WHO air quality guidelines e la proposta di direttiva della commissione europea sulla qualità dell' aria. Francesco Forastiere

> CNR, Palermo Environmental Research Group, Imperial College, UK

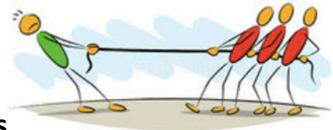


- 1. To provide a background for the AAQD
- 2. To illustrate air pollution data and main emission sectors for the Po Valley
- 3. To provide a health impact assessment for Lombardia and the Po Valley

# 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)
- June 2023: the text of the AAQD approved by the ENVI Committee
- 13 September: the AAQD approved by the EU Parlament

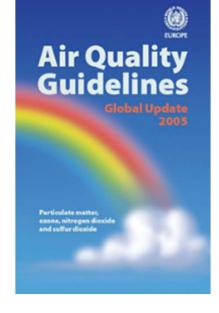




## • The update of the WHO Global Air Quality Guidelines

- 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













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

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



#### 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<sup>1</sup>\*, Hanna Boogaard<sup>2</sup>, Audrey de Nazelle<sup>3</sup>, Zorana J. Andersen<sup>4</sup>, Michael Abramson<sup>5</sup>, Michael Brauer<sup>6</sup>, Bert Brunekreef<sup>7</sup>, Francesco Forastiere<sup>3</sup>, Wei Huang<sup>8</sup>, Haidong Kan<sup>9</sup>, Joel D. Kaufman<sup>10</sup>, Klea Katsouyanni<sup>3,11</sup>, Michal Krzyzanowski<sup>3</sup>, Nino Kuenzli<sup>12</sup>, Francine Laden<sup>13</sup>, Mark Nieuwenhuijsen<sup>14</sup>, Adetoun Mustapha<sup>3,15</sup>, Pippa Powell<sup>16</sup>, Mary Rice<sup>13</sup>, Aina Roca-Barcelo<sup>3</sup>, Charlotte J. Roscoe<sup>13</sup>, Agnes Soares<sup>17</sup>, Kurt Strail<sup>18</sup> and George Thurston<sup>19</sup>

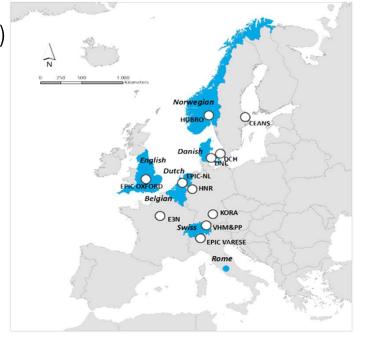
<sup>1</sup>Institute for Occupational, Social and Environmental Medicine, Medical School, Heinrich-Heine-University of Düsseldorf, Dösseldorf, Germany, <sup>3</sup>Health Effects institute, Bicston, MA, United States, <sup>3</sup>Imperial Colege London, London, United Kingdom, <sup>4</sup>Cepartment of Public Health, University of Ocpanhagen, Cocponhagen, Dommark, <sup>6</sup>School of Public Health and Preventive Medicine, Monash University, Melbourne, VC, Australia, <sup>6</sup>School of Population and Public Health, University of Bittish Columbia, Vancouver, BC, Canada, <sup>3</sup>Institute for Filek Assessment Sciences, Utrecht University, Utrecht, Netherlands, <sup>4</sup>Department of Occupational and Environmental Health, Peking University, Beijing, China, <sup>5</sup>School of Public Health, Liniversity of Washington, Seettle, WA, United States, <sup>11</sup>Department of Hygiene, Epidemiology and Medical Statistics, Medical School, National and Kapodistrian University of Athers, Athens, Greece, <sup>15</sup>Swiss Tropical and Public Health Institute (Nviss TPH), Basel, Switzerland, <sup>11</sup>Pharward TH, Chan School of Public Health, Deston, MA, United States, <sup>11</sup>Pastuto States (Stotol of Public Routed Institute of Medical Besterch, Yaba, Lagos, Ngeria, <sup>11</sup>European Lung Condetion, Sheffeld, United Kingdom, <sup>17</sup>Pan American Health Organization, Washington D.C., DC, United States, <sup>18</sup>Destant Hield, MA, United States, <sup>19</sup>Department of Population Health, New York University, School of Medicine, New York Chy, NY, United States <sup>1</sup>Destates, <sup>19</sup>Department of Population Health, New York University, School of Medicine, New York Chy, NY, United States, <sup>10</sup>Department of Medical Research, Yaba, Lagos, Ngeria, <sup>11</sup>European Lung Condetion, Sheffeld, United Kingdom, <sup>17</sup>Pan American Health Organization, Washington D.C., DC, United States, <sup>18</sup>Destano Colege, Chestrut Hill, MA, United States, <sup>19</sup>Department of Population Health, New York University, School of Medicine, New York Chy, NY, United States <sup>1</sup>Department of Population Health, New York University, School of Medicine, New York Chy, NY, United States <sup>1</sup>

