

22 September, 2021

## WHO Air Quality Guidelines 2021 – Aiming for healthier air for all

A joint statement by medical, public health, scientific societies and patient representative organisations

After years of intensive research and deliberations with experts across the globe, the World Health Organization (WHO) updated its 2005 Global Air Quality Guidelines (AQG) in September 2021 (WHO 2021; WHO 2017). The new air quality guidelines (WHO AQG) are ambitious and reflect the large impact that air pollution has on global health. They recommend aiming for annual mean concentrations of PM<sub>2.5</sub> not exceeding 5 µg/m<sup>3</sup> and NO<sub>2</sub> not exceeding 10 µg/m<sup>3</sup>, and the peak season mean 8-hr ozone concentration not exceeding 60 µg/m<sup>3</sup> (WHO 2021). For reference, the corresponding 2005 WHO guideline values for PM<sub>2.5</sub> and NO<sub>2</sub> were, respectively, 10 µg/m<sup>3</sup> and 40 µg/m<sup>3</sup> with no recommendation issued for long-term ozone concentrations (WHO 2006). While the guidelines are not legally binding, we hope they will influence air quality policy across the globe for many years to come.

The updated WHO AQG have become so necessary as an overwhelming body of evidence has accumulated over the past two decades, demonstrating that health effects of air pollution are serious and can affect nearly all organ systems of the human body (Thurston et al. 2017). Importantly, recent studies and large research programmes consistently show that the adverse effects of air pollution are not only limited to high exposures; harmful health effects can be observed all the way down to very low concentration levels, with no observable thresholds below which exposure can be considered safe (Brauer et al. 2019; Brunekreef et al. 2021; Dominici et al. 2019).

There is now broad expert consensus that air pollution is a major global public health risk factor and puts an enormous financial burden on societies. Outdoor and household air pollution together accounted for approximately 12% of all deaths in 2019. Air

pollution currently ranks fourth among major risk factors for global disease and mortality, only behind hypertension, smoking and dietary factors (Murray et al. 2020). In terms of economic burden, the estimated global health-related external costs (i.e., those borne by society as a whole) were US\$ 5 trillion in 2013 with an additional US\$ 225 billion in lost labour productivity (World Bank Group 2016). For the WHO European Region, the overall annual economic cost of health impacts and mortality from air pollution, including estimates for morbidity costs, stood at US\$ 1.575 trillion (WHO Regional Office for Europe, OECD 2015).

The most important message of the updated WHO AQG is that each reduction in the outdoor concentrations of key air pollutants brings health benefits to the surrounding population, even in places which already have low pollution concentrations. Moreover, linear exposure-response relationships down to the lowest observable concentrations show that every individual will benefit from cleaner air (Huangfu and Atkinson 2020; Lee et al. 2020; Chen and Hoek 2020; Orellano et al. 2020; Zheng et al. 2021). These findings provide critical input into clean air policies and regulation around the world. They also are key to estimating the potential health and economic benefits from policies that reduce exposure to air pollution.

Recognising that the adverse health effects of pollution exposure can be seen at all, even at the lowest observed levels of pollution concentrations, is a milestone for cleaner air and better health policies. It offers a wake-up call, to reconsider current air quality legislation and regulations. To maximise health benefits, we now understand better the importance of implementing measures to reduce average exposures of all people. Such an approach must complement reductions in exposure at “hotspots” with high levels of air pollution, in particular to address known inequities owing to socioeconomic conditions, increased vulnerability of the residential population, and economic activities (Hooper and Kaufman, 2018). To tackle the health effects of air pollution, bold air quality actions are needed at all levels – international, national, local – and across all sectors such as transport, energy, industry, agriculture and residential.

Most jurisdictions with clean air regulations have relied on fixed limit values with little incentive to further reduce air pollution levels once compliance with the limit value is achieved (Kutlar Joss et al. 2017). Given the evidence that health effects occur all the

way down to very low concentration levels, future clean air policies must include incentives for progressive lowering of exposures of the entire population, thereby improving health for all. What is needed is a paradigm change from relying solely on fixed limit values, with a shift towards the concept of combining fixed limit values with a continuous reduction of the average exposure. For example, the current European Union (EU) Ambient Air Quality Directive already contains a non-binding average exposure reduction target (European Commission 2008). The upcoming 2022 revision of the EU Ambient Air Quality Directive will offer the chance to lead the way and implement binding average exposure reduction goals for air pollutants in combination with lowered fixed limit values.

