**Regional Consultation – EB156/24: Updated road map for an enhanced global response to the adverse health effects of air pollution.**

Member State Survey

There is strong scientific evidence that air pollution has adverse health effects and that any reduction in air pollution will bring public health benefits.

Air pollution has been recognized by the UN General Assembly as the 5th risk factor for non-communicable diseases, and is an important risk negatively impacting the health and development of children throughout the life course.

Air pollution is a key health risk for all for which the health sector has a key role to play. However the health sector cannot tackle air pollution alone. Addressing the health risks of air pollution requires multi-sectoral coordination and action, as well as high-level political support.

The [EB156/24 Updated road map for an enhanced global response to the adverse health effects of air pollution](https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_24-en.pdf) provides a framework for strengthened health sector engagement to tackle air pollution. It uses a primary health care approach, promoting multisectoral policy and action while at the same time leveraging the trusted voice of health professionals to empower individuals, families and communities to protect their health and well-being from air pollution and the lack of energy access in the home. It also includes an ambitious but attainable voluntary target to help drive action and ensure greater accountability.

The road map itself is comprehensive covering nearly all of the WHO Secretariat’s activities (including HQ, WHO Regional Offices, WHO Country Offices) to support MS and other stakeholders protect public health from air pollution and the lack of clean household energy access. The accompanying costing exercise presented at the EB156 was based on current levels of staffing and activities and aims to be a realistic estimate of what is implementable in the near-term. Financing solutions to tackle the health risks from air pollution is always a challenge, as it requires long-term investment and sustained high-level political commitment by governments, and other partners. WHO Secretariat has and will continue to work to mobilize resources and provide the support the health sector leadership in countries and regions to protect public health from air pollution.

The WHO Secretariat would like to hear from you. Below is a brief survey seeking general feedback on [EB156/24 Updated road map](https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_24-en.pdf) including identifying which areas of actions and outputs are priorities for your country, as well as what are some of the challenges for implementation. We would kindly ask you to complete as many of the questions as possible and please do let us know if you have any comments or questions. Also please note, the annex from the draft road map which summarizes key actions, outputs and outcomes is included as annex in this survey for ease of reference.

**Survey *(estimated 20 to 30 minutes to complete)***

1. The [draft road map](https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_24-en.pdf) and its annex provides four strategic categories[[1]](#footnote-1) of health sector actions to tackle air pollution and energy access for public health protection. From your country's perspective, please rank the top three priorities areas for your country, where 1 is the highest priority compared to the others.

* 1. \_\_\_\_ Knowledge and evidence
  2. \_\_\_\_ Measuring progress
  3. \_\_\_\_ Institutional capacity-strengthening
  4. \_\_\_\_ Global leadership and coordination
  5. \_\_\_\_ All our equal priorities for my country, at this moment
  6. \_\_\_\_ None are a priority for my country, at this moment

1. Which “actions” (see Annex) listed in the road map are currently a priority for your country? Please mark all that apply.

**Knowledge and Evidence**

* 1. \_\_\_\_ Develop or adapt air quality standards to align with WHO air quality guideline levels and interim targets at country and city levels
  2. \_\_\_\_ Invest in and use synthesized and translated health evidence in policy and programmatic decision-making including economic analysis to compare costs and benefits of different interventions across sectors
  3. \_\_\_\_ Institutions with the support of civil society organizations disseminate evidence to the population on air pollution health risks and measures for reducing exposures

**Measuring Progress**

* 1. \_\_\_\_ Utilize health-based guidance, initiate, update and/or expand air quality monitoring networks to ensure routine and official data collection on air pollution levels for monitoring health impacts as well as reporting on global indicators like the SDG indicators
  2. \_\_\_\_ Integrate indicators and metrics for monitoring health impacts on air pollution into health data and public health surveillance systems at the city and country level
  3. \_\_\_\_ In partnership with environmental and meteorological institutions, routinely publish data on air pollution levels and health impacts, with source attribution (e.g. household energy use, transport) when possible.

**Institutional capacity strengthening**

* 1. \_\_\_\_ Integrate information on air pollution and health risk into health professional, medical school and paraprofessional curricula and training courses
  2. \_\_\_\_ Invest in the health system response to ensure an adequate number of trained health professionals are available to respond to air pollution health impacts, in particular for long-term effects
  3. \_\_\_\_ Invest in human capacity within the health sector to utilize a primary healthcare approach to address air pollution as a key determinant of health.

**Global leadership and coordination**

* 1. \_\_\_\_ Allocate adequate capacity (e.g. a focal point within the ministry of health and resources to ensure the health sector is actively engaged and providing evidence for decision-making of other sectors)
  2. \_\_\_\_ Engage and promote health messaging and campaigns (e.g. Breathelife campaign) for air pollution reductions for health benefits, with the support of key stakeholders
  3. \_\_\_\_ Harness the capacity of the health sector to produce and use evidence and data to engage and influence multilateral agreements, processes and initiatives.
  4. \_\_\_\_ Consider long-range transport of air pollutants and its contribution to exposure and to health effects and promote international dialogues to address the issue.

