



**EEN POSITION PAPER ON EU AIR QUALITY THEMATIC STRATEGY AND AIR
QUALITY HEALTH LIMIT VALUES
11 May 2006**

Introduction.

The European Public Health Alliance – Environment Network (EEN) advocates protection of the environment as a means to improving the health and well being for European citizens. Member groups include NGOs specialising in public health, environment-related health conditions and women’s environmental and health concerns and associations representing health care and environmental professionals. One of EEN’s key objectives is to bring health expertise to the environment policy-making process.

The European Commission adopted under the Clean Air for Europe Programme (CAFÉ) the Thematic Strategy on Air Pollution on 21 September 2005 which included the Thematic Strategy on Air Pollution (COM(2005) 446) as well as the Directive on Ambient Air Quality and Cleaner Air for Europe (the “CAFE” Directive) (COM(2005) 447) which sets limit values, thresholds and exposure reduction targets to the main pollutants in ambient air for the protection of human health.

EEN KEY CONCERNS

Based on the new World Health Organization (WHO), Air Quality Guidelines (AQG) EEN seeks:

- 1. A Higher Level of Ambition – the benefits to health even in most costly Commission impact assessment outweigh the costs by a ratio of 4:1.**
- 2. No weakening of existing standards and the environmental acquis - Flexibility on natural sources or geographical area will imply un-enforceable air quality standards – this is contrary to EU better regulation – 25 different interpretations of air quality directive is impossible to implement and enforce.**
- 3. A new legally binding limit value or minimum 20% reduction of PM2.5 exposure (WHO recommended Limit Value 10ug/m3).**

Why do we need an EU policy on Air Quality?

Children Breathe Twice the Proportion of Toxics in Air as Adults

Health and Environment NGOs support the statement by the European Parliament ‘*that existing concentrations of particulate matter and ground-level ozone pose a serious threat to the*

*environment, architectural heritage and public health, especially in large cities and for vulnerable population groups*¹

At the European (52 Countries) Ministerial Conference the **Future for our Children**, Environment and Health Ministers throughout Europe signed the WHO Children's Environment and Health Action Plan in which they committed *'to prevent and reduce respiratory disease due to outdoor and indoor air pollution, thereby contributing to a reduction in the frequency of asthmatic attacks, in order to ensure that children can live in an environment with clean air'*².

Indeed the opinions of World Health Organization, SCHER, DG Research, Policy Interpretation Network on Children's Health and Environment (PINCHE) all state that the evidence showing children have been adversely affected by air pollution is clear, and that their susceptibility needs to be considered when air pollution regulations are developed to protect public health.

The effects of air pollution have mainly been investigated in relation to lung development and function, pregnancy outcome, respiratory disease such as asthma, bronchitis and cough, allergies, rates of infection in smaller children, incidence of cancer, and deficits in neurobehavioral development. The developing foetal lung, as well as the infant lung, is more susceptible to injury by lung toxicants (including air pollutants) at doses below the no-effect level for adults.³

1. Level of Ambition

According to the European Commission's own Impact Assessment⁴, every year 369,980 people die prematurely because of air pollution. To put this in perspective, this represents losing nearly the population of Malta every year.

Our children have a right to breathe clean air, and the European Commission, in this regard, has failed to take into consideration both *'Sound Science'* or even the benefits highlighted in their own *'Impact Assessment'* to fulfil this mandate given to them both in the Clean Air for Europe and 6th Environmental Action Programmes.

