

HEAL's eight demands for clean air in the European Region



PUBLISHED February 2018

Despite some political commitments and legal requirements for clean air, air pollution indoors and outdoors continues to be a major health risk in the European Union, in the wider European region, and globally.

Indoor and outdoor air pollution is the world's largest single environmental health risk, with 6.5 million early deaths annually and a high cost to society, healthcare systems, the economy, and those whose health is affected [1].

In the European Region, outdoor air pollution caused almost 430,000 early deaths in 2015 alone (428,000 premature deaths from particulate matter pollution in 41 countries, with 399,000 in the EU-28), according to the European Environment Agency [2]. The World Health Organization (WHO) estimates that in 2014 nearly 120,000 early deaths were due to a polluted indoor environment [3].

Exposure to polluted air causes heart and lung disease, cancer, and a range of other health impacts; poor air quality has now also been established as a risk factor for obesity and diabetes. People living in cities, those already suffering from disease (asthma, COPD, heart conditions, etc), children, and those economically deprived are particularly at risk from the harm of polluted air.

New findings illustrate the particular risk for children's healthy development from exposure to air pollution of the pregnant mother. For example, recent research found babies born to mothers exposed to polycyclic aromatic hydrocarbons (PAHs), a component of air pollution, were at greater risk of ADHD behavioural problems by the age of nine years. Other studies show preterm birth or lower birth weight as an outcome of exposure [4].

Air pollution comes from many sources with the biggest emitters being road transport, agriculture, power plants, industry and households. Our dependency on fossil fuels - coal, oil, gas - is a major cause of poor air quality [5].

***Health impacts from air pollution are unacceptably high.
Health harm from air pollution is completely preventable.***

The Health and Environment Alliance (HEAL) is working for clean air everywhere in the European Region by 2030. This means achieving the World Health Organization's guidelines for air quality across the continent.

To reach this goal and thus make breathing less of a health hazard, policy-makers should:

1 MAKE AIR QUALITY A POLITICAL PRIORITY

Given its high toll on health, healthcare systems and the economy, tackling air pollution should be made a priority at the highest governmental levels, across ministries and agencies, as well as at local and city level. This includes providing adequate financing for outdoor and indoor air quality measures as well as ensuring that the effects of energy, transport and other investment strategies and measures on air quality are taken into account.

2 PRIORITISE ADDRESSING HEALTH VULNERABILITIES AND INEQUALITIES WHEN TAKING ACTION

While air pollution knows no borders and threatens the health of everyone, some people are more affected than others. This includes children, those already sick including asthma and heart patients or the elderly. Exposure of pregnant women to air pollution can already harm children even before they are born, and increase their risk for diseases later in life.

In addition, those living in poverty or with low income often have no choice but to burn coal in their home to keep warm, which leads to greater pollution indoors. People with low socio-economic status also often live in polluted areas or close to busy roads and therefore experience high industrial or traffic air pollution. When they become sick as a result of the impact of poor air quality, poverty and low income may prevent them from receiving the highest quality care.

Policy-makers should prioritise addressing these vulnerabilities and inequalities and designing measures accordingly.

3 UPDATE AIR QUALITY STANDARDS TO REFLECT THE LATEST HEALTH EVIDENCE

The World Health Organization (WHO) has issued health-based recommendations for the concentration of pollutants in the air (WHO Air Quality Guidelines) [6]. Following a recent review of the evidence, WHO is in the process of updating the guidelines (which is likely to result in stricter standards given new studies demonstrate broader health impacts).

National governments should support this WHO update and meanwhile make sure that their national standards are based on the current WHO guidelines, covering all pollutants. This process also means updating the EU's air quality standards to align particularly the currently higher annual standard for fine particulate matter (PM_{2.5}) with WHO's recommendations. [7].

4 BE STRICT ON STICKING TO OUTDOOR AIR STANDARDS

Currently, 23 out of 28 EU Member States are breaching the Union's air quality standards, even though these standards have been in place for years [8]. The European Commission should continue to be tough on Member States and use all means available, including legal procedures, to ensure their compliance.

Policy-makers in the wider European Region should also show greater determination to keep to standards as well as improving monitoring of pollution to assess the quality of the air (e.g. by setting up more monitoring stations, monitoring all pollutants and sending out alerts). This is especially important given that for some pollutants, such as particulate matter, no safe thresholds exist. Exposure should therefore be kept as low as possible.

5 INCREASE AND SUPPORT EFFORTS TO CUT AIR POLLUTION AT THE SOURCE

Cutting pollution where it starts is the most cost-effective way to achieve clean air. The European Union has recently adopted key legislation for source control including the National Emissions Ceilings Directive (NEC), pollution control from large combustion sources, particularly coal plants (LCP BREF), and Euro 6/VI vehicle emission standards [9].

For many of these laws, member states' determination and commitment are needed to achieve the envisaged reductions. However, the health benefits are huge, which is why policy-makers should put their energy into making the changes happen rather than seeking exemptions or attempting to undermine the regulation.

Leaders in countries outside the European Union should also strive to implement the EU's legal framework and to achieve reductions as soon as possible. The EU should encourage and provide financial support to achieve emission cuts in neighbouring countries, as the burden of air pollution is a shared one.

