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

Member State information session

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





World Health Organization

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:

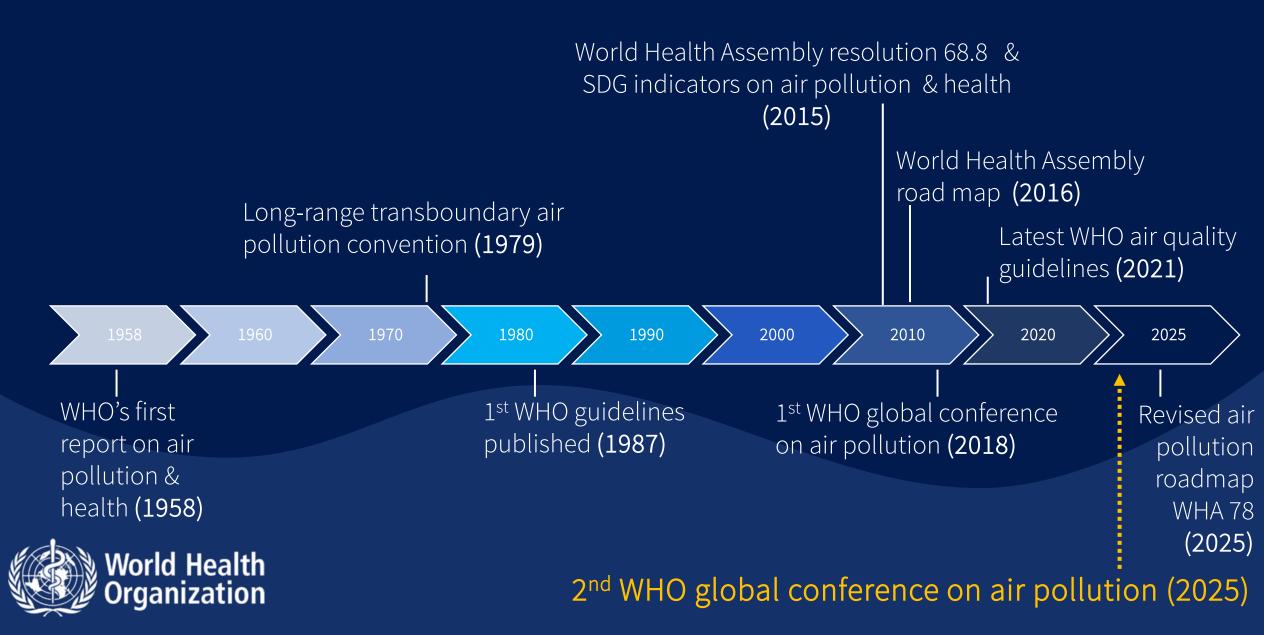


Stroke

Heart disease

Lung cancer, chronic obstructive pulmonary disease, pneumonia and asthma

WHO's milestones on air pollution and health





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

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⁴ '9305, Dandar of dissass from unbinat at producine for 2421, http://www.shio.aint/to-baidh; topics/osddconair/ database/AAP_BoD_youdis_March2014.pdf?aar-1 (sconsel 1 Docember 2016).

World Health Organization

Health and the environment

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

Report by the Secretariat

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2. The initial period covered by the proposed 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, and submitted to the Health Assembly by the Secretariat. In addition, it will be aligned with resistive included in the threatest neuronal neuronano of work?

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1 See document EB13817 and the summary record of the Exec

² Following on from the Twelfth General Programme of Work, 2014–2019, the thirteenth general program

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

A69/18 – Road map structure (2016-2019)

- 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

ROAD MAP FOR AN ENHANCED GLOBAL RESPONSE TO THE ADVERSE HEALTH EFFECTS OF AIR POLLUTION

The road map for the period 2016–2019 is represented in the figures below, which depict the sequence of activities. Figures 1–4 focus on the t relevant activities, which are, respectively, expanding the knowledge base, monitoring and reporting, global leadership and coordination, and instituti agacity strengthening.