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,

	Increment	Hazard ratio (95% CI)	Hazard ratio (95% CI)							
		Non-accidental mortality	Cardiovascular mortality	Non-malignant respiratory mortality	Lung cancer mortality ty					
PM <sub>25</sub>	5 µg/m°	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 <sub>2</sub>	10 µg/m²	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	0.5×10-5/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 <sub>3</sub>	10 µg/m°	0.953 (0.929-0.979)	0.976 (0.954-0.998)	0.948 (0.910-0.988)	0.924 (0.887-0.963)					
			P 1 1 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P	A 4 A 4 A 44						

#### After indirect adjustment for smoking and BMI

2022)

	Total mortality and PM <sub>2.5</sub>		Ð	Figure 2.	Tatal mantality and NO		
Cohort		Weights	HR [95% CI]		Total mortality and NO <sub>2</sub>		Œ
				Cohort		Weights	HR [95% CI]
Belgian 2001 Census	F#-1	13.047%	1.100 [1.073, 1.128]	Belgian 2001 Census	F <b></b> -	12,769%	1.012 [1.005, 1.019]
Danish cohort	<b>⊢</b> ∎1	12.437%	1.250 [1.199, 1.302]	-			
DUELS	↓ ↓ <b>↓</b> ■↓↓	12.237%	1.030 [0.984, 1.078]	Danish cohort			1.088 [1.077, 1.099]
NORCOHORT	H <b>B</b> H			DUELS	<b>⊨</b> + <b>=</b> -1	12.415%	1.020 [1.009, 1.031]
NORCOHORT	F <b>≣</b> -1	13.207%	1.113 [1.092, 1.134]	NORCOHORT	F <b>⊞</b> -I	12.722%	1.051 [1.043, 1.059]
Rome Longitudinal study		11.413%	1.234 [1.161, 1.312]	Rome Longitudinal study	/ <b>FB-</b>	12.571%	1.044 [1.034, 1.054]
Swiss National Cohort	F <b>⊞</b> -1	13.081%	1.030 [1.006, 1.055]	Swiss National Cohort	<b>⊢</b> ∎i	12.563%	1.034 [1.024, 1.044]
English CPRD	<b>⊢</b> ∎1	12.308%	1.046 [1.001, 1.094]	English CPRD	+=-1	12.518%	1.031 [1.021, 1.041]
ELAPSE pooled cohort	<b>⊢</b> ∎→	12.269%	1.177 [1.126, 1.231]	ELAPSE pooled cohort	<b>⊢+</b> − <b>1</b>	11.961%	1.086 [1.070, 1.102]
RE Model Q = 102.66, p = 0.00; <sup>2</sup> = 95.3%	+	100.000%	1.118 [1.060, 1.179]	RE Model		100.000%	1.045 [1.026, 1.065]
u = 102.00, p = 0.00, 1 = 95.3%	0.90 1.00 1.11 1.22 1.35 Hazard Ratio per 10 μg/m <sup>3</sup>			Q = 199.99, p = 0.00; f <sup>2</sup> = 96.9%	1.00 1.04 1.08 Hazard Ratio per 10 μg/m <sup>3</sup>		

#### Benefits of future clean air policies in Europe

#### Proposed analyses of the mortality impacts of PM<sub>25</sub> and NO<sub>2</sub>

Commentary

Barbara Hoffmann<sup>a</sup>, Bert Brunekreef<sup>b</sup>, Zorana J, Andersen<sup>c</sup>, Francesco Forastiere<sup>d</sup>, Hanna Boogaard<sup>o\*</sup>

#### Other European Studies published after Chen & Hoek 2020 Fischer 2020 Netherlands 1.172 [1.138, 1.195] Hvidtfeldt 2019 Copenhagen & Aarhus, Denmark 1.277 [1.103, 1.464] Nieuwenhuijsen 2018 Barcelona, Spain 1.061 [0.980, 1.124] Raachou-Nielsen 2020 Denmark 1.080 [1.040, 1.130] So 2020 Denmark 1.142 [1.023, 1.242] So 2022 Denmark 1.232 [1.180, 1.270] Sommar 2021 Umeå, Sweden 1.082 [0.372, 3.168] 1.638 [1.000, 2.690] Sommar 2021 Stockholm, Sweden Sommar 2021 Gothenburg, Sweden 0.656 [0.336, 1.300] Gothenburg, Sweden Sommar 2021 1.613 [1.188, 2.220] Wang 2022 United Kingdom 1.270 [1.050, 1.550]

#### Figure 3. Total mortality and long-term PM<sub>2.5</sub> from other European studies published since the WHO systematic review by Chen & Hoek (2020).\*

0.60

0.80

1.00

1.20

1.40

1.60

1.80

\*Red line indicates the summary estimate from the systematic review by Chen & Hoek (2020). Range of mean PM<sub>2.5</sub> exposure in European studies from 5.8 to 20.5  $\mu$ g/m<sup>3</sup>.





