

Air pollution and Health

Draft resolution proposed by the delegations of Chili, Colombia, France, Monaco, Norway, Panama, Ukraine, United States of America, Uruguay

The Executive Board,

Having considered the report on air pollution and health,¹

(PP1) Noting with deep concern that air pollution is one of the main avoidable causes of disease and death globally and the world's largest single environmental health risk;

(PP2) Acknowledging that over four million deaths occur each year from exposure to household (indoor) air pollution and that a further 3.7 million deaths a year are attributable to ambient (outdoor) air pollution, at a high cost to societies;²

(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;

(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 children's health;

(PP5) Further concerned that ambient air pollution, and particularly its fine particulate component, is classified as a cause of lung cancer by IARC,³ which has also classified diesel combustion and the burning of coal (the principal causes of household and ambient air pollution) as being carcinogens for humans;

(PP6) Aware that both short- and long-term exposure to air pollution has a negative impact on health, with a much greater impact resulting from long-term exposure, and also that for pollutants as

¹ Document EB136/15.

² WHO. Burden of disease from ambient air pollution for 2012.

³ Straif K, Cohen A, Samet J, eds. Air pollution and cancer. IARC Scientific Publication No. 161. Lyon, France; International Agency for Research on Cancer; <http://www.iarc.fr/en/publications/books/sp161/index.php> (accessed 2 December 2014).

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 and 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 it is improving in the developed world, and that the adopted means of improving air quality are amongst those that have the greatest impact on health equity;¹

(PP9) Recognizing that most air pollutants are emitted as by-products of human activity in a range of sectors, with indoor air pollution typically being a result of home use of dirty fuels (such as kerosene and coal), inefficient technologies for heating, cooking and lighting or smoking, as well as volatile organic compounds (VOCs) from home building materials, and 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 indoor air pollution also has an effect on outdoor air quality and vice-versa;

(PP10) Noting with deep concern that while there are substantial data, and many national, regional and international initiatives, to mitigate the health impacts of indoor and outdoor air pollution, there is neither a coordinated global strategy nor adequate concerted efforts to reduce air pollution of outdoor or indoor origin, so as to prevent consequent disease and ill-health;

(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 air pollution is 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 health-in-all policies;

(PP12) Noting that WHO’s air quality guidelines for both ambient air quality² (2005) and indoor air quality: household fuel combustion³ (2014) provide a goal for clean air that protects 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 sectorial policies in transport, energy and construction to reduce air pollution from emission sources;

¹ http://www.who.int/phe/health_topics/outdoorair/databases/AAP_BoD_results_March2014.pdf?ua=1 (accessed 1 December 2014).

² 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).

³ WHO indoor air quality guidelines: household fuel combustion; 2014; ISBN 978 92 4 154887 8 (<http://www.who.int/indoorair/guidelines/hhfc/en/>).

(PP13) Acknowledging that while many of the most important and cost-effective actions against outdoor 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 and communicating and evaluating the healthiest policy options for those communities with whom it works;

(PP14) 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 sources, particularly at community and household level;

(PP15) Underscoring the fact that sources of air pollution also tend to contribute to climate change, through both long-lived greenhouse gases such as carbon dioxide and short-lived climate pollutants, such as methane and black carbon, and that climate change can also contribute to air pollution, for example through more frequent heatwaves that exacerbate the health consequences of air quality;

(PP16) Noting that air pollution health impacts can be a health-relevant indicator for sustainable development policies, particularly with regard to sustainable energy, sustainable cities and transport, and that due consideration should be given to this opportunity in post-2015 Sustainable Development Goal discussions,

(OP 1) URGES Member States to:¹

(1) redouble their efforts to identify, address and mitigate the health effects of air pollution, by developing, as appropriate, multisectorial cooperation on the national level, 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 to take a leading role in raising public awareness and all stakeholders of the impacts of air pollution on health and opportunities to reduce or avoid exposure, including by strengthening health systems capacity to provide information about the health effects of air pollution, to guide and carry out preventive measures to help reduce these health effects, and to interact effectively with the relevant sectors and other relevant public and private stakeholders to ensure that health concerns are integrated into relevant national, regional and local policy and decision making processes, including public health prevention, preparedness and response measures;

(3) facilitate research to expand the evidence base on impacts of air pollution on health and the effectiveness of interventions to address them, 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,

¹ And, where applicable, regional economic integration organizations.

engaging with academia to address knowledge gaps, and supporting the strengthening of national research institutions and international cooperation in research;

(4) contribute 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 indicators which could be used by decision makers;

(5) increase 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 generate 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, on behalf of health services, especially those related to air contamination, obtaining information that may be related to the registries of critical contaminants and other more specific registries in the member states;

(7) encourage and facilitate 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 account of the WHO guidelines for ambient air pollution in the development of a multisectorial national response to air pollution;

(9) take effective measures to mitigate 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;

(11) ensure that WHO has adequate capacities to support member states and actively develop the global response to the health effects of air pollution;

(12) meet the commitments made at the 2011 UN High level meeting on non-communicable diseases and to use, as appropriate, the road map and policy options contained in the WHO global action plan for noncommunicable diseases,

(OP2) REQUESTS the Director-General:

(1) to establish a Program for Health and Air Pollution, in order to deliver;

(a) support and guidance for the implementation of the Guidelines for ambient air pollution and for indoor air pollution;

- (b) enhanced technical support and guidance to member states, including through appropriate capacities in regional and country offices to support the above activities;
 - (c) the development and updating of air pollution guidelines and cost-benefit tools for relevant sectors, such as housing, transport and electricity production;
 - (d) increased technical capacity within the WHO to collect and analyse data on air quality, making full use of partnerships with other relevant international, regional and national actors;
 - (e) help Member States to communicate to the general public and stakeholders, on air pollution, its effects and actions to reduce it;
 - (f) 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 Observatory;
 - (g) the development of appropriate advisory capacity and support tools to assist cities in tackling air pollution and their health effects;
- (2) to exercise global leadership for health and maximize synergies with relevant global efforts that promote air quality, pollution mitigation and health improvements, particularly in areas such as climate change, sustainable energy and sustainable transport;
- (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 pneumonia in children;
- (4) to report to the Sixty-ninth World Health Assembly on the implementation of this resolution and the status of the global effort to tackle 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 in the period following decisions related to air pollution agreed in other fora.

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