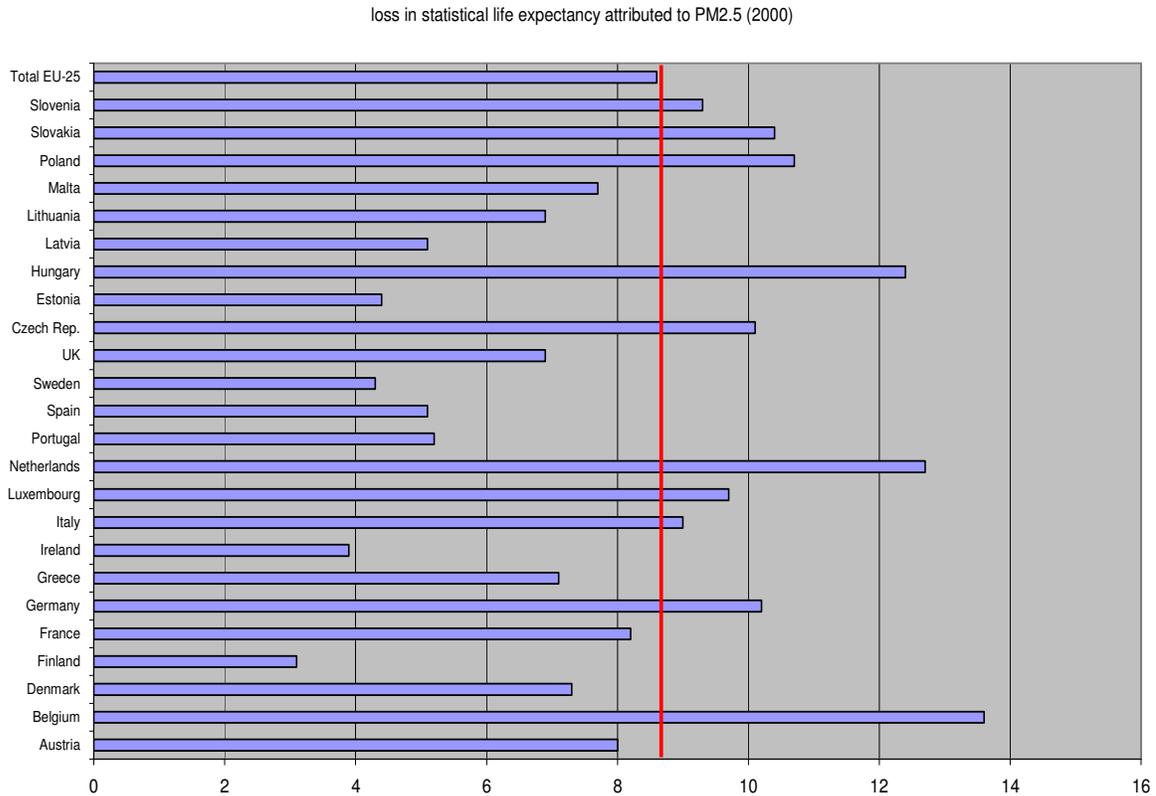
¹ P5_TA(2002)0099 CAFE Programme: European Parliament resolution on the Commission communication on the Clean Air for Europe (CAFE) Programme: Towards a Thematic Strategy for Air Quality (COM(2001) 245 – C5 0598/2001 – 2001/2249 (COS))

² World Health Organization, Children's Environment and Health Action Plan for Europe http://www.who.dk/childhealthenv/policy/20020724_2

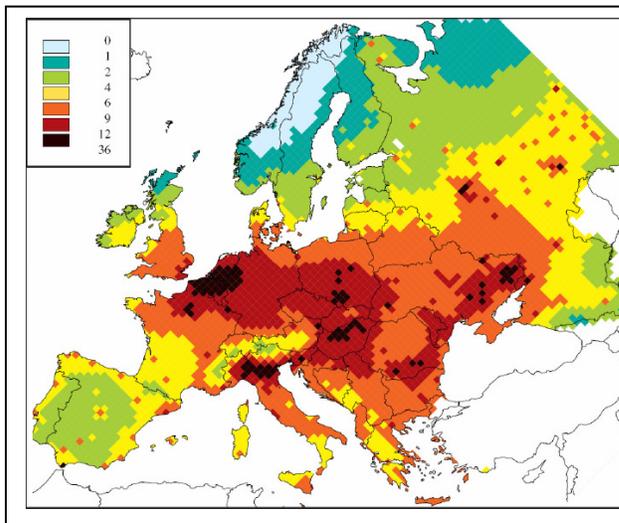
³ World Health Organization, Effects of air pollution on children's health and development, A review of evidence, Special Programme on Health and Environment European Centre for Environment and Health Bonn Office 2005. <http://www.euro.who.int/document/E86575.pdf>

