Air pollution is not an inevitable consequences of economic growth - proven with growth in GDP alongside decreasing air pollution (e.g. USA).

Why are sectors not forced to consider health in all policies? Important to have health at the centre of discussions - everyone cares about health.

Consensus that mitigation policies save lives, health gains could largely pay for costs of mitigation

Need to intervene source by source and sector by sector, to understand the gains and trade-offs from each action, Need to highlight benefits of action and relieve policymakers’ concerns.

Transparency is important, costs and benefits to whom?

Biggest problem = trying to solve with one-off approach - it doesn’t work and siloes the problems rather than addressing it systematically. E.g. manufacturers need to talk to women and develop appropriate technology.

Important to tackle air pollution and climate change together - previously treating them separately has resulted in wasted policies and lost time (e.g. diesel cars)

Citizens are a powerful resource, are agents of clean air and climate action
Cities – key place for action on air pollution & health

• **In cities, policy meets people.** Most population growth will happen in cities in LMICs.

• Beating air pollution requires to work across sectors—transport, land-use, housing, waste, and energy

• **Local leaders have influence** over decisions in those sectors and are judged by voters on related achievements

• Cities are the site of **profound disparities** in wealth, in health, and in exposure to unhealthy environments. Need to **focus efforts on the most vulnerable**—those in slums and poor housing, those living near emissions sources, children and the elderly, members of disenfranchised groups.

• **Need for good information** to track AP sources, levels, impacts and policies affecting those. Data and transparency over the impacts of decisions can also be generated by the public through “citizen science,” to help it drive change

• **Awareness help create demand for action and foster political will, develop a shared vision for a healthy urban future** –

• **Good governance** is key for delivering multiple benefits for all

• **National and international efforts** are key to strengthen capacity and leadership of cities to unlock finance, implement policies and track progress.
Clean household energy access:
Igniting the transition for protecting public health
livelihoods and environment

a. Prioritization of clean and sustainable household energy solutions, particularly for cooking, is critical to protecting public health and achieving Sustainable Development Goals on health, energy, climate, and cities among others.

b. Creating an enabling environment for the adoption of clean and sustainable household energy solutions requires cross-sectoral and concerted action from a wide group of public and private stakeholders, including those working on health, energy, gender, climate and environment. Policy-makers and implementing partners, including the private sector, need to mainstream clean household energy solutions into their relevant activities and work.

c. During the transition to universal access to clean, sustainable and modern energy, cleaner, low- carbon and more efficient cooking solutions that meet cultural, social and gender needs should be prioritized, and their uptake monitored to ensure maximum health, climate and environmental benefits and tackle the externalities not only at consumption stage but starting from the production phase through the whole value chain.

d. Increased financial and technological resources are needed to drive further innovation in affordable, scalable and replicable clean and sustainable household energy solutions. Renewable energy should play a key role.
The role of Health Systems

Health Systems have a key role in monitoring and responding to air pollution health risks (ill health and deaths)

• This PH role needs to be strengthened (tension w/personal services)
• UHC is paying a lot for health consequences of dirty air
• Need to focus on the H/promotion side of UHC (focus so far on the coverage)
• Action on sectors have multiple benefits (H, Gender, Climate)

Two key functions of health systems:

1. **Universal Health Coverage & Health System Strengthening:** As part of UHC benefits emphasize the key role of MOH in influencing private initiatives and public policies in other sectors by providing:
   - health information (physiological impacts – numbers are not enough)
   - PH Intelligence – sources, policies, levels, impacts
   - Estimating benefits of policies,
   - surveillance and data (accountability)
   - Standards, norms and regulation, laws
   - recommendations on incentives for behaviour change/taxation (e.g. health taxes),
   - capacity building for health care providers and public health (curricula)
   - offer societal dialogue platforms for citizens’ voice in the use of the public purse for health/hold duty bearers into account (e.g. seat belts, now a given)
   - Strategic communications – training of journalists, champions (surgeon in India, pathologist in Brazil, sport)
2. **Multisectoral Action**: MOH needs also to help catalyse multisectoral action by:

- creating supra ministerial platforms bringing all sectors together (e.g., transport, industry, finance) to foster multisectoral action (e.g., reduction of industrial emissions, public transport development, budget allocation and subsidies, etc)
- Institutionalizing Health Impact Assessments of other sector policies in other ministries
- Informing other sectors about what they do that benefits health
- Report progress to parliament and national health council/assembly
- Exchange experience across countries/cities (observatories, research)
- Civil society engagement (focus on sources of AP)
- Coallition building (clean air a public good)
Health Workforce

We call for health and environment workers to be equipped, through education, training and lifelong learning, with the knowledge, skills, values and attitudes to address sustainability, emphasising tackling climate change and air pollution.

