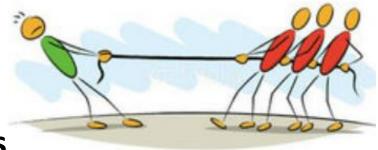
Inquinamento e salute: WHO AQGs e la discussione sulla proposta di EU AAQD.

Francesco Forastiere

A busy period of science-policy interaction

- September 2021: Publication of WHO Air Quality Guidelines, with support of the Medical Societies
- January 2022: Publication of ELAPSE results, administrative cohorts (Stafoggia et al, 2022)
- June 2022: Publication of the HEI Traffic review
- August 2022: Proposed analyses of the mortality impacts of PM2.5 and NO2 (Hoffmann et al, 2022)
- October 2022. Proposal of the new EU Ambient Air Quality Directive
- January 2023: Clean Air in Europe for All: A Call for More Ambitious Action (Boogaard et al, 2023)
- February March 2023: Discussions and Amendments

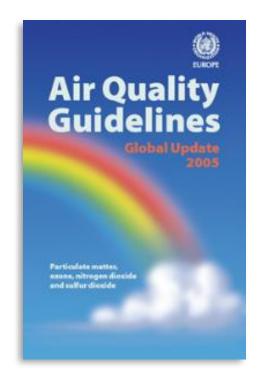




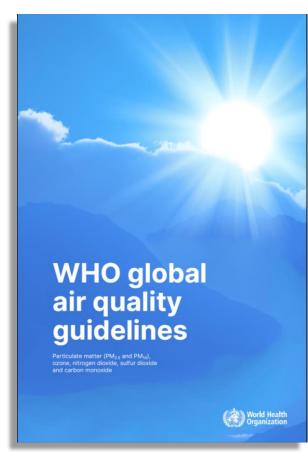
The update of the WHO Global Air Quality Guidelines

- Approach to assessing the certainty of evidence from systematic reviews informing WHO global air quality guidelines
- Systematic reviews published on Env Int in 2020
- Report published in September 2021

AQG – Global update 2005



WHO global AQGs 2021









International Journal of Public Health doi: 10.3389/ijph.2021.1604465







International Journal of Public Health

published: 23 September 2021 doi: 10.3389/jiph.2021.1604465







WHO Air Quality Guidelines 2021 - Aiming for healthier air for all

A joint statement by medical, public health, scientific societies and patient > 100 endorsements! representative organisations











Edited and reviewed by:

Olaf von dem Knesebeck, University Medical Center Hamburg-Eppendorf, Germany

Barbara Hoffmann

b.haffmann@uni-duesseldorf.de

WHO Air Quality Guidelines 2021–Aiming for Healthier Air for all: A Joint Statement by Medical, Public Health, Scientific Societies and Patient **Representative Organisations**

Barbara Hoffmann 1*, Hanna Boogaard 2, Audrey de Nazelle 3, Zorana J. Andersen 4, Michael Abramson⁵, Michael Brauer⁶, Bert Brunekreef⁷, Francesco Forastiere³, Wei Huang⁸, Haidong Kan⁹, Joel D. Kaufman¹⁰, Klea Katsouyanni^{3,11}, Michal Krzyzanowski³, Nino Kuenzli 12, Francine Laden 13, Mark Nieuwenhuijsen 14, Adetoun Mustapha 3,15, Pippa Powell 16, Mary Rice 13, Aina Roca-Barceló 3, Charlotte J. Roscoe 13, Agnes Soares 17, Kurt Straif 18 and George Thurston 19

