

Health and the environment

Draft road map for an enhanced global response to the adverse health effects of air pollution

Report by the Secretariat

1. In resolution WHA68.8 (2015), the Director-General was requested, inter alia, 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. In response to this request, a draft road map has been developed and is described below. Additional detail is provided in Annex 1.

2. The initial period covered by the road map and its related actions is 2016–2019, at the end of which, the road map will be updated to incorporate results from monitoring, feedback and evaluation. In addition, it will be aligned with priorities included in the thirteenth general programme of work.¹

3. The vision, rationale and mechanisms for how the health sector can enhance the global response to the adverse health effects of air pollution is described in paragraphs 4 to 13 below, and the theory of change is summarized in Annex 2. The road map is organized into four categories:

(a) **Expanding the knowledge base:** Building and disseminating global evidence and knowledge relating to: the impacts on health of air pollution, the effectiveness (in health terms) of policies, and interventions to address air pollution and its sources that have been undertaken by different sectors. This includes identifying knowledge gaps and the promotion of innovation and research needed to address the impacts of air pollution on health.

(b) **Monitoring and reporting:** Enhancing systems, structures and processes needed to support monitoring and reporting on health trends associated with air pollution and its sources, including in the context of the post-2015 Sustainable Development Goals and related indicators.

(c) **Global leadership and coordination:** Leveraging health sector leadership and coordinated action at the global, regional, country and city levels in order to enable an appropriate and adequate response to the dimension of the task at hand.

(d) **Institutional capacity strengthening:** Building the capacity of the health sector, to analyse and influence policy and decision-making processes in support of joint action on air pollution and health, for example, to support the development of strategies and action plans to

¹ Following on from the Twelfth General Programme of Work, 2014–2019, the thirteenth general programme of work commences in 2020.

reduce overall air pollution health risks, at national level or in cities as well as to support the implementation of recommendations from WHO air quality guidelines.

4. In general terms, there is some awareness relating to the impact on health of exposure to air pollution. There is a lack of access, however, to existing evidence and there are limited assessments of health impacts from interventions in other sectors in terms of the prevention of those diseases caused by air pollution, including in specific settings, such as in the home or urban environments. There is also limited evidence, in general as well as in economic terms, about health risks and benefits of specific sector policies and of specific groups of society, and interventions to address air pollution.¹

5. Data that inform health trends associated with exposure to air pollution and its sources are currently being collected and reported using different methodologies and procedures. Much of it is directly relevant to the monitoring of Sustainable Development Goals indicators 3.9 (pollution risks to health), 7.1.2 (access to clean energy in homes), and 11.6 (air quality in cities). In a separate work stream, monitoring and reporting tools will be refined and further developed, building on the existing global WHO databases for indoor air pollution and household energy fuels and technologies, and ambient air quality. The framework for data harmonization, analysis, reporting and visualization being developed under WHO's recently established global platform on air quality and health will serve as the primary mechanism for ensuring reliable, valid and accessible estimates of human exposure to air pollution globally. This global platform will continue to draw on all relevant existing sources of data worldwide. It will work to improve the quality of the data and to extend geographical coverage, in close cooperation with relevant international and national agencies and research groups working on this issue, so as to contribute to the effective monitoring of air pollution and related health risks as well as of relevant Sustainable Development Goals.

6. Prevention of diseases caused by air pollution requires effective intersectoral engagement. The road map thus includes a specific work stream focused on strengthening capacity of health actors to use public health evidence and arguments to contribute to and influence air pollution policy-making processes (including in the transport, agriculture, energy, industry and waste management sectors), so as to realize improvements in air quality and health. Similarly, health sector sources of air pollution should be addressed, such as the use of diesel generators or energy inefficient buildings and medical technologies.

7. An additional focus will be on integrating air pollution mitigation strategies into wider public health prevention and health care delivery strategies, as relevant. Some examples include linking such mitigation strategies to the prevention of noncommunicable diseases or childhood pneumonia, as well as to relevant existing health development strategies, processes and conventions (such as the WHO Framework Convention on Tobacco Control, as relevant).

