Regional challenges and priorities

Key messages

Presenters and panelists of Session III & Side Event on transboundary air pollution
Investment in capacity of the health sector is needed in all regions

Insufficient capacity to:

• Use existing evidence on health impacts of air pollution (including the evidence generated within the countries)
• assess the health impacts of air pollution in a population
• communicate the risks to the public
• use health arguments in guiding multi-sectorial public policy action
• set priorities for action to reduce health impacts of air pollution
• monitor (public health) effectiveness of AQ related policies
Improve AQ data availability, accessibility and quality

- Large differences between and within Regions
- Relatively the poorest density of AQ monitoring in AFR
- In some countries – no monitoring at all
- China: ambitious, health-oriented air quality action plan includes rapid expansion of AQ monitoring network
Tackle transboundary air pollution

• Continues to be problem in all regions, contributing substantially to population exposure and reducing effectiveness of local actions on air quality.

• The UNECE Air Convention provides an example of successful international collaboration. WHO/Convention Task Force on Health supports actions by health evidence

• EMR, WPR and SEAR: some forms of air-pollution related collaborations already exist (e.g. Asian Haze, Acid Rain Deposition).

• Air Conventions experiences, methods and tools could facilitate progress in tackling air pollution and its health effects in other regions and stimulate collaboration between countries and regions.
Address regional “specificities”

• Sand dust in EMR and WPR: MS need advice how to follow WHO AQG

• Agricultural “haze” and forest fires in PAHO MS, SEA and WPR (agricultural and forestry practices!)

• Household combustion of solid fuels (wood, coal) for cooking and heating in AFR, SEA, parts of EUR
Regional action plans on (or including) AQ and health

• Adopted in all regions (but with various format, scope and ambition level)
• Focus on capacity building
• Aim at improved accessibility and use of existing information and knowledge,
• Building inventories of (successful) interventions
• Considering progress towards SDGs
• Guided by the WHO “Road Map”
Air quality can be improved

Evidence on the effectiveness of comprehensive, science based, sustained outdoor air quality policies in EUR and (parts of) PAHO:

• steady decrease of pollutants concentration
• decrease in health effects and burden of disease
Lack of local standards allows export of polluting technologies / activities from clean countries

Examples:

- no emission limits in a smelter of European company operating in AFR
- export of diesel trucks without particle filters to EMR country
- sulfur contents in diesel fuel sold in AFR 600x higher than sold (by the same company) in EUR

Need for global standards on products/emission limits
Household air pollution

- Overlap of the “traditional” (household AP) and “modern” (outdoor AP) in AFR, EMR, SEAR, (parts of) WPR, PAHO and EUR

- Chances of PAHO MS to commit to eliminate residential use of polluting fuels and technologies for cooking by 2030

- NCD Action Plan in SEAR: 50% reduction in proportion of households using solid fuel for cooking by 2025 (but an increase in total number of households - smaller reduction in absolute numbers!)

- India: 50 million new LPG connections in less than 3 years. Plan to have LPG in 95% of households by 2022.

- Big potential for renewable energy replacing biomass combustion and kerosene in AFR.

- Multiple social, environmental, climate and economic co-benefits of the shift to clean energy sources and renewables.
Economic incentives

Need to:

• use appropriate economic tools to facilitate shift to cleaner household fuels / energy sources in all regions

• avoid deepening / creation fuel poverty (exists also in middle- and high- income countries)
Conclusions

• Problems are often similar in various regions
• Exchange of experiences on solutions between the regions will help in overall improvement of public health
• Greater investment of human and financial resources in identification and implementation of solutions needed in all regions.