Consultation on update to WHO Road map on air pollution (A69/18)

Member State information session

21 June 2024, 14:00-15:30 CET
Agenda

- Opening remarks - Maria Neira
- Background: 2015 Resolution on air pollution and health (WHA 68.8)
- Updating Road map for an enhanced global response to the adverse health effects of air pollution (A69/18)
- Global conference on air pollution and health – 25-27 March 2025
- Closing and next steps
Air Pollution – The Silent Killer

Every year, around 7 MILLION DEATHS are due to exposure to both outdoor and household air pollution.

Air pollution, mainly arising from inefficient energy use, is a major environmental risk to health.

By reducing air pollution levels, countries can reduce:

- Stroke
- Heart disease
- Lung cancer, chronic obstructive pulmonary disease, pneumonia and asthma
WHO’s milestones on air pollution and health

- 1958: WHO’s first report on air pollution & health
- 1979: Long-range transboundary air pollution convention
- 1987: 1st WHO guidelines published
- 1990: World Health Assembly resolution 68.8 & SDG indicators on air pollution & health
- 2000: 1st WHO global conference on air pollution
- 2010: World Health Assembly roadmap
- 2018: Latest WHO air quality guidelines
- 2021: World Health Assembly roadmap
- 2025: Revised air pollution roadmap

2nd WHO global conference on air pollution (2025)
Health and environment: addressing the health impacts of air pollution

2015 WHA Resolution on Air Pollution and Health (WHA 68.8)

2016 Road map for enhanced global response to air pollution
WHA 68.8 – Health and environment: addressing the health impact of air pollution

• Provides background & global context of health risk
• Identifies key opportunities and needs of health sector engagement
• Outlines “asks” for Member States including
  • Increasing efforts to prevent health impacts from AP, and strengthen role/engagement of health sector in multi-sectoral action
  • Increase/advance evidence-base, normative standards, dissemination of good practices
  • Implement WHO air quality guidelines
• Outlines “asks” for Director General
  • Enhanced technical support for MS including Air Quality Guideline updates
  • Strengthened advocacy/communication, including through dissemination of evidence-based best practices
  • Engage with UN partners, and engagement with other related conventions/mechanism
  • Ensure adequate resources for Secretariat in programme budget and 12th GPW
• Proposes a ‘road map’ for resolution implementation
I. Rationale for road map (Para 1 – 2)

II. Mapping of global context and opportunities (Para 3 – 6) w references to:
   - Paris Agreement
   - 2030 Agenda for sustainable development

III. Description of road map structure (Para 7 – 8)

IV. Description of Road Map’s 4 Organizational (Para 9)
   - Expanding knowledge base
   - Monitoring and reporting
   - Global leadership and coordination
   - Institutional capacity strengthening

V. Description of health sector capacity limitations and evidence gaps

VI. Elaboration of rationale for different categories mentioned above, providing specific examples of actions that can/should be taken in to support health sector engagement

VII. Appendix I – Provides a sequential mapping of activities outlining the current state and ending with ‘desired state’ for each of the four categories

VIII. Appendix II – Theory of Change
Appendix I & II – Mapping activities & theory of change
Figure 1. Expanding the knowledge base

**Current state:**
- Some evidence on health impacts of air pollution, health risks and benefits of specific sector policies, and on effectiveness of interventions. There are significant knowledge gaps.

- Establishment of a framework for the public health information tool, in collaboration with relevant stakeholders.

- Development of the public health information tool as a repository of existing knowledge and evidence.

- Synthesize evidence of health impacts from air pollution and effective interventions including through development of WHO guidelines.

- Actively disseminate existing and new knowledge and evidence on air pollution and health through the public health information tool.

- Tools to support research and analysis developed/enhanced, e.g., to assess health impacts of air pollution, identify health risks and benefits of sector policies (e.g., health impact assessment), conduct cost-benefit analyses, etc., in population groups like children and women, and at the subnational level (in cities and in homes).

- Research capacities and capacities for use of analytical tools enhanced through training, exchange and technical support, particularly in low- and middle-income countries at both the national and subnational levels.

- Global analysis undertaken of linkages between air pollution and global health priorities, including noncommunicable diseases, maternal and child health, and health systems strengthening/universal health coverage.

**Desired state:**
- Evidence is enhanced and widely accessible on health impacts of air pollution, health risks and benefits of specific sector policies, and on the effectiveness of interventions. Institutional capacity exists at the national and subnational levels to conduct such analysis and communicate results.

- Global analysis of health risks and benefits associated with interventions to reduce air pollution, including technology-based interventions in at least four priority sectors, and related findings disseminated in relevant multistakeholder forums.

- Focused research initiated in countries to address knowledge and evidence gaps, in line with a global research agenda on this topic.
### Current state:

Some global monitoring and reporting on health trends associated with exposure to air pollution is being carried out by a few actors. There are large gaps in parts of the world and a need for harmonization of data instruments and for more and improved data collection at the national and subnational levels, including in cities and in homes.

### Framework and supporting tools developed for harmonizing local, country, regional and global data collection and monitoring activities.

### Tools developed and technical support provided to strengthen capacity for harmonization of country level monitoring, data collection and analysis on air quality and health, including in cities and in homes.

### Existing global databases and monitoring and reporting systems updated and enhanced, e.g. on urban air quality in cities and on household energy fuels, and technologies and indoor air pollution.

### Global and regional networks established to support monitoring and reporting on health impacts of air pollution. Close cooperation with agencies engaged in air quality monitoring is maintained/enhanced (e.g. WMO, UNEP, UNECE LRTAP Convention, and the European Environmental Agency).

### Public information tool is enhanced to allow for reporting, visualization and dissemination of evidence and data on air pollution and health, including through WHO’s Global Health Observatory.