⁴ Baseline Scenarios for the Clean Air for Europe (CAFE) Programme Final Report Authors: Markus Amann, Imrich Bertok, Janusz Cofala, Frantisek Gyarfas, Chris Heyes, Zbigniew Klimont, Wolfgang Schöpp, Wilfried Winiwarter submitted to the European Commission Directorate General for Environment, Directorate C Environment and Health for the study on Development of the Baseline and Policy Scenarios and Integrated Assessment Modelling Framework for the Clean Air for Europe (CAFE) Programme LOT 1 Contract No B43040/ 2002/340248/MAR/C1

Particulate matter (PM) claims an average of 8.6 months from the life of every person in the European Union (EU). Germans lose more: 10.2 months of life in the year 2000.



The Current Problem and lack of ambition



Loss in life expectancy attributable to exposure to fine particulate matter – 2000⁵

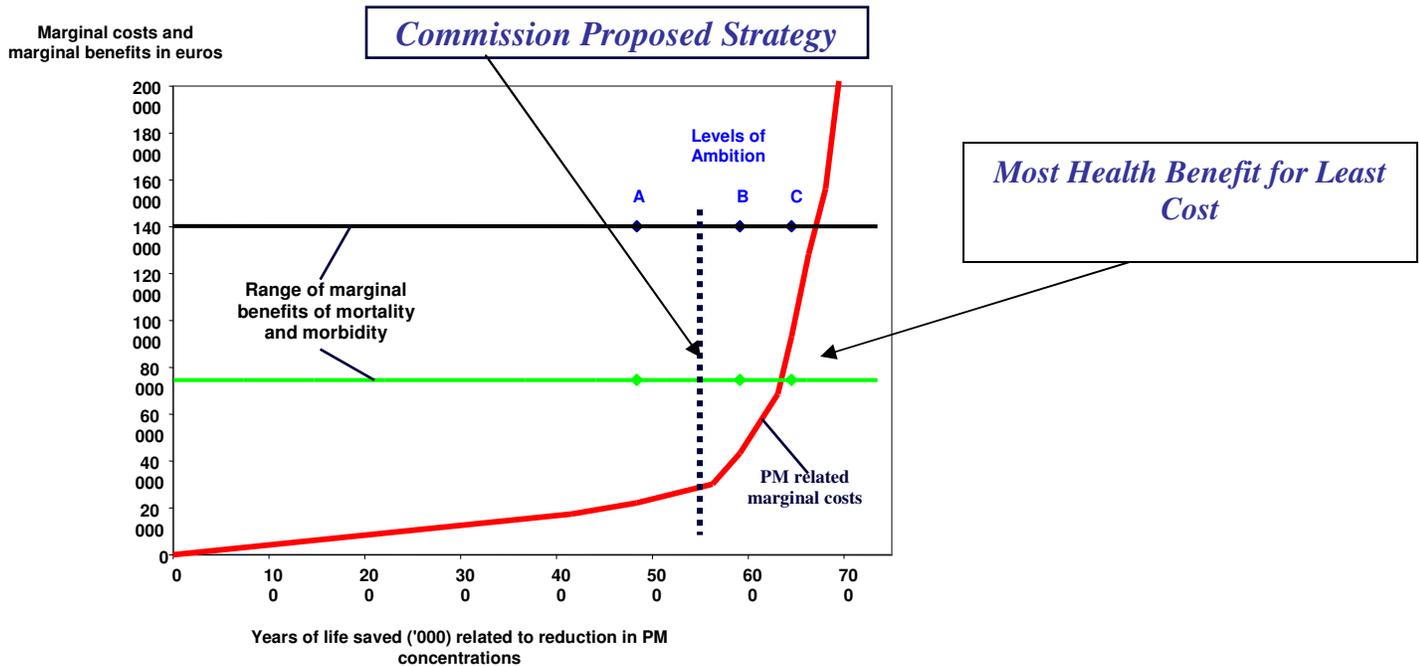
NGO advice to Non-Belgium Parliamentarians - don't breathe when you vote in Brussels.