Figure 1. Expanding the knowledge base

Figure 3. Global leadership and coordination

Current state: Some exidence on health impacts of air polition, health risk and benefits of specific sector policies, and on effectheness of interventions. There are applicate through a past.	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.	Actively discenniate existing and new knowledge and evidence on air pollution and health through the public health information tool. Tools to support research and analysis devidgoed/enhanced, e.g. to assess health impacts of air pollution, identify health risks and health risks and	Research capacities and capacities for use of analytical tools enhanced through training, exchange and technical support, of particularly in low- and middle-income countries at both the mattenal and subnational levels.	Gibbal analysis undertaken of Innlages between air poliusion and global health priorities, including including including disease, maternal and child health, and health systems strengthening/ universia health coverage.	Desired state: Evidence is enhanced and widely accessible on heakh impacts of air poliution, health risks and benefits of specific sector policies, and on the effectiveness of interventions. Institutional capacity exists at the national levels to conduct such analysis and
	Synthesize evidence of health impacts from air pollution and of effective interventions including through development of WHO guidelines.	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).	reduce air pollution, including technology- based interventions in at least four priority sectors, and related findings disseminated in relevant multistakeholder forums.	to address knowledge and evidence gaps, in line with a global research agenda on this topic.	communicate results.

WORLD	HEALTH	ASSEMBLY	(

WORLD HEALTH ASSEMBLT								
Current state: Global awareness of the public health importance of tackling air pollution is growing, However,	Communications strategies to raise awareness and simulate demand for policies to tackle air pollution, prevent diseases and improve well-	Advocacy and outreach conducted key high-level forums (such as in the context post- 2015 sustainable development agenda, CCAC, SEAALL ² HABITAT III, ³ UNFCCC ⁶ so as to stimulate increased demand for concerted action on air pollution and health.	Governments, including ministries of health and environment come together in a first global conference on air pollution and health to review progress and agree on further action. Air pollution reduction is included in global public health programmes and strategies, e.g. to prevent noncommunicable diseases	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			
to address it de remains a glo challenge. Ioo Cooperation across by health and other bu sectors to reduce co air pollution is still under-used. Air joi pollution reduction Br	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			Global and regional networks, such as the WHO Collaborating Centre networks, professional medical and public health associations, and relevant (uil society organizations (e.g. NCO Alliance) aligned around global framework for action.	caused by air pollution and to obtain the full range of health benefits from mitigation activities.			
	Breathe Life campaign.			Global, interagency group on air pollution and health established with operational linkages with existing United Nations and other multistakeholder initiatives including CCAC and SEAAII. Global forum on exchange of good practice established.				

Figure 2. Monitoring and reporting

Current state:

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Current state

	8								
1	Framework and supporting tools developed for harmonizing local, country, regional and global data collection and monitoring activities.	ing tools developed and ped for technical sizing support Juntry, provided to I and strengthen lata capacity for on and harmonization ring of country level	Existing global databases and monitoring and reporting systems updated and enhanced, e.g. on urban air quality in cities and on household energy fuels,	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/		Public information tool is enhanced to allow for reporting, visualization and dissemination of evidence and data on air pollution and health,		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
	Methods and health, and tools used to including in estimate human cells and in cells and in pollation and related human of disease are refined for element for generity and in specific sectors (e.g. romsport, energy) and in specific sectors (e.g. romsport, homes).	and technologies and indoor air pollution.	enhanced (e.g. WMO, UNEP UNECE LRTAP Convention, ¹ and the European Environmental Agency ²).		including through WHO's Global Health Observatory.			Agenda for Sustainable Development and contribution to reporting of related indicators (e.g. SDGs for health, energy and	
		subnational ins is enhanced for of harmonized collection and/ analysis of data	Capacity of national and subnational institutions is enhanced for the use of harmonized tools for collection and/or analysis of data on air quality and health.		level Country-level ng data monitoring data is used to influence national and and subnational and subnational policy-making processes national policy-making processes ng related to air pollution.		cities). This is informed by national and subnational (e.g. city-level) monitoring efforts.		