Competencies, knowledge, skills, training needed in public health and in health care delivery

- **PH:**
  - PH Intelligence – sources, policies, levels, impacts
  - Estimating benefits of policies,
  - surveillance and data (accountability)
  - Support for standards, norms and regulation, laws
  - recommendations on incentives for behaviour change/taxation (e.g. health taxes),
  - offer societal dialogue platforms for citizens’ voice in the use of the public purse for health/ hold duty bearers into account (e.g. seat belts, now a given)
  - Strategic communications – training of journalists, champions (surgeon in India, pathologist in Brazil, sport)

- **Health care providers:**
  - health information (physiological impacts – numbers are not enough)
  - Advice patients on exposure reduction and measures individuals can take (household energy, transport, waste)
  - Advise communities about measures they can take
  - Advocacy for solutions
Health workforce education and training

• Health and environment workers need to be equipped, through education, training and lifelong learning, with the knowledge, skills, values and attitudes to address sustainability, emphasising tackling climate change and air pollution.
  – Few courses currently provide knowledge on air pollution, need scaling up, including in the curricula of medical professionals and environmental health professionals
• The value of environmental health workers, as part of the local level primary health care approach, needs to be more clearly articulated in district systems and service models
• For leadership roles, health and environment workers need meta-competencies for working across sectors and policies, and with communities. These ‘health in all policies’ competencies include: negotiation, coalition building, social platform designing, community mobilization, networking, interdisciplinary communication etc.
• The OneHealth approach to convening education sector and public health actors, assessing gaps and aligning objectives provides a useful template.
• Education for sustainable development (ESD) at all levels and types of education should include air pollution, the broader determinants of health and the intersectoral skills needed for Health in All Policies.
ADVOCACY- STOP THIS “SLOW VIOLENCE” TO HEALTH

HEALTH SECTOR LEADERSHIP FOR CLEAN DEVELOPMENT & INVESTMENTS

INSPIRE RAISE LEVEL OF AMBITION WITH BOLD GOALS – “2/3 LESS DEATHS BY 2030”

FOSTER DIVERSITY OF APPROACHES – BUT STAY UNITED WITH ONE COMMON GOAL

LINK DATA WITH EMOTION

THINK GLOBALLY BUT WORK LOCALLY IN CITIES, ACROSS ASIA, AFRICA, AMERICA’S, EUROPE

CHAMPIONS FROM SPORTS, MUSIC, ART & CULTURE.
Reduce health sector emissions: access to modern energy for UHC

- Many LMICs lack access to reliable energy – no light or electricity
- Urgent need to enhance access to ensure light for night procedures and equipment, water access, vaccine cold chain, health care waste management, and to keep rural staff in key areas
- All health institutions in richer and poorer countries like need to integrate energy efficiency and access to clean energy for buildings, travel and producing and disposing of materials into their planning and investments.
- This will improve access to health and performance of health services, reduces emissions,
- There is a need to work across energy and health sectors to identify solutions for planning and financing for energy supply and equipment, to remove barriers and accelerate towards access to clean and reliable energy in health care focusing on the win wins with AP, we can deliver enormous amounts
- UHC needs to integrate clean energy and environment into its core planning, focusing on
- NGOs, Government’s as well as the energy and health sectors need to work together to remove barriers and accelerate change
- We agreed that UHC needs to be Ina climate smart way and by The health sector needs to take the responsibility seriously and clean up its own house and lead by example.
How Reducing Air Pollution Can Prevent the Leading NCDs

– Huge potential impact on NCD prevention by reducing air pollution
  • Strong link between air pollution and NCDs even at low levels of AP
  • 5.6 million NCD deaths each year attributable to air pollution
  • Air pollution now recognized as 5th key risk factor for NCDs

– What is needed for countries to make progress?
  • Health sector must take leadership role in developing national roadmaps/action plans
  • Evidence based on science, local data, economic benefits including cost of inaction
  • Solutions must be based on country-specific sources of AP and needs
  • Multisectoral approach critical – environment, finance, agriculture, energy, transportation...
  • Awareness and communications campaigns and training
  • Focus on policy initiatives: e.g. from other NCD initiatives (e.g., tobacco, physical activity)
  • Important to measure effectiveness
  • Funding mechanisms needed (e.g., subsidies, taxes)
Children’s Health

• AP a major cause of pneumonia, low birth weight, asthma, cancers, neurodevelopmental disorders, increase the risk for future NCDs

• **Not yet part of standard child health packages** (e.g. LIST, IMCI, UNICEF), demonstrate benefits of investment

• **Health professionals need the tools** and training to:
  – Detect avoidable exposure & advise patients and communities
  – Advocate for policy change (transport, waste, energy)