### Global burden of disease attributed to air pollution in specific sectors and settings estimated and trends reported.

### Desired state:

Global, regional, country and local monitoring and reporting are enhanced on health trends associated with exposure to air pollution and its sources, including in the context of the post-2015 Agenda for Sustainable Development and contribution to reporting of related indicators (e.g. SDGs for health, energy and cities). This is informed by national and subnational (e.g. city-level) monitoring efforts.

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Figure 3. Global leadership and coordination

**World Health Assembly**

**Current state:**
Global awareness of the public health importance of tackling air pollution is growing. However, understanding how to address it remains a challenge. Cooperation across health and other sectors to reduce air pollution is still under-used. Air pollution reduction is missing from public health strategies e.g. to prevent noncommunicable diseases.

Communications strategies to raise awareness and stimulate demand for policies to tackle air pollution, prevent diseases and improve well-being are developed at global, country and local levels are led by the WHO, building upon collaborative efforts such as the joint WHO-CCAC\(^1\) Breathe Life campaign.

Advocacy and outreach conducted key high-level forums such as in the context post-2015 sustainable development agenda, CCAC, SE4ALL\(^2\), HABITAT III\(^3\), UNFCCC\(^4\) so as to stimulate increased demand for concerted action on air pollution and health.

Governments, including ministries of health and environment come together in first global conference on air pollution and health to review progress and agree on further action.

Action to address air pollution and health is integrated into relevant global and regional processes on health, environment and sustainable development. Regional strategies or frameworks for action developed as appropriate.

**Desired state:**
Stakeholders at global, regional and country levels engaged in coordinated action, to prevent diseases caused by air pollution and to obtain the full range of health benefits from mitigation activities.

Global and regional networks, such as the WHO Collaborating Centre networks, professional medical and public health associations, and relevant civil society organizations (e.g. NCD Alliance) aligned around global framework for action.

Air pollution reduction is included in global public health programmes and strategies, e.g. to prevent noncommunicable diseases.

Global, interagency group on air pollution and health established with operational linkages with existing United Nations and other multistakeholder initiatives including CCAC and SE4All. Global forum on exchange of good practice established.

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1. CCAC refers to Climate and Clean Air Coalition.
2. SE4ALL refers to Sustainable Energy for All initiative, see http://www.se4all.org/ (accessed 12 November 2015).
4. UNFCCC refers to the United Nations Framework Convention on Climate Change.
Figure 4. Institutional capacity strengthening

**Current state:**
Overall capacity among health actors and agencies (including WHO) is uneven, particularly with respect to capacity needed to achieve effective intersectoral engagement for health.

Tools and guidance are developed to support implementation of WHO air quality guidelines as relevant, and for the development of national and subnational action plans on air pollution and health. Tools are piloted in a few countries and cities and updated accordingly.

Institutional capacity at the regional and global levels, including within WHO, is enhanced and related programmes and technical capacities are strengthened.

Training materials are developed and technical support provided to build health sector capacity for communications, e.g. with the public, on addressing the health effects of air pollution.

Training and technical support provided on the use of intersectoral approaches such as Health in All Policies, at both the national and subnational levels as relevant.

Models and tools for influencing other sector policy processes to take into account linkages between air pollution and health (e.g. in cities, in household energy) documented and disseminated as examples of good practice.

**Desired state:**
Health sector capacity for addressing adverse effects of air pollution on health enhanced at the global, regional and country levels, including in the context of other sector policy processes, including at WHO. National and/or subnational strategies developed to support such action.
Areas for Strengthening action on air quality & health for consideration?

- Linkages with new global discussions
- New evidence & emerging topics
- Legislation/governance
- Quantification of differentiated impacts e.g. gender, equity, displaced populations, vulnerable populations
- WHO Secretariat Roles
- Other ideas?
Feedback for Secretariat

I. Structure
- Does the current structure need updates?
- Are there missing sections of the roadmap?
- Do the four categories of action make sense? (i.e. Expanding knowledge base; Monitoring and reporting; Global leadership and coordination; and Institutional capacity strengthening.)
- Should the appendix figures be updated and included in the updated road map?
- Any other types of diagrams, visualisations or mapping that should be included?

II. Content
- Are there any key topics not covered?
- Any key opportunities for interlinkages to be highlighted (e.g. NDCs)?
- Do we want specific targets? Is the level of ambition appropriate?
- Should the roadmap look forward beyond the 2030 agenda?
WHO Global Conference on Air Pollution and Health

Accelerating action for clean air, clean energy access and climate mitigation

25-27 March 2025*
Cartagena, Colombia

*With pre- and post-conference sessions on 24 and 28 March

- Health evidence – Setting the scene
- Sustainable solutions – Powerful policies and interventions
- Governance (including finance) and health sector leadership
- Advocacy and awareness raising – Mobilizing beyond the health sector
Setting targets & commitments

**Pledge** - Seeking countries, cities, and other stakeholders to commit to overall pledge:

"Reduce air pollution for health protection through actions that advance countries and cities toward the WHO air quality guideline targets"

**Time Frame for commitments** – *until 2030?*

**Getting down to details** – seeking more specific commitments for health & other sectors at various levels – Governance (policy, finance), Institutional strengthening (e.g. capacity-building), Global leadership (advocacy, awareness-raising)
Next steps…

- Template for feedback to be distributed by Secretariat
- Member States send feedback to WHO Secretariat by **12 July 2024**
- Formal in-person MS Consultation (**July** but exact date & time, TBD)
- Secretariat incorporates updates to the Roadmap, and submits draft Roadmap to WHA Executive Board (**September 2024**)
- WHO Global Conference on Air Pollution and Health (**March 2025**)
- Revised air pollution roadmap introduced WHA 78 (**May 2025**)

World Health Organization
Thank you!

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