¹Institute for Occupational, Social and Environmental Medicine, Medical School, Heinrich-Heine-University of Düsseldorf, Düsseldorf, Germany, 2 Health Effects Institute, Boston, MA, United States, 3 Imperial College London, London, United Kingdom, *Department of Public Health, University of Copenhagen, Copenhagen, Denmark, 5School of Public Health and Preventive Medicine, Monash University, Melbourne, VIC, Australia, ESchool of Population and Public Health, University of British Columbia, Vancouver, BC, Canada. Institute for Risk Assessment Sciences, Utrecht University, Utrecht, Netherlands, Department of Occupational and Environmental Health, Peking University, Beijing, China, 9School of Public Health, Fudan University, Shanghai, China, 10 Department of Environmental and Occupational Health Sciences, School of Public Health, University of Washington, Seattle, WA, United States, 11 Department of Hygiene, Epidemiology and Medical Statistics, Medical School, National and Kapodistrian University of Athens, Athens, Greece, 12 Swiss Tropical and Public Health Institute (Swiss TPH), Basel, Switzerland, ¹³Harvard T.H. Chan School of Public Health, Boston, MA, United States, ¹⁴Instituto Salud Global Barcelona (ISGlobal), Barcelona, Spain, 15 Nigerian Institute of Medical Research, Yaba, Lagos, Nigeria, 16 European Lung Foundation, Sheffeld, United Kingdom, 17Pan American Health Organization, Washington D.C., DC, United States, 16Boston College, Chestnut Hill, MA, United States. 19 Department of Population Health, New York University School of Medicine, New York City, NY, United States

Keywords: air pollution, WHO Air Quality Guidelines, health effects, policy implications, average population exposure





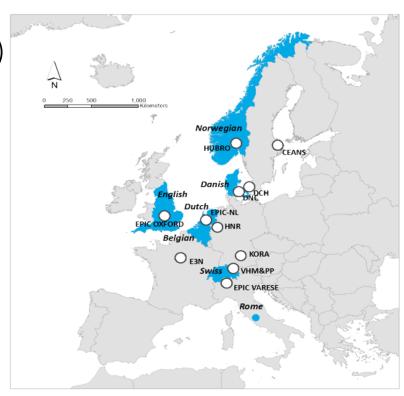


ERS Website: https://www.ersnet.org/news-and-features/news/urge-implement-air-pollution-policies-who-aggs/

ELAPSE: Effects of Low-Level Air Pollution: a Study in Europe

- Mortality, lung cancer incidence, CVD events, respiratory disease
- Advanced exposure modeling combining LUR, CTM, AIRBASE, satellite observations
- Modeling for PM2.5, NO2, BC, and O3 with high resolution
- Two arms of the study:
 - Pooling of several well-examined European cohorts (ESCAPE)
 - ~ 380,000 subjects
 - Seven large administrative/national cohorts in UK, NO, DK, IT, NL, CH, B
 - ~ 28,000,000 subjects, no pooling



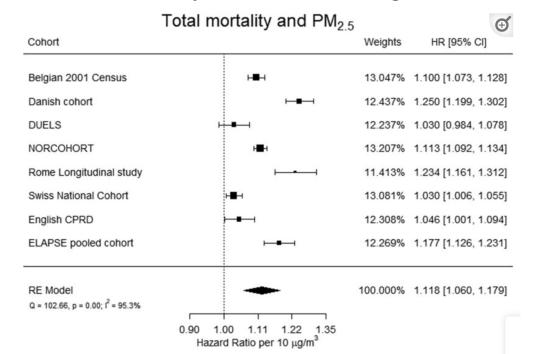


ELAPSE Administrative cohorts (Stafoggia et al,

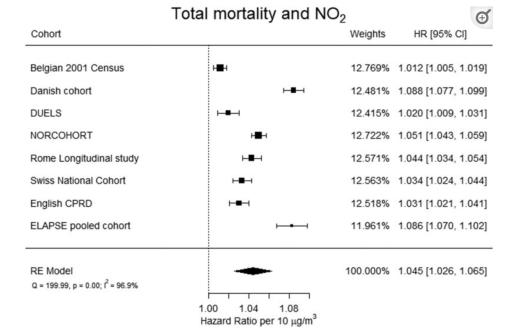
2022)