1. In view of the answers above, which of these are the top 3 priority ‘actions' your country would need WHO’s support and the WHO secretariat should focus on? Please list the letters listed next to the top 3 actions you have selected below.
2. Which output(s) (see annex) is your country prioritizing at this moment? Please indicate whether work on the output is planned, in process or complete by ticking the appropriate column and line with the output.

|  |  |  |  |
| --- | --- | --- | --- |
| **Knowledge and Evidence** | **Planned** | **Ongoing** | **Completed or established** |
| Air quality standards are in place and regularly updated to reflect the current knowledge on health risks from air pollution |  |  |  |
| Established network of researchers and medical societies engaged in deriving evidence on health risk, sources of air pollution is made publicly available |  |  |  |
| Data information and public health guidance on health risks from air pollution, especially for vulnerable populations is made publicly available. |  |  |  |
| **Measuring Progress** | | | |
| Official monitoring network of air quality levels for health risks evaluation is established, maintained and sustained |  |  |  |
| Health data systems and surveillance networks are strengthened to account for health risks from air pollution |  |  |  |
| Data on air pollution and health burden are publicly available and disseminated |  |  |  |
| **Institutional Capacity-Strengthening** |  |  |  |
| Health professionals are trained and competent to advise patients on protection for air pollution exposure |  |  |  |
| Health systems are prepared to respond to air pollution episodes using enhanced surveillance techniques |  |  |  |
| Health professionals are engaged and able to utilize health impact assessment and other information resources and guidance to inform multisetoral decision-making |  |  |  |
| **Global leadership and coordination** | | | |
| Health professionals are advocates and drive decision-making in different sector for health risks and benefits from air pollution mitigation |  |  |  |
| Health professionals are leaders in the global community, raising awareness on clean air for public health protection and highlighting relevant issues such as air pollution hot spots, risk for vulnerable populations and solutions such as clean household energy use |  |  |  |
| Health impacts of air pollution are accounted for in climate change policies, economic, development and environmental decision-making at national level |  |  |  |

1. Does this road map serve as a useful guide to support the health sector in your country engage in multisectoral decision-making on issues related to air pollution or energy access impacting public health?
   1. \_\_\_\_ Yes
   2. \_\_\_\_ No
   3. \_\_\_\_ Somewhat (comment):

1. What, if any, are the major challenges for your country to implement this road map? Please rank all those that apply where 1 is your largest challenge for implementation?
   1. \_\_\_\_ **Institutional Capacity:**  Limited technical capacity within the ministry of health or related public health institutions to engage and integrate public health protection in sectoral decision-making impacting air quality, and/or energy access.
   2. \_\_\_\_ **Institutional Capacity:** Limited technical capacity in other ministries and institutions to consider health in policy and programmatic decision-making related to air quality and energy access.
   3. \_\_\_\_ **Institutional Capacity:** limited training and education opportunities for health professionals to learn about the health risks of air pollution and available solutions to protect health
   4. \_\_\_\_ **Institutional capacity:** Limited knowledge and technical capacity for routine monitoring of air quality levels and health impacts
   5. \_\_\_\_ **Leadership and coordination**: Limited and/or inconsistent high-level political commitment needed for sustained actions to address the public health impacts of air pollution at local, national, and international level.
   6. \_\_\_\_ **Leadership and coordination**: Limited legislation on air quality and general governance that could facilitate implementation and or sustained actions (whenever lack of political support).
   7. \_\_\_\_ **Leadership and coordination**: Lack of internal coordination mechanisms and/or governance to facilitate health sector engagement in multi-sectoral decision-making on issues impacting air quality like energy production, industry, land-use, transport, household energy use, waste management, etc.
   8. \_\_\_\_ **Leadership and coordination:** Lack of assets and technical products to raise awareness about the health impacts of air pollution and lack of energy access.
   9. \_\_\_\_ **Finance**: Limited financial resources for dedicated staff in ministry of health or national public health institutions to effectively contribute to the development and/or to implementation of policies or programmes impacting air pollution and health
   10. \_\_\_\_ **Finance**: Limited government financial resources for the establishment and maintenance of an official monitoring network or system on air quality and health impacts
   11. \_\_\_\_ **Finance:** Limited financial resources for advocacy, outreach and awareness-raising activities within the community and among policy-makers on the health impacts of air pollution and the lack of energy access
   12. \_\_\_\_ **Finance:** Limited financial resources for knowledge strengthening and capacity-building activities for health professionals on air pollution and health issues
2. Please list any other key challenges your county may be facing in addressing the health impacts of air pollution below.

\*End of survey, thank you for your time. If you have additional comments or questions on the draft road map, please do not hesitate to reach out to Ms. Heather Adair-Rohani at WHO HQ Secretariat (adairrohanih@who.int) or your respective WHO regional office environmental focal point.

**Annex**

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

The road map for the period 2025–2030 is represented in the figures below, which depict the sequence of actions, output and proposed outcomes of this road map as a guide to governments, particularly health sector institutions and authorities. Figures 1–4 focus on the four relevant activities: expanding the knowledge and evidence base, monitoring and reporting, institutional capacity strengthening and global leadership and coordination.

