



Air quality and health: an introduction

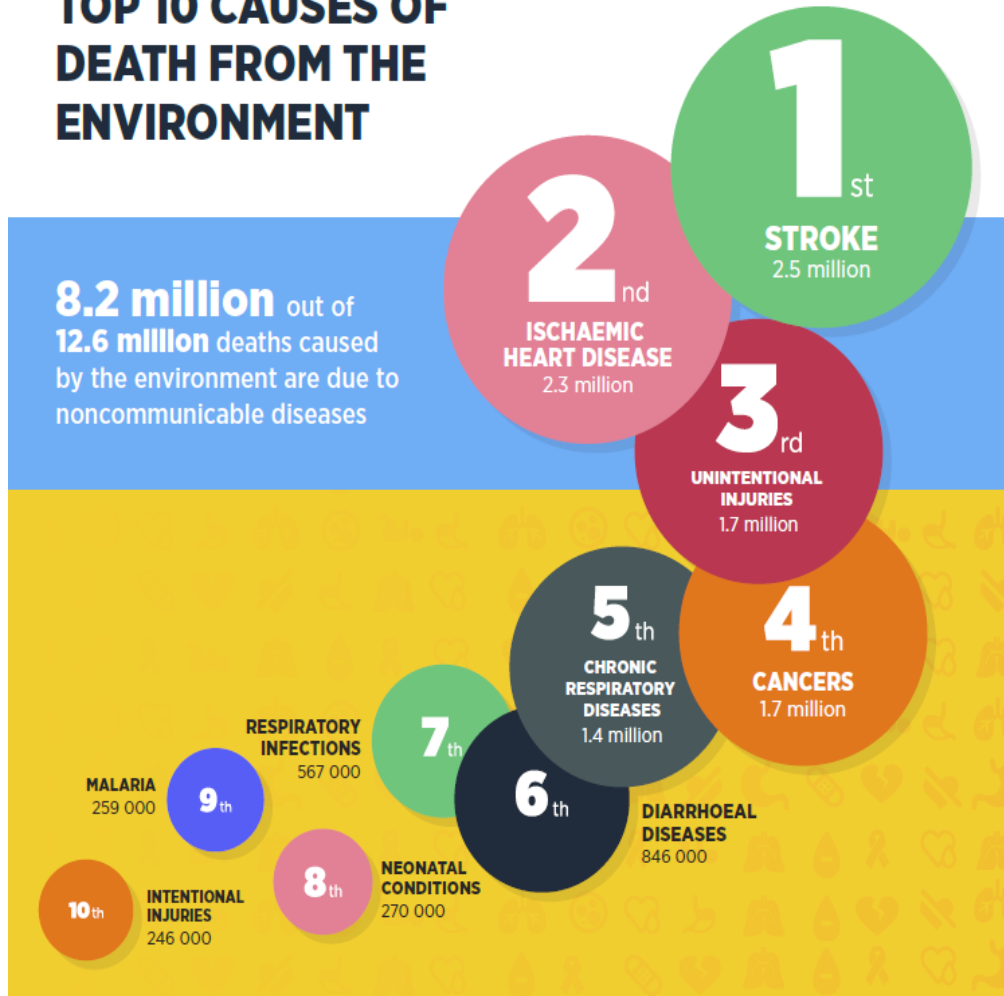
Francesca Racioppi, Head WHO European Centre for Environment and Health

Rimini, 5 November 2024



Environmental burden of disease

TOP 10 CAUSES OF DEATH FROM THE ENVIRONMENT



- Globally, 23% of all deaths are linked to environmental conditions
- **Every year, at least 1.4 million Europeans still die prematurely because of polluted environments.**
- This is at least 15% of Europe's total deaths.
- 50 million healthy life years are lost in the European Region due to environmental hazards.

Noncommunicable diseases - NCDs - heart and lung diseases, stroke, cancer and diabetes - are THE BIGGEST KILLERS WORLDWIDE

5 main NCD risks



Unhealthy diet



Tobacco use



Air pollution



**Harmful
use of alcohol**

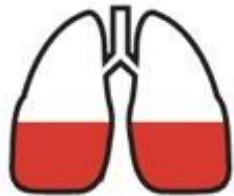


**Physical
inactivity**

1 in 8 deaths
worldwide from air pollution, mainly from NCDs

THE
INVISIBLE KILLER

Air pollution may not always be visible, but it can be deadly.