	Increment	Hazard ratio (95% CI)						
		Non-accidental mortality	Cardiovascular mortality	Non-malignant respiratory mortality	Lung cancer mortality			
PM _{2.5}	5 μg/m³	1.053 (1.021-1.085)	1.041 (1.010-1.072)	1.064 (1.013-1.118)	1.102 (1.036-1.172)			
NO ₂	10 μg/m³	1.044 (1.019-1.069)	1.025 (1.006-1.044)	1.058 (1.024-1.093)	1.093 (1.053-1.134)			
Black carbon	0.5 x 10.5/m*	1.039 (1.018-1.059)	1.022 (1.004-1.040)	1.053 (1.021-1.085)	1.078 (1.038-1.118)			
O ₃	10 μg/m³	0.953 (0.929-0.979)	0.976 (0.954-0.998)	0.948 (0.910-0.988)	0.924 (0.887-0.963)			
			F + 16 + F + 1		7.11 * 0 . 1 * * 1 . 2			

After indirect adjustment for smoking and BMI







The New HEI Traffic Review, June 2022

• https://www.healtheffects.org/meeting/new-heireview-webinar-health-effects-traffic-related-airpollution





HEALTH EFFECTS INSTITUTE

Number 23 June 2022

SPECIAL REPORT

Systematic Review and Meta-analysis of Selected Health Effects of Long-Term Exposure to Traffic-Related Air Pollution

HEI Panel on the Health Effects of Long-Term Exposure to Traffic-Related Air Pollution

HEI Traffic Review

Executive Summary Table. Overall Confidence Assessment and Meta-analytical Summary Estimates of Associations Between Long-Term Exposure to the Most Common Traffic-Related Air Pollutants (NO₂, EC, PM_{2.5}) and Health Outcomes (NOTE: the individual pollutants are considered indicators of TRAP)

		1	NO ₂ per 10-μg/m ³		EC per 1-μg/m ³		$PM_{2.5}$ per 5-µg/m ³	
Health Outcome	Overall Confidence Assessment	N	Relative Risk (95% CI)	N	Relative Risk (95% CI)	N	Relative Risk (95% CI)	
Mortality		202						
All-cause	High	11	1.04 (1.01–1.06)	11	1.02 (1.00-1.04)	12	1.03 (1.01–1.05)	
Circulatory	High	10	1.04 (1.00-1.09)	9	1.02 (1.00-1.04)	11	1.04 (1.01–1.08)	
Respiratory	Moderate	8	1.05 (1.00-1.09)	8	1.01 (0.98–1.05)	7	1.03 (0.97–1.10)	
Lung cancer	Moderate to high	5	1.04 (1.01-1.07)	3	1.02 (0.88-1.19)	6	1.06 (0.99-1.13)	
IHD	High	6	1.05 (1.03-1.08)	6	1.05 (0.99–1.11)	7	1.07 (1.04–1.10)	
Stroke	Low to moderate	6	1.01 (0.98-1.04)	<3	NA	3	1.04 (1.01–1.07)	
COPD	Low	3	1.03 (1.00-1.05)	<3	NA	<3	NA	



Furone

Benefits of future clean air policies in Europe

Proposed analyses of the mortality impacts of PM_{2.5} and NO₂

Barbara Hoffmanna, Bert Brunekreefb, Zorana J. Andersenc, Francesco Forastiered, Hanna Boogaarde*