HR [95% CI] per 10 µg/m<sup>3</sup>

1.080 [1.060, 1.090]

1.118 [1.060, 1.179]

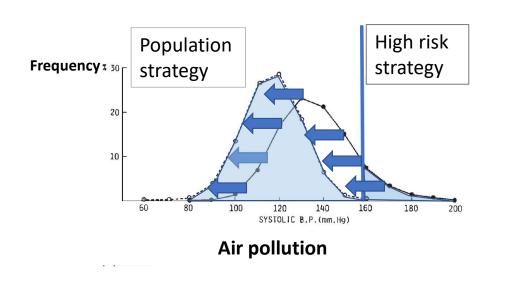


ENVIRONMENTAL ISEL **EPIDEMIOLOGY** 

ELAPSE pooled estimates (Figure 1)

Author and year





- "Shifting the curve" yields much larger health benefits than only treating the high risk population
- Air pollution: **Combination** of fixed limit values with **binding** reduction of average population exposure

### 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

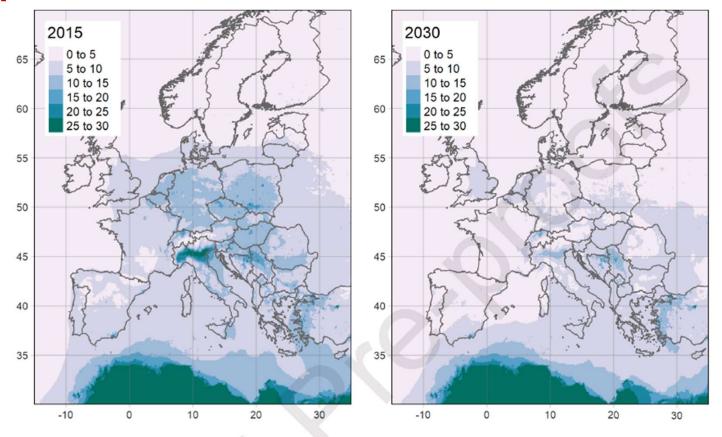




## Study to support the impact assessment for a revision of the EU Ambient Air Quality Directives

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)



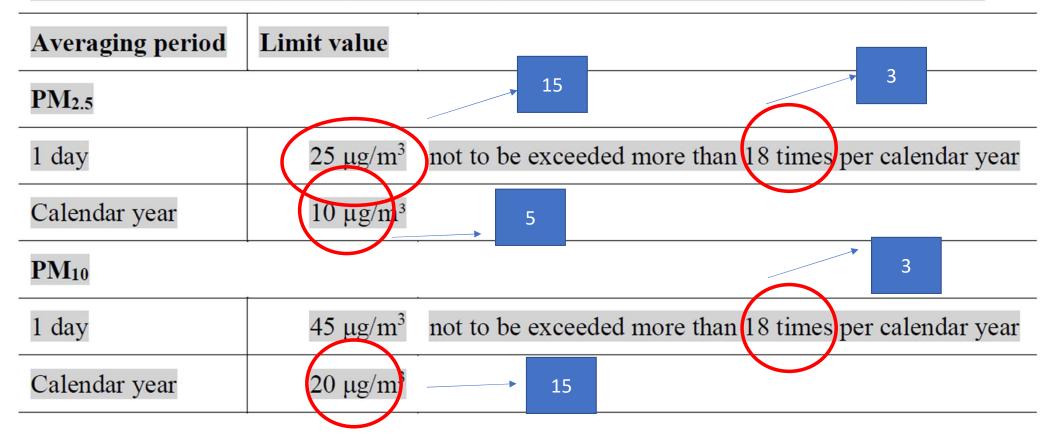
"The burden of disease from air pollution remains unacceptably high in Europe. We need greater efforts to reduce air pollution exposure with a more ambitious path to achieving full alignment with WHO Air Quality Guidelines everywhere in Europe."