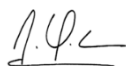
Programmes that reduce air pollutant emissions provide enormous air quality and health benefits which increase over time. The estimated health benefits of improved air quality outweigh by far the implementation costs of air quality actions. For the US, it has been estimated that the benefits from decreased mortality, lower medical expenditures for air pollution-related diseases, and higher productivity of workers are around 30 times greater than the costs of the Clean Air Act, resulting in net improvements of economic growth, and population welfare (U.S. E.P.A. 2015). In China, public health benefits were 50% greater than the costs for air quality improvement measures (Zhang et al. 2019). Similarly, for the EU, additional clean air and climate policies beyond the current obligations will lead to net benefits with positive macro-economic implications (Amann et al. 2017). Indeed, the cost effectiveness of air quality actions is enhanced by the close link between air pollution and greenhouse gas emissions. A reduction of air pollution emissions will also feed into efforts for climate neutrality and vice versa, making benefits from investments in one area count twice (Amann et al. 2014, IPCC 2021).

## Conclusions

Air pollution is a major global public health threat that causes a range of adverse health effects, even at the lowest observable concentrations. There is ample evidence to strongly support government action to reduce air pollution and address climate change simultaneously. The updated WHO AQG are bold and stress the importance of lowering air pollution concentrations at every level. The benefits are clear: lowering air pollution levels will lead to enormous improvements in public health for people of all ages

breathing cleaner air. We support the recommendations of the new WHO AQG, and urge nations to use the WHO AQG as a guide for ambitious air quality and emission reduction policies around the world.

*Signatures of the undersigned organisations:*



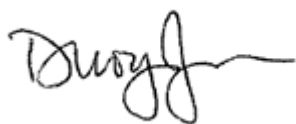
Prof. Marc Humbert, President, European Respiratory Society



Mark Nieuwenhuijsen, President, International Society of Environmental Epidemiology



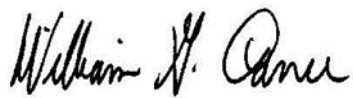
Dr Kjeld Hansen, Chair, European Lung Foundation



Prof. Donald M. Lloyd-Jones, President, American Heart Association



Prof. Lynn Schnapp, President, American Thoracic Society



William G. Cance, MD FACS, Chief Medical and Scientific Officer, American Cancer Society, Inc.



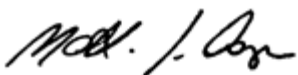
Prof. Tiffany Latrice Gary-Webb, Chair, the American Public Health Association



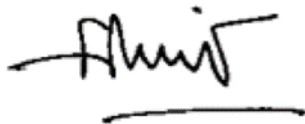
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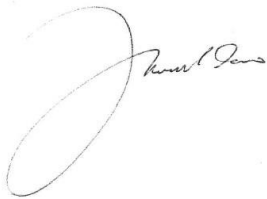


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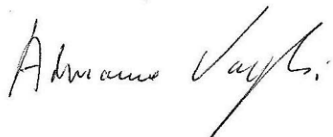
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Prof. Federica Zanetto, President, Associazione Culturale Pediatri



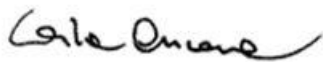
Dr Adriano Vaghi, President, Italian Thoracic Society



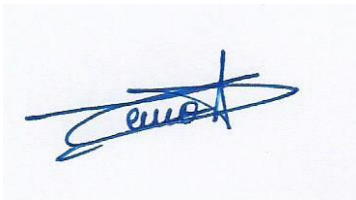
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Associate Prof. Dr. Pang Yong Kek, President, Malaysian Thoracic Society



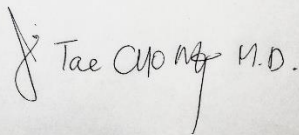
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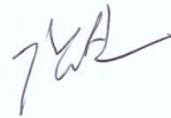
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Prof. Soon Young Lee, President, Korean Society of Epidemiology

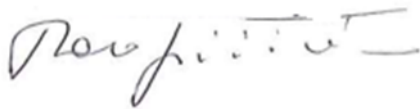




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Prof. Irma de Godoy, President, Sociedade Brasileira de Pneumologia e Tisiologia



Prof. Philip J. Landrigan, President, Collegium Ramazzini

Canadian Lung Association



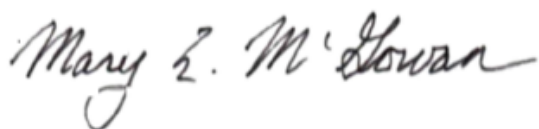
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Dr Jukka Takala, President, International Commission on Occupational Health



Dr Louise M. Perkins, President, Foundation for Sarcoidosis Research



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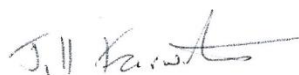


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European Cancer Patient Coalition (ECPC)



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Jill Fairweather, Co-founder, Aspergillosis Trust

La Federación Española de Asociaciones de pacientes alérgicos y con Enfermedades Respiratorias (FENAER)



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Helping Hands Foundation

Healthy Lungs-Nepal

Sarcoidose.nl

LAM Action



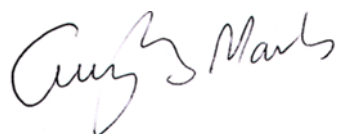
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Philippine College of Chest Physicians

Sociedad Española de Neumología y Cirugía Torácica (SEPAR)



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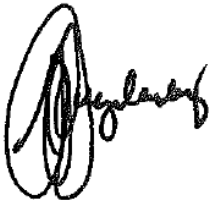
Anne-Marie Baird

Dr Anne-Marie Baird, President, Lung Cancer Europe

Federasma e Allergie

Taiwan Society of Pulmonary and Critical Care Medicine

APH Macedonia "Moment plus"

A handwritten signature in black ink, appearing to read 'Coenraad Koegelenberg', with a large, stylized initial 'C'.