29%
OF DEATHS FROM
LUNG CANCER



24%
OF DEATHS FROM
STROKE



25%
OF DEATHS FROM
HEART DISEASE

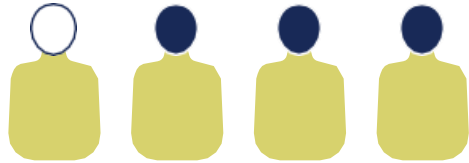


43%
OF DEATHS FROM
LUNG DISEASE

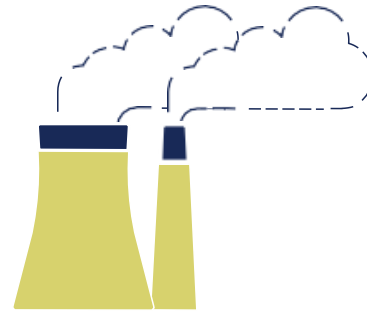
Population attributable fraction (PAF) for mortality attributable to the joint effects of household and ambient air pollution in 2016

Ambient and household air pollution

In the WHO European Region in 2019:



97% of the population
were exposed to PM_{2.5}
concentrations above the
WHO air quality guidelines.



569 000 premature
deaths can be attributed
to ambient air pollution.



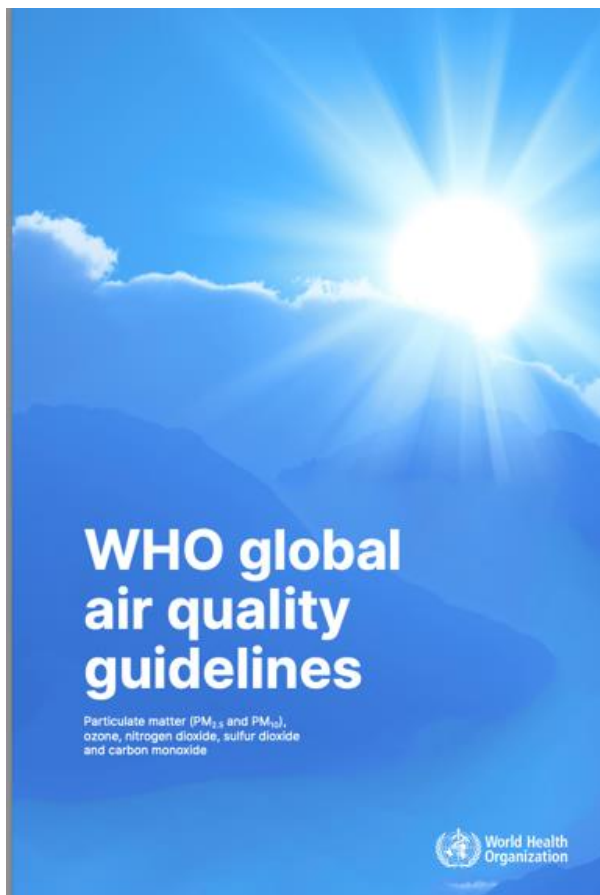
154 000 deaths
can be attributable to
household air pollution.

Air pollution and health



- Around **7 million premature deaths** are attributable to the joint effects of ambient and household air pollution and of these, more than **550 000 happen in the WHO European Region**.
- Air pollution is now recognized as the single biggest environmental threat to human health, along with climate change.
- Air pollution affects:
 - NCDs,
 - cardiovascular and respiratory diseases,
 - lower respiratory tract infections,
 - preterm birth,
 - and other causes of death in children and infants.

The updated WHO Air Quality Guidelines: a new tool to support action and save lives



- Since the last 2005 global update, there has been a marked increase in the quality and quantity of evidence that shows how air pollution affects different aspects of health.
- There are also now clearer insights about sources of emissions and the contribution of air pollutants to the global burden of disease.
- For that reason, and after a systematic review of the accumulated evidence, **several of the updated AQG levels are now lower than 15 years ago.**
- New features include new AQG levels for peak-season O₃ and 24-h NO₂ and CO, as well as new interim targets.