• **Right to live study and play in clean environment** through:
  – State has obligation under convention – access to justice, complaint mechanisms, children taking state to court because of climate inaction
  – Businesses – state role: EIAs to include children’s health, regulation, incentives
  – Involve children in decision making – Participation

• **Cities & mayors networks** – children are valued but not a focus on urban policies & investments,
  – Children leading occupation of urban space – priority for people
  – Children advocates with parents for changes towards sustainability
  – Children’s parliament

• **Moms as advocates** – support parents to tell their personal stories, to speak publicly, and face antagonism (issues can be divisive)
  – Meet with legislators, decision makers, include children interests in the laws
The Critical Role of Journal Editors

- Air Quality actions by often skeptical leaders require scientific evidence of the highest quality, from local scientists, on how air pollution affects health, and what actions may be most beneficial
- Both broader interest scientific journals and more focused environmental journals can play key roles:
  - Ensuring the highest quality science finds its way into the literature
  - Providing those results both to governments and key scientific audiences (e.g. specialists who may not be aware of the scientific evidence such as cardiovascular and metabolic diseases)
- Journal editors face challenges:
  - Pressure to turn around publications faster which may impinge on peer review
  - Ensuring that quality research from LMIC is reviewed and published (though the paucity of such studies likely results more from inadequate resources and capacity building in the LMIC countries, not the journals’ practices)
  - The emergence of social and other rapid response media to “interpret” science and disseminate results, with mixed and sometime problematic accuracy (though this also can be an opportunity)
- The good news: we are beginning to see that, in those countries that have started to embrace taking air quality action, investment in good science can follow
  - Already resulting in increased publication of results from East Asia; more work is needed for other parts of Asia, sub-Saharan Africa, and elsewhere around the globe.
Communication, Advocacy, and Partnerships

• Advocates need to continue to work across sectors to take the powerful health message on air pollution from the conference room into the streets.

• Doctors and nurses and public health workers can be trained in communication and advocacy about impacts and solutions.

• Role of health champions
  – The visible health impacts of air pollution on the lungs, shared by chest surgeon Dr. Kumar, India and by pathologist Dr Paulo Saldiva, Brazil.
  – Cultural heroes, like marathoner and clean air champion Paula Radcliffe.

• Artists, bikers, parents, and other groups are also key to making change, and their initiatives can be strengthened by the strategic use of economic data to justify rapid, bold action to clean up our air.
Side event: Economic impacts and arguments

- There are huge costs from AP – 5.1 trillion globally
- Most of the impact in LMICs where exposure is largest
- Figures need to be presented in a language that is understood by:
  - the Ministries of Finance – the main client of the dev. banks;
  - Present costs and benefits of interventions and trade-offs (in waste, agriculture, transport, energy, behaviour as well as infrastructure)
  - Identify who bears costs and benefits (private rationale is different from social rational)
  - Show fiscal policies that can save public expenditure
  - Consider what policy makers are concerned about, e.g. productivity,
- Improvements needed:
  - data quality, availability
  - Provide guidelines to conduct analysis and understand figures
  - Reflect equity in the proposed interventions
- Mexico AP not on the agenda of politicians – link to mobility, energy supply, quality of life
- Santiago’s transparent accounting, risks and benefits, trade-offs as some sectors will face higher costs but bring benefits to society.
Connecting the Dots – Integrating Air Quality, Climate and Health Policies

• We know more about the scale and severity of the health and economic impacts of ambient air pollution.
  – The economic costs are $5.7 trillion per year (2016).
  – Low-Middle Income Countries bear higher welfare costs.

• There are synergies and tradeoffs between local air pollution reduction and mitigation of emissions that cause climate change.
  – Interventions that show synergies include: technologies with efficiency improvements, policies that promote behavioral changes, waste management, agricultural improvements. However, all these interventions, even if efficient, would have trade-offs that we need to manage.

• Forthcoming World Bank report draws on international experience and literature to provide practical guidelines on how to identify:
  • Overlaps and disparities between local and global damages across fuels, sources, technologies and locations
  • Cost effective strategies to address priority air pollution issues, while minimizing long-term lock-in of carbon intensive technologies and infrastructure
  • Environmental tax reform; an integral part of modern fiscal systems, especially in developing countries
Action on air pollution and children’s health

• The time is right to bring together key international agendas to stimulate action that improves health, reduces environmental pollution (indoor and outdoor) and tackles climate change

• There is a wealth of scientific evidence that links environmental pollution and poor health – in particular children’s health - that can support policy makers in addressing the route cause of the problem as well as supporting health professionals engage on the issue

• Evidence also demonstrates the economic benefits of action

• Cities, civil society and international organisations have a huge role to play in raising awareness and driving practical action on the ground

• The ‘human rights’ of access to clean air is a critical component to drive political change and stimulate citizen-led action