6 TACKLE INDOOR AIR POLLUTION

People spend the majority of their time indoors. The quality of inside air is significantly affected by the air outside as well as by indoor factors. At present, too few countries collect evidence on this serious health threat and only some have set indoor air quality standards [10].

If policy makers are serious about protecting health from air pollution, they need to give equal weight to indoor air quality measures, including the development of health-based standards. Many of the same measures required to improve indoor air, also benefit the climate, such as investing in energy-efficient buildings.

7 INVOLVE THE HEALTH SECTOR AND CITIZENS

Health ministers and ministries and the non-governmental health sector need to be jointly involved in decisions around air pollution and in communicating on the health benefits and how this relates to disease prevention. This implies creating opportunities to bring air pollution considerations into planning, strategies and decisions in the environment, energy, transport, housing, and agriculture sectors. It is also important that the health costs of air pollution are taken into account in costing decisions and the financing of future projects.

The health sector and civil society has already made a major contribution to raising awareness of the health costs of air pollution. Across the European Region, more and more citizens' and health professionals' initiatives have been demanding clean air. These efforts are contributing to public understanding of the risks of air pollution exposure through health led communication initiatives, with the help of personalised monitoring and city level focus (e.g. Unmask my city, BreatheLife campaign [11]). These initiatives should be supported and incorporated into air quality efforts, particularly at local level.

Personal and public education on the need for clean air everywhere can also be improved by air pollution alerts. For example, policy-makers should provide a mandatory, public alert system for peak pollution episodes, including tailored communication for vulnerable groups such as text message alerts, radio or broadcast announcements. In addition, decision-makers need to better communicate the benefits to health that can be gained from air quality measures.

8 PRIORITISE THOSE MEASURE THAT HAVE BENEFITS FOR HEALTH, AIR QUALITY AND CLIMATE

To tackle the twin public health crises of air pollution and climate change, systemic changes are needed rather than merely technical improvements. In this transformation, policy-makers should prioritise the measures which offer the highest benefits for health, air and climate.

For example, measures with a triple win include: halting coal power generation in favour of 100% renewables and energy savings; supporting healthy and climate-friendly housing and heating; promoting sustainable and healthy diets; and providing incentives for active transportation, such as walking and cycling [12].

REFERENCES:

- 1 WHO: <http://www.who.int/mediacentre/news/releases/2016/air-pollution-estimates/en/>
- 2 See European Environment Agency (EEA), air quality in Europe 2017: <https://www.eea.europa.eu/highlights/improving-air-quality-in-european>
- 3 <http://www.euro.who.int/en/health-topics/environment-and-health/air-quality/news/news/2014/03/almost-600-000-deaths-due-to-air-pollution-in-europe-new-who-global-report>
- 4 <https://www.euractiv.com/section/health-consumers/opinion/exposure-to-air-pollution-during-pregnancy-linked-to-adhd/>
- 5 See HEAL report: Hidden price tags. How ending fossil fuel subsidies would benefit our health: http://env-health.org/IMG/pdf/healthandenvironmentalliance_hidden_price_tags_report.pdf
- 6 WHO ambient air quality guidelines: http://www.who.int/phe/health_topics/outdoorair/outdoorair_agg/en/
- 7 See: http://env-health.org/IMG/pdf/air_health.pdf
- 8 In January, EU Commissioner Vella convened ministers of 9 EU member states Czech Republic, Germany, Spain, France, Italy, Hungary, Romania, Slovakia, and the United Kingdom to present solutions for keeping the EU's air quality standards, as a last opportunity before those member states would be referred to the Court of Justice.
- 9 The EU Commission has taken legal action against Member States over poor air quality since 2008, focussing initially on particulate matter (PM10), for which the compliance deadline was 2005, and nitrogen dioxide (NO2), for which the compliance deadline was 2010. To date legal action on NO2 involves 13 Member States, with ongoing infringement cases against Austria, Belgium, the Czech Republic, Denmark, France, Germany, Hungary, Italy, Poland, Portugal, Spain and the United Kingdom, and Luxembourg. As regards PM10 particles, there are currently cases against 16 Member States (Belgium, Bulgaria, the Czech Republic, Germany, Greece, Spain, France, Hungary, Italy, Latvia, Portugal, Poland, Romania, Sweden, Slovakia, and Slovenia), and two of these cases (against Bulgaria and Poland) have been brought before the Court of Justice of the EU. The European Court of Justice has passed a ruling as regards PM10 ex-
- 10 http://ec.europa.eu/environment/air/index_en.htm
- 11 <http://indoor-air-quality.jrc.ec.europa.eu/>
- 12 <http://unmaskmycity.org/>, <http://breathelife2030.org/>
- 12 See Lancet Countdown: <http://www.lancetcountdown.org/>

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The Health and Environment Alliance (HEAL) is a leading European not-for-profit organization addressing how the environment affects health in the European Union. With the support of its over 70 member organizations, which represent health professionals, not-for-profit health insurers, patients, citizens, women, youth, and environmental experts, HEAL brings independent expertise and evidence from the health community to different decision-making processes. Members include international and Europe-wide organisations as well as national and local groups.



HEAL gratefully accepts the support of the European Union (EU) for the production of this publication. The responsibility for the content lies with the authors and the views expressed in this publication do not necessarily reflect the views of the EU institutions and funders.