(1) to redouble their efforts to identify, address and prevent the health impacts of air pollution, by developing and strengthening, as appropriate, multisectoral cooperation on the international, regional and national levels, and through targeted, multisectoral measures in accordance with national priorities;

¹ Taking into account the context of federated states.

² WHO air quality guidelines for particulate matter, ozone, nitrogen dioxide and sulfur dioxide – WHO Air Quality Guidelines – Global Update 2005: summary of risk assessment. Geneva: World Health Organization; 2006 (document WHO/SDE/PHE/OEH/06.02).

³ WHO indoor air quality guidelines: household fuel combustion; 2014; (<http://www.who.int/indoorair/guidelines/hhfc/en/>).

⁴ United Nations Environment Assembly resolution 1/7 (<http://www.unep.org/unea/download.asp?ID=5171> accessed 20 March 2015). Smith, K.R., A. Woodward, et al, 2014: Human health: impacts, adaptation, and co-benefits. In: Climate Change 2014: Impacts, Adaptation, and Vulnerability. Part A: Global and Sectoral Aspects. Contribution of Working Group II to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change. Cambridge University Press, Cambridge, United Kingdom and New York, NY, USA, pp. 709–754.

⁵ And, where applicable, regional economic integration organizations.

- (2) to 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 of opportunities to reduce or avoid exposure, including by guiding preventive measures to help reduce these health effects, to interact effectively with the relevant sectors and other relevant public and private stakeholders to inform them about sustainable solutions, and 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;
- (3) to facilitate relevant research, including: developing and utilizing databases on morbidity and 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) to contribute to an enhanced global response to the adverse health effects of air pollution in accordance with the national context, including by collecting and utilizing data relevant to the health outcomes of air quality, by contributing to the development of normative standards, dissemination of good practices and lessons learnt from implementation and by working towards harmonization of health-related indicators that could be used by decision-makers;
- (5) to improve the morbidity and mortality surveillance for all illnesses related to air pollution, and optimize the linkage with monitoring systems of air pollutants;
- (6) to take into account the WHO air quality guidelines and WHO indoor air quality guidelines and other relevant information in the development of a multisectoral national response to air pollution and carry out measures supporting the aims of those guidelines;
- (7) to encourage and promote measures that will lead to meaningful progress in reducing levels of indoor air pollution such as clean cooking, heating and lighting practices and efficient energy use;
- (8) to take effective steps, to address and to minimize as far as possible air pollution specifically associated with health care activities, including by implementing, as appropriate, relevant WHO guidelines;
- (9) to develop policy dialogue, collaboration and information sharing between different sectors to facilitate a coordinated, multisectoral basis for future participation in regional and global processes to address the impact of air pollution on health;
- (10) to strengthen international cooperation to address health impacts of air pollution, including through facilitating transfer of expertise, technologies and scientific data in the field of air pollution, as well as exchanging good practices;
- (11) to identify, at the national level, 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, so as to facilitate the full realization of the right to the enjoyment of the highest attainable standard of physical and mental health;

(12) to meet the commitments made at the United Nations High-level Meeting on Prevention and Control of Non-communicable Diseases (September 2011) and to use, as appropriate, the road map and policy options contained in the WHO global action plan for noncommunicable diseases;

(13) to meet the obligations of the WHO Framework Convention on Tobacco Control, if the Member State is a Party to this treaty;

(14) to collaborate with regional and international organizations in developing partnerships to promote access to adequate technical and financial resources to improve air quality;

2. REQUESTS the Director-General:

(1) to significantly strengthen WHO's capacities in the field of air pollution and health in order to provide:

(a) support and guidance for Member States in implementing the WHO air quality guidelines and WHO indoor air quality guidelines;

(b) support and guidance for Parties of the WHO Framework Convention on Tobacco Control in implementing the obligations under Article 8 of the treaty and its guidelines, in coordination with the Convention Secretariat;

(c) enhanced technical support and guidance to Member States, including through appropriate capacities in regional and country offices to support country activities;

(d) further identification, development and regular updating of WHO air quality guidelines and cost-benefit tools, including monitoring systems, to support effective and efficient decision-making;

(e) enhanced technical capacity of WHO to collaborate, as appropriate, with relevant international, regional and national stakeholders, to compile and analyse data on air quality, with particular emphasis on health-related aspects of air quality;

(f) 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;

(g) dissemination of evidence-based best practices on effective indoor and ambient air quality interventions and policies related to health;

(h) 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;

(i) 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;

- (j) appropriate advisory capacity and support tools at regional and subregional level to help Member States address the health effects of air pollution and other challenges to air quality with a cross-border impact, and to facilitate coordination among Member States in this respect;
- (2) to create, enhance and update, in cooperation with relevant United Nations agencies and programmes a public information tool of WHO analysis, including policy and cost-efficiency aspects, of specific and available clean air technologies to address the prevention and control of air pollution, and its impacts on health;
- (3) to exercise global health leadership and maximize synergies, while avoiding duplication with relevant global efforts that promote health improvements related to air quality, and air pollution reduction, while continuing to work on other environmental challenges to health through, among others, the implementation of resolution WHA61.19 on climate change and health;
- (4) to work with other United Nations partners, programmes and agencies, in particular with reference to the United Nations Environment Assembly resolution on air quality;
- (5) to raise awareness of the public health risks of air pollution and the multiple benefits of improved air quality, in particular in the context of the discussions on the post-2015 development agenda;
- (6) to continue to exercise and enhance the leading role of WHO in the Strategic Approach to International Chemicals Management to foster the sound management of chemicals and waste with the objective of minimizing and, where possible, preventing significant adverse effects on health, including from air pollution;
- (7) 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 and improve children's health;¹
- (8) to set aside adequate resources for the work of the Secretariat, in line with the Programme budget 2014–2015 and approved Programme budget 2016–2017 and the Twelfth General Programme of Work 2014–2019;
- (9) 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; and on other challenges to air quality;
- (10) to propose to the Sixty-ninth World Health Assembly a road map for an enhanced global response to the adverse health effects of air pollution.

¹ Examples of such efforts are the WHO global action plan for noncommunicable diseases, Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD), The Global Strategy for Women's, Children's and Adolescents' Health and the Every Woman Every Child Movement.

Agenda item: 11.2

Framework of engagement with non-State actors

The Sixty-eighth World Health Assembly,

Having considered the reports on the draft framework of engagement with non-State actors and the revised draft framework of engagement with non-State actors;¹

Acknowledging the importance to WHO of engagement with non-State actors that benefits from a robust management of the risks of such engagement for all three levels of the Organization,

1. WELCOMES the consensus reflected in many parts of the draft framework of engagement with non-State actors, including in its introduction, rationale, principles, benefits of engagement, risks of engagement, non-State actors, types of interaction as contained in the Annex;

2. REQUESTS the Director General:

(1) to convene as soon as possible, and no later than October 2015, an open-ended intergovernmental meeting to finalize the draft framework of engagement with non-State actors on the basis of progress made during the Sixty-eighth World Health Assembly, as reflected in the Annex;

(2) to submit the finalized draft framework of engagement with non-State actors for adoption to the Sixty-ninth World Health Assembly, through the Executive Board at its 138th session;

(3) to develop the register of non-State actors in time for the Sixty-ninth World Health Assembly, taking into account progress made on the draft framework of engagement with non-State actors.

ANNEX (not attached)

A68/A/CONF./3 Rev.1 as amended by Committee A

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¹ Documents A68/5, Annex and A68/53.