



Brussels, Thursday 7 September 2023

Subject: Vote for clean air, prevent disease and save lives – health sector call to support Lopez report

Dear Member of the European Parliament,

Ahead of your vote on the revision of the EU's clean air standards, we, the undersigned organisations, representing the European health sector, including medical doctors, healthcare professionals, patients and health insurers, urge you to step up on the Commission's proposal, to reduce ill-health and health cost swiftly and significantly. The updating of the EU's clean air standards is a unique and not-to-be-missed opportunity for preventing premature death and the health burden from chronic disease including respiratory disease such as chronic obstructive pulmonary disease (COPD) and asthma, heart disease, strokes, and cancer.

**Next week in the plenary session you will be voting on the revision of the Ambient Air Quality Directives (procedure file 2022/0347(COD)). To ensure that people across Europe breathe clean air, health groups urge you to support the Lopez report as adopted in the ENVI committee last June.**

Air pollution is the top environmental risk to health in Europe. Everyone is vulnerable to its impacts, and some are more at risk than others. 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.

Please 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 the World Health Organization's (WHO) 2021 guidelines, especially for fine particulate matter (PM2.5), particulate matter (PM10), nitrogen dioxide (NO2), and ozone (O3).
- Support legally binding limit values, to recognise 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 will not help to reduce the burden of those suffering most. Contrary to the European Commission's proposal, ground-level ozone (O<sub>3</sub>) 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: 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 inequalities.
- Strengthen public information on air quality as a public health measure that prevents and protects: air quality information should be accessible, transparent, real-time 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.
- Increase the density and representativity of monitoring stations. 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.
- Support an independent review of the evidence regularly carried out by the World Health Organization, as the core of the review mechanism foreseen.

Less than one year before the upcoming EU elections, your leadership and political responsibility for putting people's health at the forefront of EU policy and preventing further ill health is crucial. We thank you in advance for your determined support in prioritising health during the vote and we are ready to answer any question you may have.

With kind regards,

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Panagiotis Chaslaridis, Senior Policy Advisor, European Federation of Allergy and Airways Diseases Patients' Associations (EFA)

Barbara Hoffmann, Chair Advocacy Council, and Zorana Andersen, Chair Environment and Health Committee, European Respiratory Society (ERS)

Hanna Boogaard, Co Chair, International Society of Environmental Epidemiology (ISEE) Europe

Dr Christiaan Keijzer, President, Standing Committee of European Doctors (CPME)

Cale Lawlor, Senior Policy Manager for Global Public Health, European Public Health Alliance (EPHA)

Xavier Brenez, CEO, Mutualités Libres/Onafhankelijke Ziekenfondsen

### **Annex: background information on the health harm of air pollution**

In the WHO European Region, air pollution is estimated [1] to cause about 33% of new cases of childhood asthma [2], 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 EU [3]. 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 potential [4] leading to an inadequate ambition level for the revision.

[1] 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>

[2] 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>

[3] [https://ec.europa.eu/commission/presscorner/detail/en/qanda\\_22\\_6348](https://ec.europa.eu/commission/presscorner/detail/en/qanda_22_6348)

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