8. Institutional strengthening efforts will also seek to build capacity of health care workers (including medical practitioners, nurses and community health workers) to provide recommendations on ways of avoiding exposure to air pollution to communities and individuals, among whom there are sensitive or vulnerable populations, including children, the elderly and slum dwellers. Related

¹ The sectors referred to include transport, energy, waste, agriculture, industry and urban planning. Similarly, experiences and insights about good practices are not widely accessible or used. Therefore, activities carried out in the first stream of work under the road map will focus on building relevant knowledge and evidence, and on providing wide and easy access to it, using appropriate formats and means for a range of target audiences (such as community health workers, health sector managers, civil society organizations, development partners, and the media).

activities will include developing curricula and conducting training, advocacy and outreach within relevant health forums, such as international professional medical and nursing associations.

9. The need to communicate effectively with the public and with decision-makers about health risks associated with air pollution, and in particular the substantial health benefits expected from actions to mitigate air pollution, cannot be overemphasized. A broad communication strategy will be developed to raise global awareness and stimulate demand for policies that reduce air pollution, prevent diseases and improve health and well-being. The strategy will be designed to build on relevant existing efforts, such as the partnership between WHO and the Climate and Clean Air Coalition; of particular relevance is the Breathe Life campaign.¹ The communications strategy will cater for the needs of different groups, communication mechanisms and opportunities available in different parts of the world.

10. Institutional strengthening will also include a focus on country implementation. In this context, good practice examples and models will be developed and tested in cooperation with countries, for example, plans to clean indoor air through better access to clean fuels and technologies in the home of rural and poor populations. Support will be provided to urban stakeholders to engage and make use of untapped opportunities to promote urban policies that prevent air pollution diseases and promote well-being. Such actions will help generate support for health, promoting air pollution reduction actions and behaviours at the subnational level. In so doing, it will increase overall demand for compliance and enforcement of related national measures.

11. Once the road map has been adopted, the possibility is envisaged of a global high-level and intergovernmental conference on air quality and health in, for example, two years' time. The objectives of such a conference would be to review progress, including in the context of the implementation of the Sustainable Development Goals and other relevant global policy priorities. An additional objective would be that it provides an opportunity to discuss and agree on further action required in order to ensure an effective and appropriate response to address the health impacts of air pollution, including action related to monitoring, reporting, capacity building, reduction measures and financing.

12. Regular evaluations of progress on activities related to the road map will be undertaken. Feedback will be used to make necessary adjustments and improvements. Regular reports will also be prepared on implementation of the road map, which will focus on activities, on any revisions required, on resources available to support the implementation of the resolution, and on progress towards achieving the overall goals and objectives of the resolution. Important sources of information will be the relevant databases and related mechanisms, such as those strengthened by the implementation of the resolution.

13. An additional focus will be on supporting the country-level implementation of relevant WHO guidelines on air quality, including the new guidelines on household fuel combustion. The latter will be supported, for example, by the provision of technical advice and capacity building aimed at facilitating the development of national action plans on indoor air quality.

¹ See the website of the Climate and Clean Air Coalition, at <http://www.unep.org/ccac/Initiatives/CCACHealth/tabid/133348/Default.aspx> (accessed 26 October 2015). Of particular interest is the recent report published in collaboration with WHO, Reducing global health risks through mitigation of short-lived pollutants: scoping report for policymakers, at <http://new.ccacoalition.org/en/resources/reducing-global-health-risks-through-mitigation-short-lived-climate-pollutants-scoping> (accessed 26 October 2015).

14. Within the work stream on institutional capacity strengthening, reference is made to the need to build up WHO's internal technical and operational capacity to support this work, in view of current limits in staff and resources, including at regional and country levels. Additional technical staff will be needed in the regions, in some country offices, and at headquarters. For the latter, this will include specialist expertise in epidemiology, statistics/modelling, health economics and knowledge management. As part of the implementation of this road map, options for ensuring adequate resources and a budget ceiling will need to be agreed.

15. A report on the implementation of resolution WHA68.8 (2015) will be provided at the Sixty-ninth World Health Assembly, making reference to early achievements since the adoption of this resolution, for example: monitoring and evaluation of human exposure to air pollution and related health impacts; support for action in countries to implement the WHO indoor air quality guidelines; strengthening capacity in cities to address the health impacts of air pollution; and in the context of health communications.

ACTION BY THE EXECUTIVE BOARD

16. The Executive Board is requested to provide guidance to the Secretariat on revising and elaborating the draft road map, in preparation for its presentation to the Sixty-ninth World Health Assembly in May 2016. The road map will include a proposed monitoring and reporting framework with indicators and objectives to track progress , as well as detailed costing.