PM2.5 and total mortality

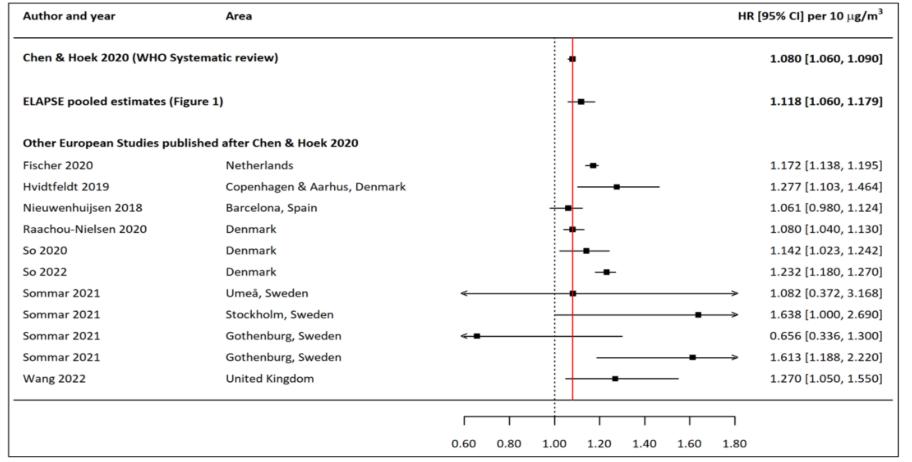


Figure 3. Total mortality and long-term PM_{2.5} from other European studies published since the WHO systematic review by Chen & Hoek (2020).*

^{*}Red line indicates the summary estimate from the systematic review by Chen & Hoek (2020). Range of mean PM_{2.5} exposure in European studies from 5.8 to 20.5 µg/m³.

Environment

Home > All Environment Publications > Revision EU ambient air quality legislation

GENERAL PUBLICATIONS

Proposal for a revision of the Ambient Air Quality Directives

Details

Publication date 26 October 2022

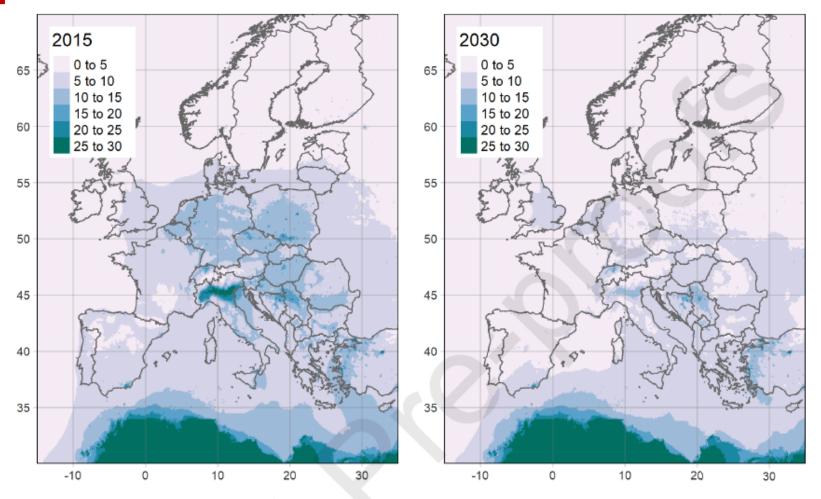
Author Directorate-General for Environment



Study to support the impact assessment for a revision of the EU Ambient Air Quality Directives

Specific Contract under Framework Contract ENV/F1/

PM2.5 concentrations in 2015 and 2030 projections



Pisoni et al, 2023

igure 1: PM2.5 yearly average concentrations (μg/m³), for 2015 (left) and 2030 scenario (right).

Immediate (same day) reaction!



"The newly proposed annual limit values will ensure important health benefits, and are much stricter than the 2008 limit values in particular for PM2.5 and NO2. However, greater collective efforts are ultimately needed for a continued improvement in air quality down to, or below, the latest WHO health-based Air Quality Guidelines."

- **Dr. Hanna Boogaard**Co-Chair
International Society for Environmental
Epidemiology (ISEE) Europe Chapter



"We are faced with a public health emergency from air pollution - tackling it requires political will, for immediate and long-lasting health benefits.

Where the Commission shied away from proposing what's needed, the European Parliament and Member States now have to step up, to save lives and prevent disease. This is done by fully aligning with the updated WHO guidelines by 2030 at the latest and with a strong enabling framework, including limit values and enforcement mechanisms."

