The First WHO Global Conference on Air Pollution and Health took place at WHO headquarters in Geneva, Switzerland from 30 October to 1 November 2018. The conference was organized in collaboration with UN Environment, the World Meteorological Organization (WMO), the Climate and Clean Air Coalition to Reduce Short-Lived Climate Pollutants (CCAC), the UN Economic Commission for Europe (UNECE), the World Bank and the Secretariat of the UN Framework Convention on Climate Change (UNFCCC). There was participation from and collaboration with national and city governments, intergovernmental organizations, civil society, philanthropy, research and academia.

The conference was held in response to a resolution of the Sixty-eighth World Health Assembly (WHA68.8) in 2015, in which ministers of health asked for a major scaling-up of the response by health and other sectors to prevent air pollution diseases, exposure to air pollution and their costs to society. The “Road map for an enhanced global response to the health effects of air pollution” adopted at the Sixty-ninth World Health Assembly in 2016 (A69.18), asked for a global conference to review progress and decide on further action.

WHO has developed this document to highlight a range of issues presented during the conference. This document does not reflect intergovernmental agreement or consensus, nor decisions reached by the attendees. The conference outcomes indicate a need for enhanced action on the points highlighted below.

The conference participants considered the scientific evidence on air pollution and health, and emphasized the following
Air pollution – both ambient and household – is estimated to cause 7 million deaths per year, 5.6 million deaths are from noncommunicable diseases and 1.5 million from pneumonia. There is an urgent need to scale up the global response to prevent diseases and deaths. This would contribute to reaching the targets in the 2030 Agenda for Sustainable Development related to Sustainable Development Goals 3 (on health), 7.2 (access to clean energy in the home), 11.6 (air quality in cities), 11.2 (access to sustainable transport), and 13 (on climate change), and the Paris Agreement on climate change.

Effective interventions are feasible, effective and compatible with economic growth. There has been clear demonstration of the health, development and climate benefits from successful air pollution reduction in several parts of the world. Prompt action can achieve rapid improvement. Sufficient evidence exists to trigger high-level support and citizens' demands for clean air. Global leaders, decision-makers and citizens have access to sufficient information to take decisive action for creating clean and healthy air. No-one can say they did not know.

Reduction in exposure to air pollution is especially important for protecting the health of children. More than half of all pneumonia deaths in children under five years of age are caused by air pollution. Furthermore, this early life exposure is associated with an increased risk for many chronic diseases. Older people and individuals with pre-existing cardiorespiratory conditions and diabetes are at particular risk. Finally, workers exposed to increased levels of air pollution are at high risk, and need to be protected by adequate measures.

Actions to tackle air pollution and mitigate climate change can achieve combined, and therefore substantially greater, benefits compared with the cost of implementing them. Keeping climate warming to 1.5 °C is impossible without reducing short-lived climate pollutants (SLCPs) such as methane, tropospheric ozone and black carbon. Climate change and air pollution are closely interlinked, so reducing these pollutants not only protects the climate but also promotes clean air.

Participants at the conference recognized the need for a world free of air pollution and recommended an aspirational goal of reducing the number of deaths from air pollution by two thirds by 2030.
Reaching this goal will save significant global health care costs every year. The wider economic impacts of premature deaths due to ambient air pollution amount to US$ 5.7 trillion in welfare losses, or 4.4% of the global Gross Domestic Product (GDP) in 2016.

To reach this goal and resolve this health crisis, bold and prompt action is needed. In particular there is a need to avoid dirty fuels and technologies in transport and energy production; to stop uncontrolled burning of solid waste and agricultural waste; to reduce use

of fertilizers in agriculture; and to promote clean technologies and fuels and green, clean cities. All countries and cities will need to achieve WHO air quality guidelines levels.

Engagement of the global health community, particularly the health authorities, is key to reducing the burden of disease from air pollution. This can be done by assessing the health and economic impacts of air pollution and by catalysing actions that reduce air pollution in cooperation with other sectors where the policies affecting air quality are being defined.

Addressing air pollution requires multisectoral efforts that build upon synergies between human health, climate change and growth priorities.

Reducing air pollutants will lead to reductions in the concentrations of short-lived climate pollutants such as black carbon, thus contributing to climate change mitigation.

For ministries of finance, dealing with air pollution can create opportunities for increased revenues. For example, use of environmental fiscal instruments, and reduction of health care expenditures will increase revenue.

In order to reach the aspirational goal of reducing the number of deaths from air pollution by two thirds by 2030, the following elements for a Geneva Action Agenda to Combat Air Pollution were identified:

- Scale up efforts and mobilize action globally. A major scaling up of the BreatheLife campaign led by WHO, UN Environment, the Climate and Clean Air Coalition (CCAC) and the World Bank, should aim for at least 500 BreatheLife cities and 20 countries by 2020, all committing to reaching WHO air quality guidelines levels by 2030.