ANNEX 1

DRAFT ROAD MAP FOR 2016–2019

The proposed road map for the period 2016–2019 is represented in the figures below, which depict the sequence of activities and achievements – or milestones – of the road map. Figures 1–4 focus, respectively, on expanding the knowledge base, monitoring and reporting, global leadership and coordination, and institutional capacity strengthening.

Figure 1. Expanding the knowledge base

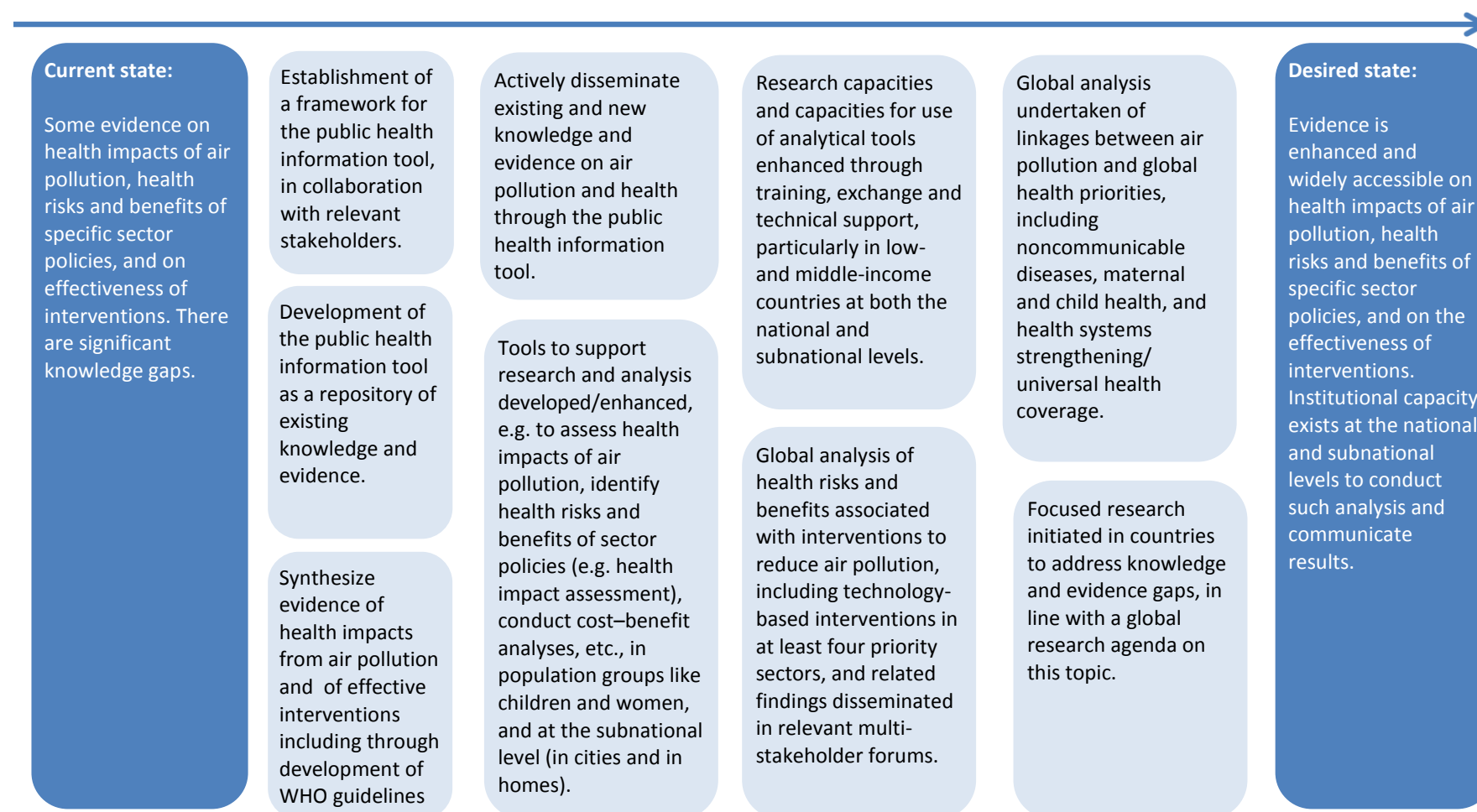
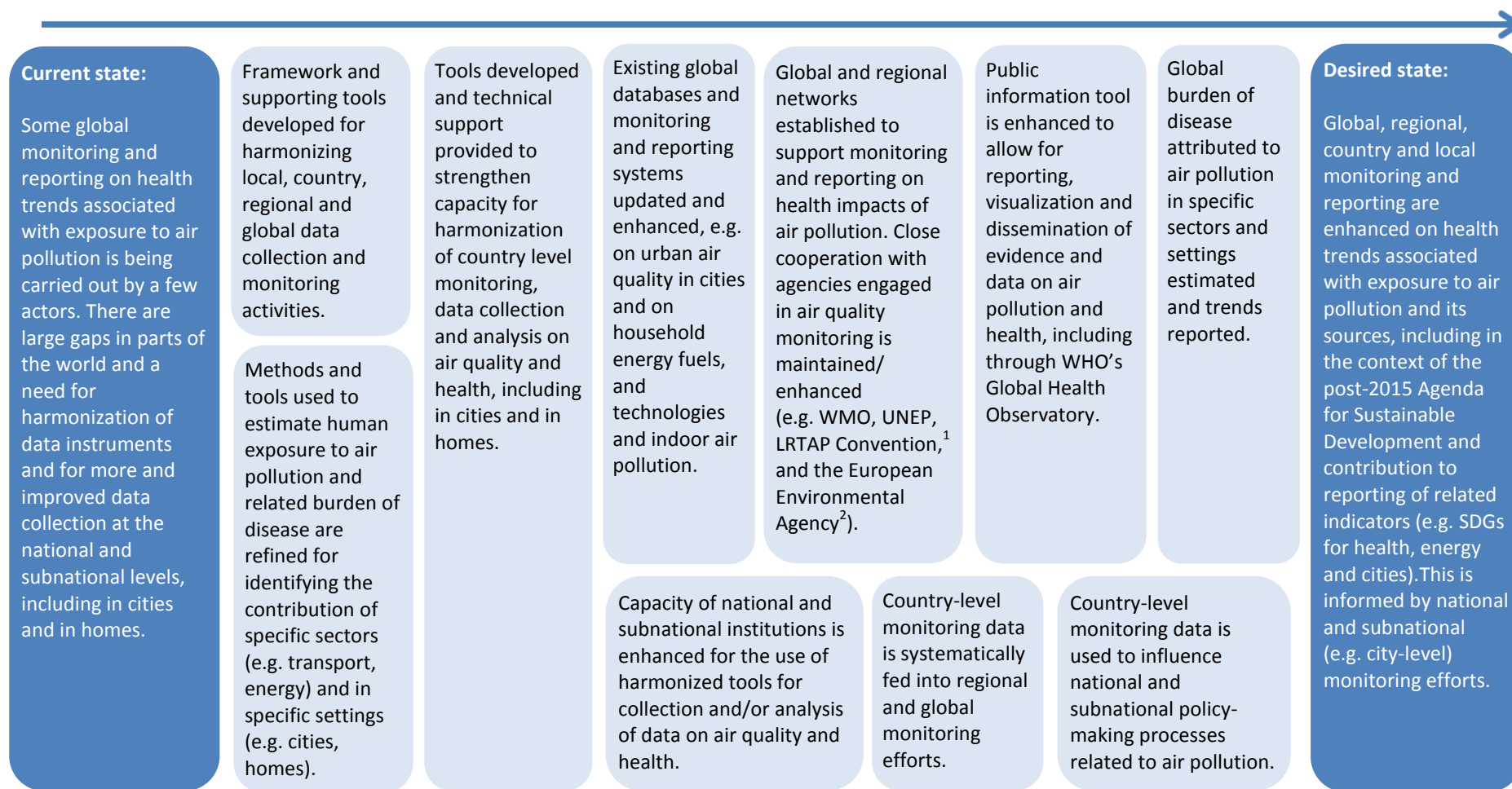