Anne Stauffer
 Deputy Director
 at the Health and Environment Alliance (HEAL)

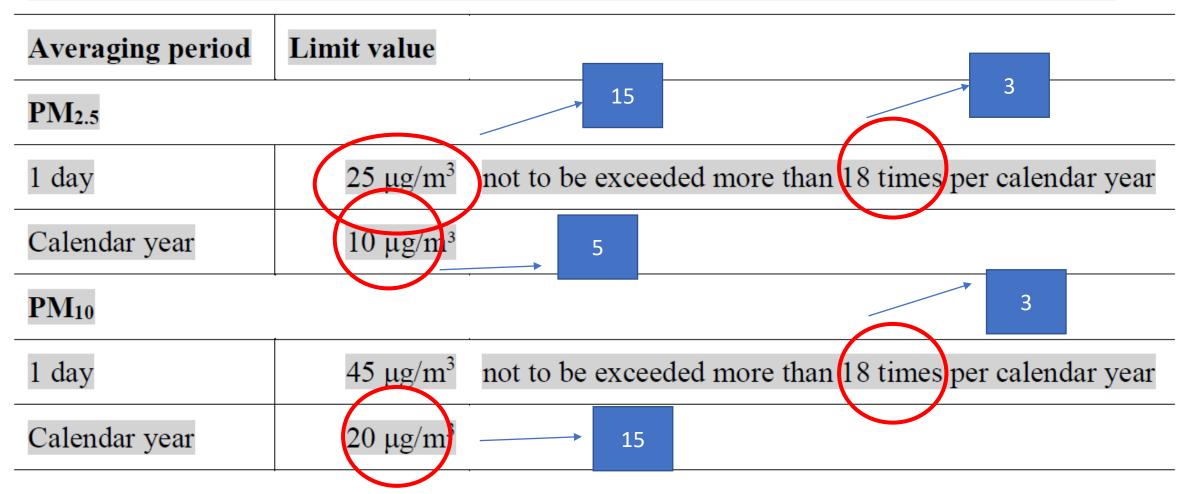


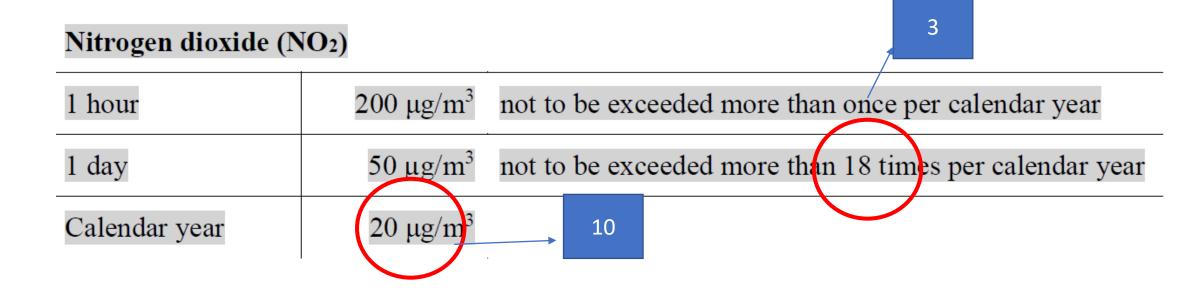
"The burden of disease from air pollution remains unacceptably high in Europe. We need greater efforts to reduce air pollution exposure with a more ambitious path to achieving full alignment with WHO Air Quality Guidelines everywhere in Europe."