Every hour, at least one person dies of asthma in Western Europe⁶.

⁵ Loss in statistical life expectancy that can be attributed to the identified anthropogenic contribution to PM2.5 (months), for the emissions of the year 2000. Calculation results for the meteorological conditions of 1997. Source: IIASA

The European Union could save up to €161 billion a year by reducing air-pollution related death. The Strategy establishes interim objectives for health and the environment which have been costed at approximately €7.1 billion per annum in 2020 and thereafter. Benefits are some 6 times the costs.

Level of Ambition of DG Environment before Inter-Service Consultation



Source: European Commission Presentation

2. Implementation of all WHO health protection air quality guidelines and therefore NO re-negotiation of existing limit values.

The World Health Organization (WHO) has recently published new air quality guidelines for the protection of health⁷ for which the particulate matter (PM) guidelines are:

PM_{2.5}: 10 µg/m³ annual mean, 25 µg/m³ 24-hour mean
PM₁₀: 20 µg/m³ annual mean, 50 µg/m³ 24-hour mean

The PM10 24-hour mean is at present the only legislative measure that ensures those suffering from respiratory disease are adequately protected from peaks in pollution that cause hospitalisation or even death. We therefore insist that **Parliamentarians do not weaken the**

⁶ European Federation of Allergy and Airway Diseases Patients Association, A European patient perspective on severe asthma, Fighting for breath GINA Global Initiative for Asthma. The Global Burden of Asthma Report, 2004

⁷ WHO air quality guidelines global update 2005 Report on a Working Group meeting, Bonn, Germany, 18-20 October 2005 <http://www.euro.who.int/Document/E87950.pdf>

PM10 health standard by turning it into a non legally binding limit value or by allowing subtraction of ‘natural’ PM10 factors or allowing other forms of derogations or flexibility.

- People are mobile and accumulate their exposures in a range of air pollution climates. The simplest way to limit exposure therefore is to ensure that limit values apply everywhere;
- The principle of Environmental Justice requires that all citizens be entitled to expect the same air quality irrespective of where they live or spend their time.

In this regard we remind Parliamentarians that they have already voted to *‘insist that the Commission ensure proper implementation of existing European air quality legislation by Member States; asks the Commission to start infringement proceedings against those Member States which fail to ensure a high level of air quality for their citizens;’*⁸

Introducing a more complex regime as to where limit values apply would produce a directive with 25 different interpretations that would be extremely difficult to enforce. This would be inconsistent with the fundamental aims of the framework directive on ambient air quality assessment and management and the principle of better law making which requires clear, simple and effective legislation.

3. A new legally binding limit value or minimum 20% reduction of PM2.5 exposure.

Enough cause-effect evidence has now been presented for the WHO to propose a PM2.5 guideline that will protect health to an acceptable level which **Parliamentarians and Ministers now have a responsibility to ensure becomes a legally binding limit value to be implemented within a reasonable time frame.** The WHO air quality guidelines state: *Although adverse effects on health cannot be entirely ruled out even below that level, [10ug/m3] the annual average WHO AQG represent levels that have been shown to be achievable in large urban areas in highly developed countries, and attainment is expected to effectively reduce the health risks.*

The driving force to reduce PM2.5 and improve air quality for all should be aimed at a mandatory exposure reduction of minimum 20%. This would ensure cost-effective methods already existing would then accomplish this task. This does not mean that an arbitrary cap for PM2.5 should be set at 25ug/m3, which nearly all but only a handful of dirty cities already meet. Indeed, the USA has had air quality standards for PM2.5 in place since 1997 in addition to those for PM10. Some European car manufacturers export cleaner cars to USA than they sell in the EU to ensure US citizens can breathe cleaner air!

⁸ European Parliament report on the European Environment & Health Action Plan 2004-2010. (2004/2132(INI))