Figure 4. Institutional capacity strengthening

y ncies D) is ularly ed to ve or	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 poliution and health. Tools are pilotated 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	Leveraging technical support, as relevant, from global and regional networks, institutional capacity to develop air pollution and health action plans is enhanced particularly within the health sector, including at the national and subnational (e.g.	Desired state: Health sector capacity for addressing adverse effects of air polition 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 stategies developed to support such action.
reg inc en pro		subnational levels as relevant. Models and tools for influencing other sector policy processes to take into and health (e.g. in cities, in household energy) documented and disseminated as examples of good practice.	subnarouna (eg. city) levels or for specific issues, such as household air pollution.	

Appendix 2

AN ENHANCED GLOBAL RESPONSE TO THE ADVERSE EFFECTS OF AIR POLLUTION ON HEALTH – A THEORY OF CHANGE

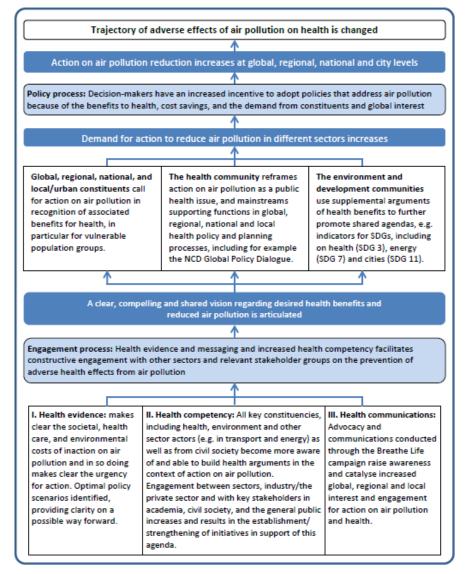


Figure 1. Expanding the knowledge base

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 of 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 lowand middle-income countries at both the national and subnational levels.

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

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

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.

Figure 2. Monitoring and reporting

Tools

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.

Methods and tools used to estimate human exposure to air pollution and related burden of disease are refined for identifying the contribution of specific sectors (e.g. transport, energy) and in specific settings (e.g. cities, homes).

Existing global databases developed and technical and monitoring support and reporting provided to strengthen systems updated and capacity for enhanced, harmonization e.g. on urban of country level air quality in monitoring, cities and on data collection household and analysis on energy fuels, air quality and and health, technologies including in cities and in and indoor air pollution. homes.

> Capacity of national and subnational institutions is enhanced for the use of harmonized tools for collection and/or analysis of data on air quality and health.

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,¹ and the European Environmental Agency²).

Country-level monitoring data is systematically fed into regional and global monitoring efforts.

Public information tool is allow for and health, including through WHO's Global Health Observatory.

burden of disease attributed to enhanced to air pollution reporting, in specific visualization sectors and settings estimated dissemination of evidence and and trends data on air reported. pollution and

Global

Country-level monitoring data is used to influence national and subnational policymaking processes related to air pollution.

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.

¹ LRTAP Convention refers to the United Nations Economic Convention for Europe, Convention on Long-Range Transboundary Air Pollution, see http://www.unece.org/env/Irtap/Irtap_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

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 simulate demand for policies to tackle air pollution, prevent diseases and improve wellbeing are developed at global, country and local levels are led by the WHO, building upon collaborative efforts such as the joint WHO-CCAC1 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 UNFCCC⁴ so as to stimulate increased demand for concerted action on air pollution and health.

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

WORLD HEALTH ASSEMBLY

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

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.

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.

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.

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.

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

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.

Leveraging technical support, as relevant, from global and regional networks, institutional capacity to develop air pollution and health action plans is enhanced particularly within the health sector, including at the national and subnational (e.g. city) levels or for specific issues, such as household air pollution.

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)



Thank you!

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