- **Prof. Zorana Jovanovic Andersen**Chair of the Environment and Health Committee
European Respiratory Society (ERS)

ANNEX

Table 1 – Limit values for the protection of human health to be attained by 1 January 2030





- 1 Clean Air in Europe for All: A Call for More Ambitious Action
- 2 Hanna Boogaarda*, Zorana Jovanovic Andersena, Bert Brunekreefc, Francesco Forastiered, Bertil
 - 3 Forsberge, Gerard Hoeke, Michal Krzyzanowskie, Ebba Malmqviste, Mark Nieuwenhuijsene, Barbara
- 5 4 Hoffmann^h on behalf of ERS and ISEE
- A clear path towards complete alignment with the 2021 58 WHO AQG is missing
- Limit values are needed for ozone
- Adverse health effects of air pollution are underestimated
- Many potential policy options and actions are missing from the feasibility scenario
 - the main message of the impact assessment is clear: the health benefits outweigh by far (a factor 6-18) the implementation costs of air quality actions with the largest net 134 benefit (EUR 38 billion) for the policy option of complete alignment with the 2021 WHO AQG by 2030.
- More effort needed to decrease air pollution health inequalities
- Be wary of the deduction of "natural" source contributions

European Parliament

2019-2024



Committee on the Environment, Public Health and Food Safety

2022/0347(COD)

23.2.2023

***I DRAFT REPORT

on the proposal for a directive of the European Parliament and of the Council Ambient Air quality and cleaner air for Europe (recast) (COM(2022)0542 - C9-0364/2022 - 2022/0347(COD))

Committee on the Environment, Public Health and Food Safety

Rapporteur: Javi López

(Recast – Rule 110 of the Rules of Procedure)

Meeting on Air Quality proposal

Regione Lombardia

10th February 2023



www.regione.lombardia.it



We are available to support the definition of amendments on the proposal

<u>gian luca gurrieri@regione.lombardia.it</u> <u>matteo lazzarini@regione.lombardia.it</u> <u>g.lanzani@arpalombardia.it</u>





Improving air quality and achieving WHO suggested concentrations of pollutants is an important ambition for the protection of citizens' health by European, national, and local institutions. Anyway, reaching near-zero limits in a limited time is extremely complex.

For these reasons, the AIR group Regions have sent a position paper to the European Commission. The document aims to promote a careful and in-depth discussion between the Community institutions and national and regional governments. The AIR group Regions are Lombardia, Piemonte, Veneto, Emilia-Romagna, Catalunya, Comunidad de Madrid, Dutch Provinces, Steiermark. Among the Air group Regions, there are the regions of the Po Valley in Northern Italy.





FEASIBILITY

The Impact assessment provided by the European Commission shows on page 137 the map of PM2.5 concentrations evaluated by model for the baseline 2020 (Figure A5.8), but these concentrations are underestimated of about 5 μ g/m³ all over the Europe compared to the PM2.5 annual mean concentrations (Figure A11.2) as measured by fixed stations.

Under these assumptions, also the 2030 scenarios provided by the European Commission could be significantly underestimated: this leads to misleading conclusions on the feasibility to achieve before 2030 not only the WHO recommendations but also the proposed limits.

FEASIBILITY

What does it mean a reduction of 80% of SOX, NOX, PM, NH3 and NMVOC emissions?

According to a study of the Environmental Protection Agency of Lombardia, in Po Valley that reduction is not possible with only technical measures, but it is also necessary a drastic reduction of activities, such as:

- Removing 75% of vehicles and replacing the remaining 25% vehicles with zero emissions vehicles
- PLUS Removing 75% of methane domestic heating systems and 100% of biomass domestic heating systems
- PLUS Removing 60% of pigs and cattle and applying BAT on the remaining 40% (livestock stabling, coverage of manure storages and management of manure spreading)
- PLUS <u>Removing 75% of industrial activities</u>





TIMING

In general, the timing provided by the Directive proposal can be effective?