Table 0.1. Recommended AQG levels and interim targets

| Pollutant | Averaging time | Interim target | | | | AQG level |
|---|--------------------------|----------------|-----|------|----|-----------|
| | | 1 | 2 | 3 | 4 | |
| PM_{2.5}, µg/m³ | Annual | 35 | 25 | 15 | 10 | 5 |
| | 24-hour ^a | 75 | 50 | 37.5 | 25 | 15 |
| PM₁₀, µg/m³ | Annual | 70 | 50 | 30 | 20 | 15 |
| | 24-hour ^a | 150 | 100 | 75 | 50 | 45 |
| O₃, µg/m³ | Peak season ^b | 100 | 70 | – | – | 60 |
| | 8-hour ^a | 160 | 120 | – | – | 100 |
| NO₂, µg/m³ | Annual | 40 | 30 | 20 | – | 10 |
| | 24-hour ^a | 120 | 50 | – | – | 25 |
| SO₂, µg/m³ | 24-hour ^a | 125 | 50 | – | – | 40 |
| CO, mg/m³ | 24-hour ^a | 7 | – | – | – | 4 |

^a 99th percentile (i.e. 3–4 exceedance days per year).

^b Average of daily maximum 8-hour mean O₃ concentration in the six consecutive months with the highest six-month running-average O₃ concentration.

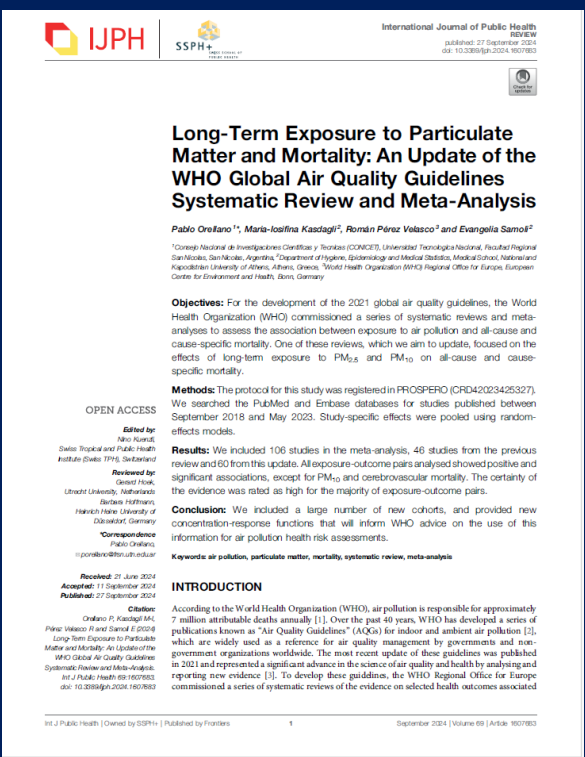
New evidence syntheses on long-term exposure to air pollutants



PM_{2.5}, PM₁₀ & mortality

106 studies (46 AQG, 60 new)

Higher estimates for most of associations



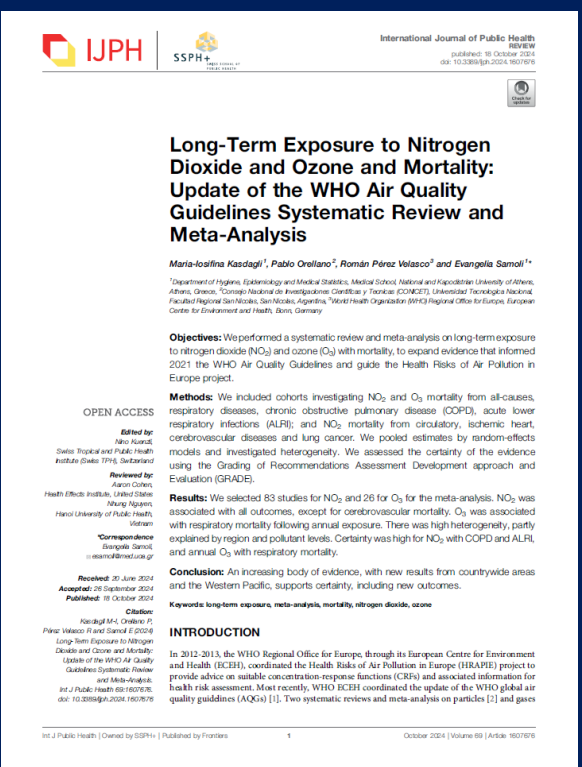
European Region

NO₂, O₃ & mortality

90 studies (45 AQG, 45 new)

