

Health professionals welcome the revised WHO guidelines on air quality, urge governments to work collaboratively to resolve the air pollution crisis

Doctors and medical practitioners representing some of the largest networks of public health professionals have welcomed the World Health Organization's (WHO) revised guidelines on Air Quality and called upon their respective governments to work collaboratively to resolve the air pollution crisis.

Health professionals from South Asia, South-East Asia, South Africa and Latin Americas and Caribbean have collectively urged their governments to take a regional airshed approach and work – nationally to align their respective air quality standards with the new WHO guidelines, and regionally with their neighbouring countries to tackle the challenge of air pollution.

According to WHO, air pollution is a major environmental risk to health. By reducing air pollution levels, countries can reduce the burden of disease from stroke, heart disease, lung cancer, and both chronic and acute respiratory diseases, including asthma. The lower the levels of air pollution, the better the cardiovascular and respiratory health of the population will be, both long- and short-term.

The World Health Organization released the revised air quality guidelines on 22 September 2021 after 16 years from the previous update in 2005. The latest WHO Air Quality Guidelines are more stringent, health-based guidelines, and they provide an assessment of health effects of air pollution and thresholds for health-harmful pollution levels. Since 2005, the last update on the WHO guidelines, several scientific studies have emerged highlighting the urgent need to revise the guidelines to make them more suitable to protect public health.

South Asia is home to the most polluted countries on Earth. Bangladesh, India, Nepal and Pakistan consistently rank among the top five most polluted countries in the world, while 42 out of the 50 cities with the poorest air quality are in South Asia. Air pollution exposure is the second most important risk factor for ill health in the region. According to the Air Quality Life Index (AQLI), prolonged exposure to air pollution will cut the life expectancy of South Asia residents short by 5.6 years if current levels persist compared to if the region met the WHO's 10 µg/m³ guidance. That's compared to the impact on life expectancy from other large health threats: smoking reduces life expectancy in these countries by as much as 1.8 years; unsafe water and sanitation by as much as 1.2 years; and alcohol and drug use by about a year of lost life years.

Air pollution is the largest environmental risk for public health in the Americas. According to the WHO, more than 150 million people in Latin America and the Caribbean live in cities with levels of air pollution exceeding WHO air quality guidelines of 2005.

Fossil Fuels – coal, oil, and gas – the major drivers of climate change, are also the biggest contributor to the poor air quality globally. Burning fossil fuel causes air pollution and releases toxins that can lead to early death, heart attacks, respiratory disorders, stroke, exacerbation of asthma and impaired productivity. Air pollution also causes daily disruptions in people's lives from allergies, cold, cough, irritation of the eyes, nose, and throat, headaches, dizziness, fatigue, and mental health issues. In addition, household air pollution (HAP) is associated with the inefficient combustion of solid fuels and kerosene is the one of leading environmental risk factors for death and disability in the world.

In 2016, 91% of the world's population was living in places where the WHO air quality guidelines levels were not met. Ambient (outdoor) air pollution in both cities and rural areas was estimated to cause 4.2 million premature deaths worldwide in 2016. Some 91% of those premature deaths occurred in low- and middle-income countries, and the greatest number in the South-East Asian and Western

Pacific regions. In addition to outdoor air pollution, indoor smoke is a serious health risk for some 3 billion people who cook and heat their homes with biomass, kerosene fuels and coal.

Health professionals have urged their respective governments to adopt a regional airshed approach in tackling the air pollution crisis. Their demands at a national and regional level includes:

a) National level:

- I. Countries should urgently revise their existing air quality standards and align them with the WHO guidelines, putting public health at the center of the standard setting process.
- II. Countries should invest in policies and mechanisms to ensure enforcement of its air quality standards.
- III. Countries should invest in increasing air quality monitoring capacity and disclosing data to the public about health impacts of the air quality in the form of health advisories.
- IV. Countries should have robust health adaptation and mitigation plans to combat the adverse health impacts of poor air quality.
- V. Countries should also set stringent emission standards for power plants, industries, transportation etc.

b) Regional level:

- I. Recognize that air pollution knows no boundaries and there is a need for urgent cross border collaboration.
- II. Set up mechanisms to ensure regional collaboration, exchange of information, data, policies and action to strategically tackle the air pollution and health crisis.
- III. Commit to phase out of fossil fuels and invest in low carbon and healthy sources of energy options.