- Considering that EU Impact assessment scenario is affected by a significant underestimation of the concentrations also as starting point, is it possible to comply with the proposed limits in 2030 also in the other regions of Europe?
- The new directive could be adopted in 2024. The transposition into national law by Member States would be effective in 2026. Considering the time necessary to adopt and enforce air quality plans, is it possible to see the results of the measures of the plans in only one or two years?
- Furthermore, the 2028 for the first review seems not adequate





IL GAZZETTINO.it

Inquinamento, le nuove regole dell'Europa e le conseguenze: «In Veneto 3 fabbriche su 4 dovrebbero chiudere»

Luca Zaia: «Le Alpi fanno da barriera, bisogna considerare la morfologia del territorio»

Tra sette anni, per essere in regola con le nuove norme europee sull'<u>inquinamento</u> atmosferico, il <u>Veneto</u> dovrebbe bloccare il 75 per cento di tutti gli autoveicoli, sia privati che commerciali. Dovrebbe obbligare alla chiusura il 75 per cento delle attività industriali. Il 60 per cento degli allevamenti - mucche, galline, maiali - dovrebbe cessare. E anche il 75 per cento degli impianti di riscaldamento dovrebbe essere spento. Chi se lo immagina un Veneto così?

Will Coyote and Climate Change

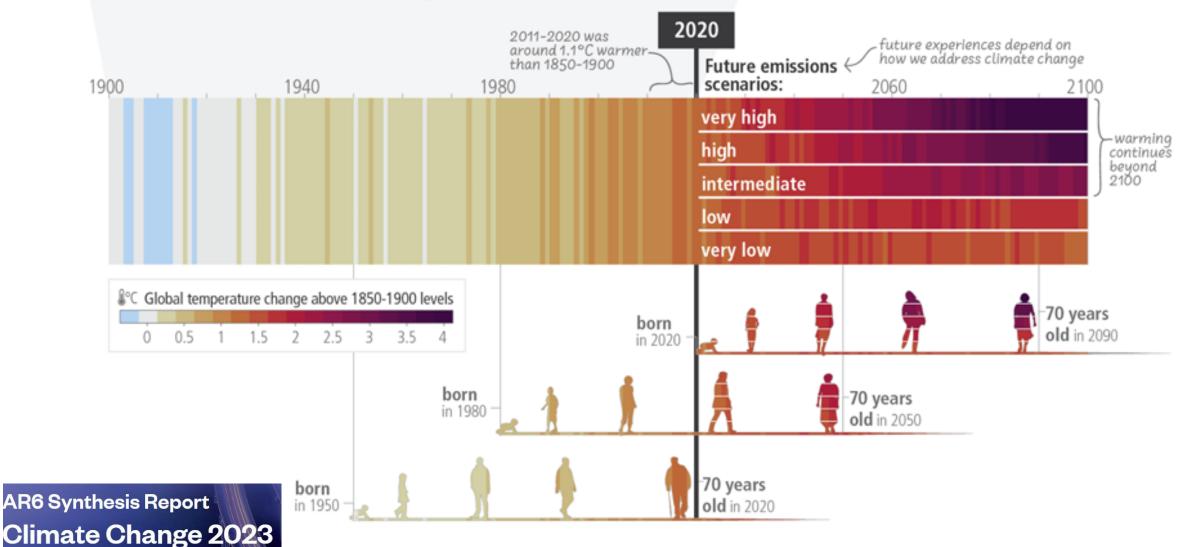




Global heating: an urgent call for action to protect health The Lancet November 4, 2022

- Accelerating collapse of some of the most important planetary systems underpinning human survival.
 - The Antarctic ice-shelf has contracted by almost 2% since 1997; further loss and thinning could lead to substantial sea-level rises.
 - Climate change is causing rapid acidification of the Arctic Ocean, risking long-lasting damage to the region's ecology.
 - Climate effects are endangering the ability of forests to mitigate adverse atmospheric changes, especially in the Amazon and North America. Forest resilience is declining, with a halving of tree life expectancies in some regions.
 - The world is edging closer to multiple tipping points that, once crossed, will drive temperature change well above 2°C.
- The key conclusion from these findings is that our current actions are insufficient to limit heating to the Paris target of 1.5°C

c) The extent to which current and future generations will experience a hotter and different world depends on choices now and in the near-term



Thanks

