



AIM Healthcare and social benefits for all



Brussels, Thursday 15 December 2022

To: EU Environment ministers

Subject: Health groups' recommendations to step up on clean air for health with science-based air quality standards

Dear Ministers,

You are currently considering the proposal to revise the EU's ambient air quality directives (AAQD), a cornerstone for the protection of people's health and the environment from air pollution.

The undersigned organisations, representing the European health sector, including medical doctors, healthcare professionals, patient groups and health insurers, urge you to step up on the Commission's proposal, to reduce ill-health and health cost swiftly and significantly. The revision of the EU's clean air standards is a unique and not-to-be missed opportunity for preventing premature death, heart attacks and strokes, cancer, asthma attacks etc.

Air pollution is the top environmental risk to health in Europe and everyone is vulnerable to its impacts. People's level of vulnerability is outside of individual control, as it evolves with age, health condition, socio-economic status, as well as where people live, study or work.

Currently, the health burden of poor air quality remains unacceptably high. Your leadership and political will for putting people's health at the forefront of EU policy and preventing further ill-health is crucial.

We, the undersigned health organisations call on you to put health protection first in the AAQD revision:

1. Demonstrate your political will by increasing the level of ambition

- Fully align the EU's air quality standards with the WHO recommendations and the latest science by 2030 at the latest: full alignment should be achieved for all pollutants included in WHO's 2021 guidelines, namely fine particulate matter (PM_{2.5}), particulate matter (PM₁₀), nitrogen dioxide (NO₂), sulfur dioxide (SO₂) and ozone (O₃).

- Support legally binding limit values, to recognize and address health inequalities: clear limit values are the most protective and effective type of standards to protecting everyone, but especially the most vulnerable. A focus on average exposure would not help to reduce the burden of those suffering most. Contrary to the Commission's proposal, ground-level ozone (O₃) should be subject to a limit value and not a target value.

2. Protect vulnerable groups to protect everyone

- Include a comprehensive definition of vulnerable and susceptible groups in accordance with the WHO (Art.4): vulnerability factors to the health impacts of air pollution are diverse and can be cumulative. The Commission's proposal introduces a definition of sensitive and vulnerable groups that needs to be more inclusive, including explicit mention of health inequalities¹.
- Strengthen public information on air quality as a public health measure that prevents and protects: air quality information should be accessible, transparent, and include health-related messaging targeted to vulnerable groups.

3. Ensure the most health-protective enabling framework

- Close the risk of compliance delays and exemptions with limit values associated with the numerous options for postponement in the current version of the text (esp. Art.19).
- Increase the density and representativity of monitoring stations, including to allow for proper understanding of the emissions of ultrafine particles (Art.9). The criteria for the location of sampling points should include the representativity of social inequalities, as well as the exposure of vulnerable and susceptible groups, such as social housing, schools, hospitals or homes for the elderly.

We thank you in advance for your determined support in prioritising health during the upcoming legislative negotiations and we are ready to answer any question you may have.

With kind regards,

Anne Stauffer, Deputy Director, Health and Environment Alliance (HEAL)
 Christian Keijzer, President, Standing Committee of European Doctors (CPME)
 Carla Jones, President, European Federation of Allergy and Airways Diseases Patients Associations (EFA)
 Xavier Brenez, CEO, Mutualités Libres/Onafhankelijke Ziekenfondsen
 Sibylle Reichert, Executive Director, International Association of Mutual Benefit Societies (AIM)
 Dr Milka Sokolović, Director General, European Public Health Alliance (EPHA)

¹ In the section on "Inequities and vulnerable and susceptible groups" in its 2021 air quality guidelines, the WHO defines vulnerable groups as "population subgroups that are vulnerable to the effects of air pollution [...], such as those with specific pre-existing health conditions (e.g. respiratory or cardiovascular diseases), pregnant women, newborns, children or older people". For susceptible groups, in the guidelines WHO mentions that "susceptible populations or groups are defined here as those who are more sensitive because of impairment by concurrent disease or other physiological limitations and specific characteristics that make the health consequences of exposure more significant (e.g. the developmental phase in children and reduction in the physiological reserve capacity of older people). Other vulnerable groups may also be judged to be at special risk owing to their exposure patterns or to having an increased effective dose for a given exposure (e.g. outdoor workers, athletes). These populations may vary across countries owing to differences in the number of people with inadequate medical care."

Annex: background information on the health harm of air pollution

In the WHO European Region, air pollution is estimated² to cause about 33% of new cases of childhood asthma³, 17% of all lung cancer cases, 12% of all ischemic heart disease, 11 % of all strokes, and 3% of all chronic obstructive pulmonary disease (COPD).

In addition, evidence of harmful effects of air pollution on diseases of the brain, including dementia and mental health, are rapidly emerging, and likely add to the increasing burden of disease.

Recent studies have shown that children are particularly at risk of harm from polluted air, given that their lungs, heart, brain, respiratory, immune and nervous systems are still developing. Their health can already be affected at early-life stages or even before birth, with lifelong consequences.

The latest science, published after the WHO Air Quality Guidelines, underlines that air pollution is harmful at much lower levels than previously thought, and that there is no safe level of air pollution.

The cost of air pollution is estimated to be up to EUR 853 billion annually for the EU⁴. This includes health costs related to premature death and diseases from air pollution, productivity losses due to both workdays lost and reduction in workers' capacity, productivity, crop yield losses, the deterioration of the natural environment landscape affecting the tourism sector, and damage to buildings.

While the impact assessment on the AAQDs clearly shows that the benefits of fully aligning EU's air quality standards by 2030 would by far outweigh the "costs", the European Commission presented an utmost conservative impact assessment that underestimates both the health costs of air pollution and the current air pollution source prevention potential⁵ leading to an inadequate ambition level for the revision.

² European Environment Agency - Healthy environment, healthy lives: how the environment influences health and well-being in Europe - 2020 <https://www.eea.europa.eu/publications/healthy-environment-healthy-lives>

³ Haneen Khreis, Marta Cirach, Natalie Mueller, Kees de Hoogh, Gerard Hoek, Mark J Nieuwenhuijsen and David Rojas-Rueda. Outdoor Air Pollution and the Burden of Childhood Asthma across Europe. Eur Respir J 2019; in press <https://doi.org/10.1183/13993003.02194-2018>

⁴ https://ec.europa.eu/commission/presscorner/detail/en/qanda_22_6348

⁵ LEZ, fuel switch and behavioral change were not taken into account in the assessment, as well as certain health benefits.