Knowledge and evidence

Actions

Outcomes

Outputs

1. Develop or adapt air quality standards to align with WHO air quality guideline levels and interim targets at country and city levels.

1. Air quality standards are in place and regularly updated to reflect the current knowledge on health risks from air pollution.

**Health knowledge**: Member States are equipped with knowledge and health evidence to inform decision-making across all sectors to maximize health and multiple benefits of air pollution reductions, giving particular consideration to equity and vulnerable populations.

2. Invest in and use synthesized and translated health evidence in policy and programmatic decision-making including economic analysis to compare costs and benefits of different interventions across sectors.

2. Established network of researchers (e.g. International Society for Environmental Epidemiology, WHO collaborating centres) and medical societies, both local and global, engaged in deriving evidence on health risk, local sources of air pollution, costs and effectiveness of interventions.

3. Institutions with the support of civil society organizations disseminate evidence to the population on air pollution health risks and measures for reducing exposure.

3. Data, information and public health guidance on health risks from air pollution, especially for vulnerable populations is made publicly available.

Measuring progress

Actions

Outcomes

Outputs

3. In partnership with environmental and meteorological institutions, routinely publish data on air pollution levels and health impacts, with source attribution (e.g. household energy use, transport) when possible.

1. Utilize health-based guidance, initiate, update and/or expand air quality monitoring network(s) to ensure routine and official data collection on air pollution levels for monitoring health impacts as well as reporting on global indicators like the SDG indicators.

**Health data:** Member States have established baselines and an official and routine monitoring network in place that is used to evaluate and adapt policy measure to tackle air pollution and reduce inequalities.

1. Official monitoring network of air quality levels for health risk evaluation is established, maintained and sustained.

2. Health data systems and surveillance networks are strengthened to account for health risks from air pollution.

3. Data on air pollution and health burden are publicly available and disseminated.

2. Integrate indicators and metrics for monitoring health impacts of air pollution into health data and public health surveillance systems at the city and country-level.

Institutional capacity strengthening

Actions

Outcomes

Outputs

1. Integrate information on air pollution and health risk into health professional training, medical school and paraprofessional curricula and training courses.

1. Health professionals are trained and competent to advise patients on protection from air pollution exposure.

**Health competency:** All key stakeholders, including health, environment, energy and other sector actors, are aware of and able to build evidence-based health arguments in the context of action on air pollution, climate change and the energy transition.

2. Invest in the health system response to ensure an adequate number of trained health professionals are available to respond to air pollution health impacts, in particular for long-term effects.

2. Health systems are prepared to respond to air pollution episodes using enhanced surveillance techniques.

3. Invest in human capacity within the health sector to utilize a primary health care approach to address air pollution as a key determinant of health.

3. Health professionals are engaged and able to utilize health impact assessment and other information resources and guidance to inform multisectoral decision-making.

Global leadership and coordination

Outcomes

Outputs

Actions

1.Health professionals are advocates and drive decision-making in different sectors to account for health risks and benefits from air pollution mitigation.

1. Allocate adequate capacity (e.g. a focal point within the ministry of health, and resources to ensure the health sector is actively engaged and providing evidence for decision-making of other sectors).

**Health leadership:** Health professionals engage decision-makers at the local, national and regional levels to ensure health considerations from clean air are integrated in policy and programmes.

2. Engage and promote health messaging and campaigns (e.g. BreatheLife campaign) for air pollution reductions for health benefits, with the support of key stakeholders.

2. Health professionals are leaders in the global community, raising awareness on clean air for public health protection and highlighting relevant issues such as air pollution hot spots, risks for vulnerable populations and solutions such as clean household energy use.

3. Health impacts of air pollution are accounted for in climate change policies, e.g. nationally determined contributions, economic, development and environmental decision-making at global, national and regional levels.

3. Harness the capacity of the health sector to produce and use evidence and data to engage and influence multilateral agreements, processes and initiatives.

1. (a) **Knowledge and evidence**: building, synthesizing and disseminating evidence and knowledge relating to the impacts of air pollution on health, the effectiveness of policies to reduce them and interventions to address air pollution and its sources, and synergies with climate change mitigation, including by identifying knowledge gaps, promoting innovation and research, evaluating cost-effectiveness and undertaking cost–benefit analyses of sectoral interventions; (b) **Measuring progress**: enhancing systems, structures and processes needed to support monitoring and reporting on health impacts associated with air pollution and its sources and fulfilling the requirements of the resolution, while contributing to monitoring progress towards the Sustainable Development Goals, in particular targets 3.9, 7.1 and 11.6, and other current global initiatives and targets; (c) **Institutional capacity-strengthening**: building the capacity of the health sector to understand, analyse and influence policy and decision-making processes related to air pollution and health, and provide advice and guidance to patients and the community at large on air pollution as a health risk; and (d) **Global leadership and coordination**: leveraging health sector leadership and coordinated action to enable an appropriate and adequate response to the public health risks of air pollution and the lack of clean energy access and ensure synergies with other global processes. [↑](#footnote-ref-1)