- Massively implement solutions to burn less in any form. This includes open burning, and fuel burning in transport, cooking, heating and in other processes. Implement cleaner and more efficient energy and transport solutions. Redesign cities around less fossil-fuel burning and less polluting human mobility. Enhance walking and cycling. Develop circular economies based on maximizing value of, and recovering and regenerating products and materials as much as possible. Aim for zero-emission solutions.

- Strengthen action to protect the most vulnerable populations, especially children. Targeted action and initiatives are needed to identify and promote the implementation of interventions to create clean air, protect child development and prevent air pollution illnesses in childhood. These actions need to be taken in the home, streets, parks, clinics and schools. Examples include the initiative “Inheriting a healthier future – clean air for child health and development”.

- Greatly increase access to clean energy and technologies in Africa and other areas with populations in greatest need. Particular efforts are required to simultaneously reduce high exposures to smoke in households, increase energy access in health care facilities, reduce ambient air pollution, obtain climate and health co-benefits, and contribute to lifting

people out of poverty. New initiatives, such as “Access to clean energy and health in Africa” are underway. This will enhance progress towards the achievement of SDGs 3 and 7.

- Support cities to improve urban air quality. Support for the creation of national urban policies, and strengthening of people’s demand and local capacity for adopting policies and investments that clean the air, protect health and climate action are urgently needed. Initiatives such as the “Urban Health Initiative” and “Cities for clean air, good health and better climate” are responding to this need.

- Enhance education on air pollution as a key factor for improving health and quality of life. Target audiences include children, doctors, patients and the general population. Medical societies can contribute to protecting people from the health effects of air pollution by including air quality in their educational programmes. They can ensure that clinical guidelines consider air quality and provide advice for health care professionals on how to advise their patients. Education on air pollution in schools can raise awareness on risks and solutions in the new generation, and advocate for societal transformation. Raising awareness of the problem and the need for reducing air pollution should become a priority for all.

- Strengthen universal health coverage, health systems and health workforce capacity to engage and implement actions that prevent air pollution-related diseases, including at the primary health care level, in cooperation with other sectors, according to the national context and priorities.

- Enhance joint action between the financial, health and environmental sectors, and other key sectors affecting air pollution to generate business plans and specific actions leading to improved air quality and mitigated climate change. This includes redirection of investments and adequate implementation of fiscal instruments.

- Develop and implement occupational safety and health regulations and measures to protect workers from occupational exposure to air pollution outdoors and indoors.

- Scale up interventions to prevent noncommunicable diseases (NCDs) through action to reduce air pollution. Track progress in prevention of NCDs linked to reduction in indoor and outdoor air pollution, documenting the linkages. Report on related SDGs including SDG 3.4 (on NCDs mortality), 7.2 (access to clean energy in the home), 11.6 (air quality in cities), 11.2 (access to sustainable transport).

- Implement the 25 cost-effective clean air measures (1) identified as having the potential to, if fully implemented in the Asia-Pacific Region, provide one billion people in the Region with air that meets stringent WHO standards by 2030.

- Recognize the urgent need to act and respond to the conference’s call for voluntary commitment. National and local governments, intergovernmental organizations and civil

society, regional, national and local authorities need to engage in activities and policies to combat air pollution to protect citizens' health, including through the BreatheLife campaign.

- Continue the joint effort for harmonized air pollution monitoring. This to be done, for example through supporting and strengthening the Global Platform on Air Pollution and Health as a mechanism to bring together international and national actors and scientists contributing to tracking and reporting progress on air pollution, its many health impacts and actions to prevent it. Establish and strengthen ground level air quality monitoring in Africa, Asia, the Pacific and South America, including locations close to sensitive groups (hospitals, schools, workplaces).

- Implement a mechanism to take stock of actions and progress, and review governance for the prevention of air pollution and related health impacts, and for obtaining additional benefits, including voluntary commitments put forward at the conference.

- Enhance gender equity through access to clean fuels and technologies in homes. Women are exposed to high levels of smoke when cooking with unclean fuels, and often spend unreasonable time on fuel collection. This can lead to educational deprivation and lack of income generation. Improving access to clean fuels will greatly boost gender equity.

- Strategically complete knowledge and share it efficiently to address health risks. Generation of evidence concerning costs to society and efficient and cost-saving solutions is needed. Evidence concerning critical areas of air pollution monitoring and assessment of health impacts needs to be made accessible. Evidence concerning efficient solutions for reducing air pollution and associated health risks needs to be developed, assessed and shared.

- Build key partnerships, programmes and initiatives to reduce air pollution to healthy levels. Key stakeholders from ministries of health and beyond, local governments, UN and other international organizations, nongovernmental organizations, donors and scientists need to cooperate on a shared global and efficient local response. This is needed in order to accelerate the implementation of solutions to reduce air pollution for preventing unnecessary deaths.

Let's terminate air pollution!

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