Expert quotes:

“As doctors, we have seen the ill effects of air pollution on our patients. This is a public health emergency, affecting the lives of people all over the world, with the worst impacts in South Asia. Fossil fuels are the root cause of both air pollution and the climate crisis. Governments across South Asian countries need to urgently align their national air quality standards with the latest WHO guidelines and take a regional approach, keeping health at the heart of actions to tackle and resolve the air pollution crisis. The time to act was yesterday, but we missed it. For the sake of future generations, we need to commit to do anything and everything that it takes to solve this crisis as early as possible. The price of our inaction today will be paid heavily by our future generations.” – **Dr Arvind Kumar, Founder Trustee, Lung Care Foundation, India.**

“Every area in Dhaka has standards of air pollution many times higher than the levels set by the WHO and Govt of Bangladesh. Burning of fossil fuels, dry leaves are the cause of increased COPD among women. The menace of air pollution is not just a problem for women in rural areas but those in urban areas as well. Among people involved we have seen stone crushing causing silicosis and ship-breaking causing asbestosis. As doctors we are trusted voices. We need to come together to push for policy and strong political decisions. We must work urgently to raise awareness among people and governments and usher solutions that solve the air pollution crisis locally and regionally.” - **Dr. Kazi S. Bennoor, Joint Secretary, Bangladesh Lung Foundation**

“The revision of the WHO 2005 AQG is justified by the unequivocal evidence of the massive contribution that air pollution has on the global burden of disease. Improving air quality will deliver multiple health co-benefits by improving health, saving health costs and addressing the drivers of climate change.” – **Rico Euripidou, Environmental Health Campaigner, groundWork, South Africa.**

“India’s existing National Ambient Air Quality Standards (NAAQS) were already less stringent compared to previous air quality guidelines by WHO, allowing cities to consider an incremental approach to achieving interim targets through assessment of local sources of air pollution. More stringent guidelines by WHO necessitates a greater focus on health impacts of air pollution during the proposed revision of India’s NAAQS in 2022.” – **Dr Poornima Prabhakaran, Deputy Director, Center for Environmental Health, Public Health Foundation of India**

“While Latin America as a region is not the most polluted in the world, some of its capital cities are among the the top 15 with the poorest air quality. And yet, air quality standards in most Latin American countries are significantly lower than what the WHO has recommended for the past sixteen years. Today’s announcement of the updated WHO standards is a stark reminder of the urgent need for our region to harmonize its own air quality standards in a way that puts health front and center, especially for our urban populations” – **Andrea Hurtado Epstein, Climate Program Manager for Latin America, Health Care Without Harm**

“The South Asian countries have legalized standards which are much higher than the existing WHO guidelines. For instance, India’s annual standards for PM2.5 are at least four times higher than the WHO guidelines of 2005. This means that existing standards for PM2.5 in most of the South Asian countries, are not health-based and were not designed with the protection of public health as their main goal. It also means that the existing legal guidelines for these countries should not be assumed automatically as healthy for their citizens. Furthermore, some of these countries also face challenges to enforce and implement these standards. In this context, it is critical that the revised WHO guidelines translate into adjusted national and local policy for them to have a real impact on public health in these countries.” – **Shweta Narayan, Climate & Health Campaigner, Health Care Without Harm**

For more details, please contact:

Shweta Narayan (Health Care Without Harm - Global): snarayan@hcwh.org

Pats Olivia (Health Care Without Harm – South-East Asia): poliva@hcwh.org

Andrea Hurtado Epstein (Health Care Without Harm – LAC): ahurtadoepstein@hcwh.org