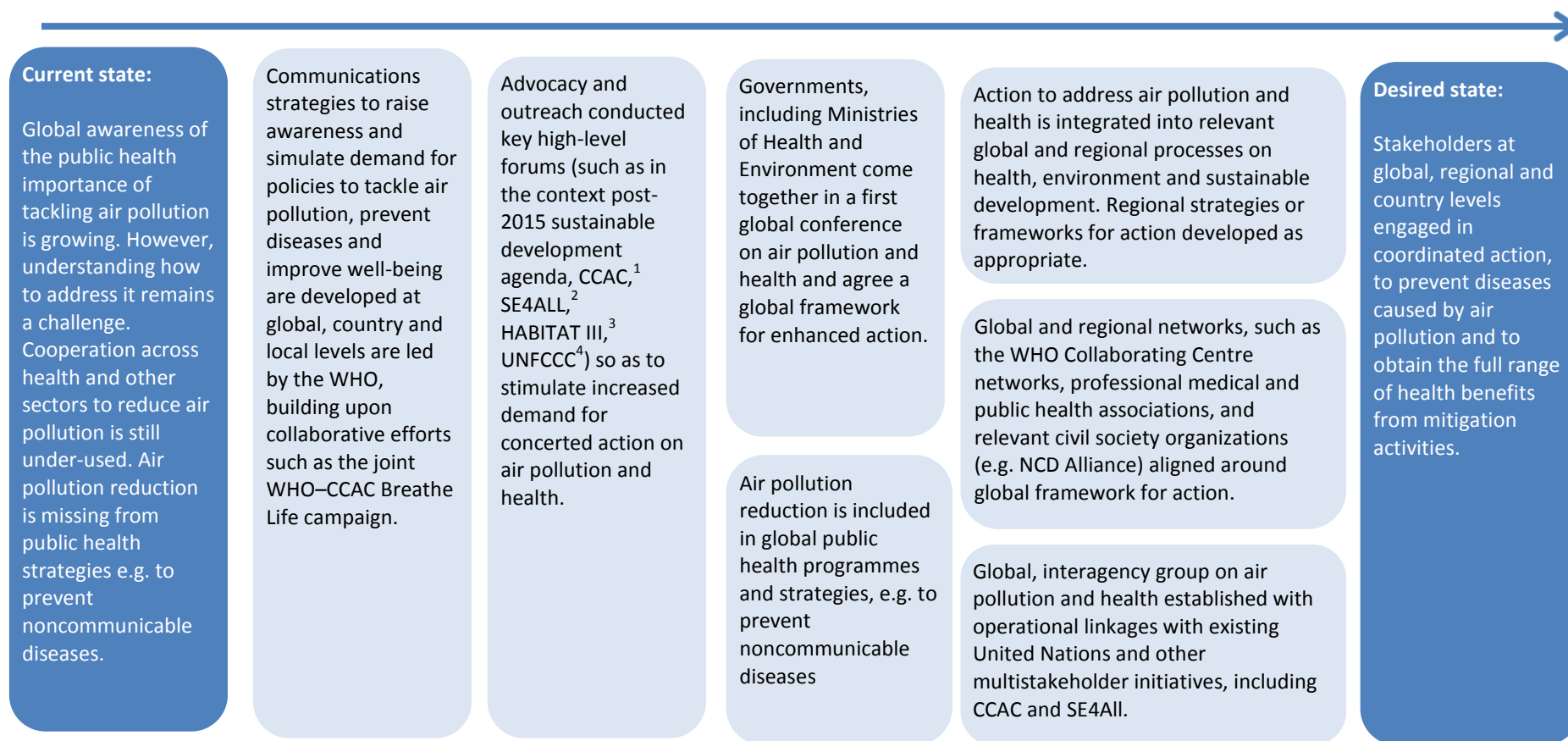
Figure 2. Monitoring and reporting



¹ LRTAP Convention refers to the Geneva Convention on Long-Range Transboundary Air Pollution, see http://www.unece.org/env/lrtap/lrtap_h1.html (accessed 12 November 2015).

² For more information on the European Environmental Agency, see <http://www.eea.europa.eu/> (accessed 12 November 2015).

Figure 3. Global leadership and coordination



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).

³ HABITAT III refers to the HABITAT III Conference, see <http://unhabitat.org/habitat-iii-conference/> (accessed 12 November 2015).

⁴ UNFCCC refers to the United Nations Framework Convention on Climate Change.

Figure 4. Institutional capacity strengthening



ANNEX 2

An enhanced global response to the adverse effects of air pollution on health – a theory of change