Higher estimates for many of the associations

New significant, positive associations for NO₂ and circulatory, IHD and lung cancer mortality



Int J Public Health | Owned by SSPH+ | Published by Frontiers

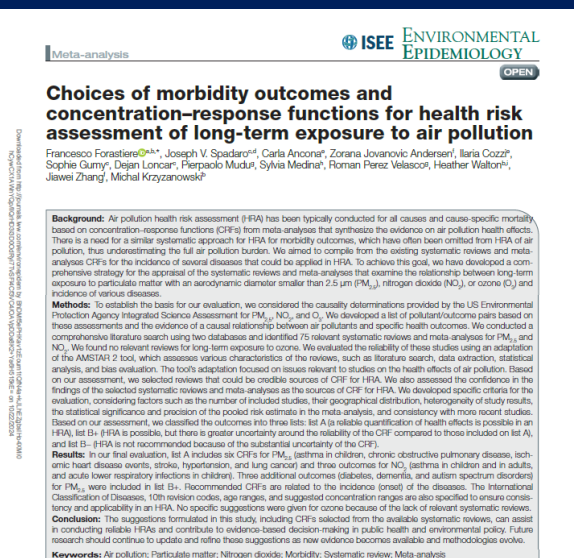
10.3389/ijph.2024.1607676

PM_{2.5}, NO₂ and morbidity

Not considered in AQG (only short-term exposures)

List A (reliable quantification): PM_{2.5} – asthma in children, COPD, IHD, stroke, hypertension, lung cancer; NO₂ – asthma in children and adults, ALRI in children)

List B+ (quantification with uncertainty): PM_{2.5} – diabetes (type 2), dementia, autistic spectrum disorder)



World Health Organization
Regional Office for Europe
10.1097/EE9.0000000000000314

World Health Organization
Regional Office for Europe
10.1097/EE9.0000000000000314

Comparison between SR/MAs for PM (2020 and 2024)

(examples for selected mortality causes)

| Pollutant | Outcome (mortality) | Current systematic review | | | Chen and Hoek [4] | | |
|-------------------|---------------------|---------------------------|---------------------|---------------------------|-------------------|-------------------|---------------------------|
| | | N | RR (95% CI) | Certainty of the evidence | N | RR (95% CI) | Certainty of the evidence |
| PM _{2.5} | All-cause | 53 | 1.095 (1.064–1.127) | High | 25 | 1.08 (1.06, 1.09) | High |
| | Circulatory | 42 | 1.127 (1.102–1.152) | Mod. | 21 | 1.11 (1.09, 1.14) | High |
| | IHD | 34 | 1.143 (1.102–1.186) | High | 22 | 1.16 (1.10, 1.21) | High |
| | Cerebrovascular | 28 | 1.146 (1.101–1.192) | Mod. | 16 | 1.11 (1.04, 1.18) | High |
| | ALRI | 12 | 1.204 (1.095–1.325) | High | 4 | 1.16 (1.01, 1.34) | High |
| | Lung cancer | 26 | 1.093 (1.053–1.135) | High | 15 | 1.12 (1.07, 1.16) | High |
| | Respiratory | 28 | 1.136 (1.079–1.197) | High | 17 | 1.10 (1.03, 1.18) | Mod. |
| | COPD | 19 | 1.138 (1.080–1.198) | High | 11 | 1.11 (1.05, 1.17) | High |
| PM ₁₀ | All-cause | 28 | 1.081 (1.052–1.110) | High | 17 | 1.04 (1.03, 1.06) | High |
| | Circulatory | 26 | 1.080 (1.042–1.120) | High | 15 | 1.04 (0.99, 1.10) | Mod. |
| | IHD | 16 | 1.055 (1.019–1.092) | High | 13 | 1.06 (1.01, 1.10) | Mod. |
| | Cerebrovascular | 15 | 1.049 (0.973–1.131) | Mod. | 9 | 1.01 (0.83, 1.21) | Low |
| | Lung cancer | 17 | 1.101 (1.052–1.152) | High | 13 | 1.08 (1.04, 1.13) | High |
| | Respiratory | 21 | 1.122 (1.076–1.169) | High | 13 | 1.12 (1.06, 1.19) | High |
| | COPD | 7 | 1.215 (1.027–1.438) | High | 5 | 1.19 (0.95, 1.49) | Mod. |

N, number of estimates; *RR*, pooled relative risks; *95% CI*, 95% confidence interval; *IHD*, ischaemic heart disease; *ALRI*, acute lower respiratory infection; *COPD*, chronic obstructive pulmonary disease; *Mod.*, moderate.