Prof. Coenraad Koegelenberg, President, South African Thoracic Society

German Association for Medical Informatics, Biometry and Epidemiology

German Society for Social Medicine and Prevention

A handwritten signature in blue ink, consisting of a large, horizontal, looped stroke with a vertical line extending downwards from the center.

Hilde De Keyser, Chief Executive Officer, CF Europe



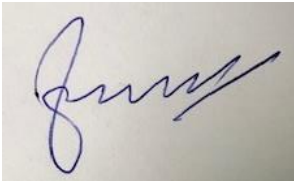
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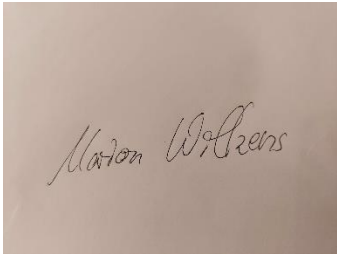


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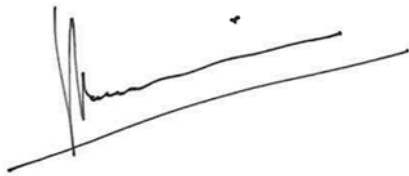
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Floris Italianer, Director, Dutch Heart Foundation

Gesellschaft für Pädiatrische Pneumologie



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Breathe Easy

European Chronic Disease Alliance



Dr Milka Sokolovic, Director-General, European Public Health Alliance



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European Alliance of Associations for Rheumatology

Korean Academy of Tuberculosis and Respiratory Diseases

Stichting Huize Aarde

Swedish Asthma and Allergy Association

European Chronic Disease Alliance

Association for Respiratory Technology & Physiology (ARTP)

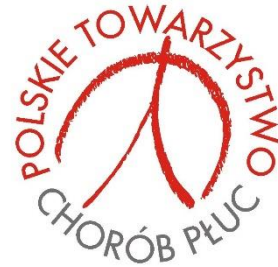
Logos:







Türk Toraks Derneği  
Turkish Thoracic Society



Korean Academy of  
Medical Sciences



대한예방의학회  
The Korean Society for Preventive Medicine



**KSE**  
KOREAN SOCIETY  
OF EPIDEMIOLOGY



대한직업환경의학회



Sociedad Iberoamericana  
Salud Ambiental



**ISA-AII**

Italian Stroke Association - Associazione Italiana Ictus



**SIMRI**  
società italiana per le malattie  
respiratorie infantili



Turkish  
Respiratory  
Society



DA VENIAM SCRIPTIS QUORUM NON GLORIA NOBIS  
CAUSA, SED UTILITAS OFFICIUMQUE FUIT

BREATH E  
the lung association



ΕΛΛΗΝΙΚΗ ΠΝΕΥΜΟΝΟΛΟΓΙΚΗ ΕΤΑΙΡΕΙΑ  
HELLENIC THORACIC SOCIETY



FOUNDATION FOR  
SARCOIDOSIS RESEARCH



Associazione Italiana Bronchiectasie



Fundación  
Lovexair  
cuida tus pulmones



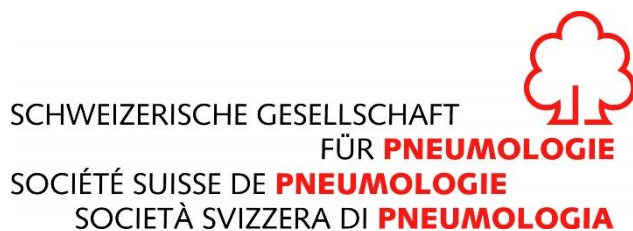
Aspergillosis  
Trust







european respiratory society every breath counts





Healthy Lungs-Nepal



LAM ACTION

Supporting women with  
Lymphangioleiomyomatosis



A MEMBERSHIP ORGANISATION  
FIGHTING CANCER TOGETHER



ASOCIACION ARGENTINA DE  
MEDICINA RESPIRATORIA



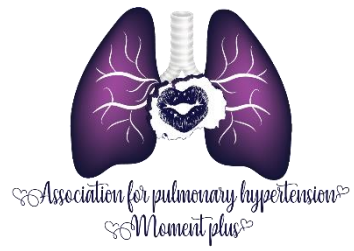
Sociedad Española  
de **Neumología**  
y **Cirugía Torácica**  
SEPAR



International Union Against  
Tuberculosis and Lung Disease



Federazione Italiana Pazienti



Deutsche Gesellschaft für Sozialmedizin und Prävention







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