Budapest Declaration

7th Ministerial Conference on Environment & Health
5–7 July 2023

Budapest Declaration and its
Road Map to 2030 aim to accelerate
progress and action towards addressing
health challenges related to

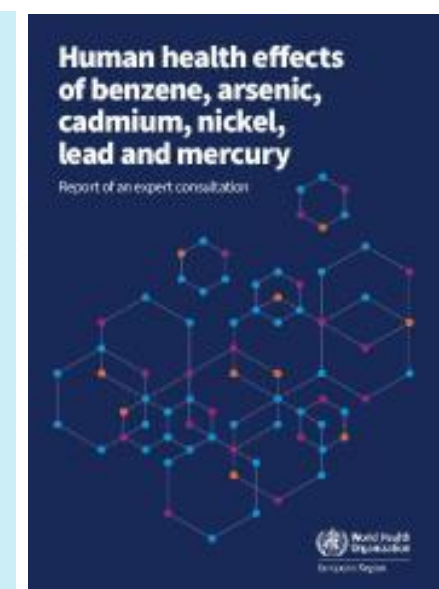
- **climate change**
- **environmental pollution**
- **loss of biodiversity**

while recovering from the COVID-19 crisis.



Supporting implementation of the Air Quality

- Resource package – tools and instruments for AQ management
- Public health messages and personal interventions to reduce exposure to air pollution
- Update of the methods to assess health risks of air pollution in Europe (HRAPIE 2)
- Science-policy dialogues in Member States
- UNECE – LRTAP Convention TFI meetings & workplan
- Capacity building



Home / AirQ+ ein Software-Tool zur Bewertung des Gesundheitsrisikos der Luftverschmutzung

AirQ+ ein Software-Tool zur Bewertung des Gesundheitsrisikos der Luftverschmutzung

Die Quantifizierung der Auswirkungen der Luftverschmutzung auf die öffentliche Gesundheit ist zu einem wichtigen Bestandteil der politischen Diskussion geworden. Das Software-Tool AirQ+ des WHO-Regionalbüros für Europa führt Berechnungen durch, die eine Quantifizierung der gesundheitlichen Auswirkungen der Luftverschmutzung, einschließlich Schätzungen der Verringerung der Lebenserwartung, für die wichtigsten Luftschadstoffe ermöglichen. AirQ+ ist in Englisch, Französisch, Deutsch und Russisch verfügbar.

AirQ+ berechnet:

- die Auswirkungen kurzfristiger Veränderungen der Luftverschmutzung (auf der Grundlage von Risikoschätzungen aus Zeitreihenstudien);
- die Auswirkungen langfristiger Expositionen (unter Verwendung des Lebenszeittabellen-Ansatzes und auf der Grundlage von Risikoschätzungen aus Kohortenstudien).

Für jede Art von Schätzung werden in separaten HILFE-Dateien die Einzelheiten der Berechnung erläutert. Die Methodik und die wissenschaftliche Grundlage für die Risikoschätzungen sind in den unten aufgeführten Dokumenten unter "Verwandte Inhalte" zusammengefasst.

Wann sollten Sie AirQ+ verwenden?

Software

AirQ+ 2.2 Software herunterladen - Windows (Zip-Datei, 80 MB) (EN, FR, DE, RU) [📄](#)

AirQ+ 2.2 Software herunterladen - Linux (Zip-Datei, 80 MB) (EN, FR, DE, RU) [📄](#)

AirQ+ 2.2 Software herunterladen - Macintosh (Zip-Datei, 80 MB) (EN, FR, DE, RU) [📄](#)

Handbücher

26 January 2021

Abschätzung der Gesundheitsfolgen durch Luftverschmutzung

Thank you

Francesca Racioppi
racioppif@who.int

<https://www.who.int/europe/health-topics/environmental-health>

 **World Health
Organization**
European Region

**European Centre for
Environment and Health**
Bonn, Germany

Platz der Vereinten Nationen 1
53113 Bonn, Germany



WHO_Europe #ECEHBonn



facebook.com/WHOEuro



instagram.com/whoeuro



youtube.com/user/whoeuro