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

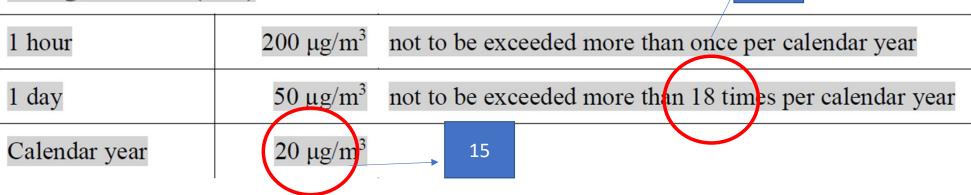
#### WEBINARS

# ANNEX

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



### Nitrogen dioxide (NO2)



3

The difference between the EU air quality standards and the WHO air quality guidelines

Firstly, the air quality reference values for a number of pollutants, defined by the WHO, are intended as policy guidance only, while the EU standards, as defined by the AAQDs, are mandatory. Secondly, the WHO guidelines are based solely on health considerations, while the EU standards reflect broader considerations, such as technical feasibility and the political, economic and social aspects of achieving these standards. This explains why, for certain pollutants, the EU co-legislators opted for weaker standards than those recommended by the WHO.

Source: EEA, <u>report</u> on Air quality in Europe – 2020.

## 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)

### 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?



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

gian luca gurrieri@regione.lombardia.it matteo lazzarini@regione.lombardia.it g.lanzani@arpalombardia.it

> Regione Lombardia



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

# 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:

- <u>Removing 75% of vehicles</u> and replacing the remaining 25% vehicles with zero emissions vehicles
- PLUS <u>Removing 75% of methane domestic heating systems and 100% of biomass</u> <u>domestic heating systems</u>
- PLUS <u>Removing 60% of pigs and cattle</u> 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>





# Air Pollution in Italy, 2019

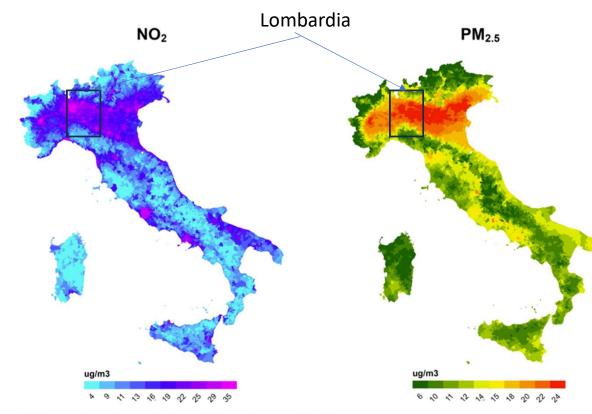


Figure 1. Annual average concentrations of  $PM_{2.5}$  and  $NO_2$ . Italy, 2016-2019. Figure 1. Media annuale delle concentrazioni di  $PM_{2.5}$  e  $NO_2$ . Italia, 2016-2019.

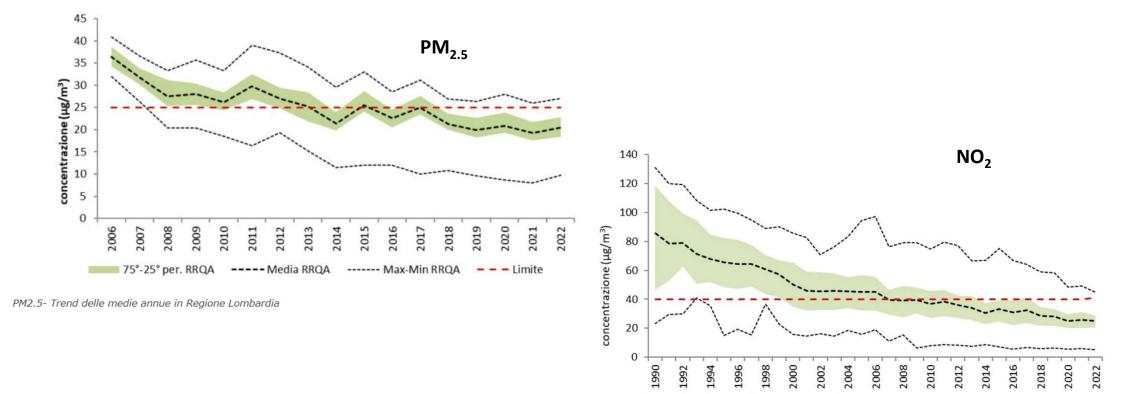


Stafoggia et al. Health impact of air pollution and air temperature in Italy: evidence for policy actions. Epidemiologia & Prevenzione, 2023

Model data using

- 500 monitoring stations
- Satellite-based data on Aerosol Optical Depth (AOD)
- Spatio-temporal data on land use

# Time trends of PM2.5 and NO2 in the Lombardia Region



#### Ara Lombardia: Bilancio Qualità dell'Aria, 2022

NO2- Trend delle medie annue in Regione Lombardia

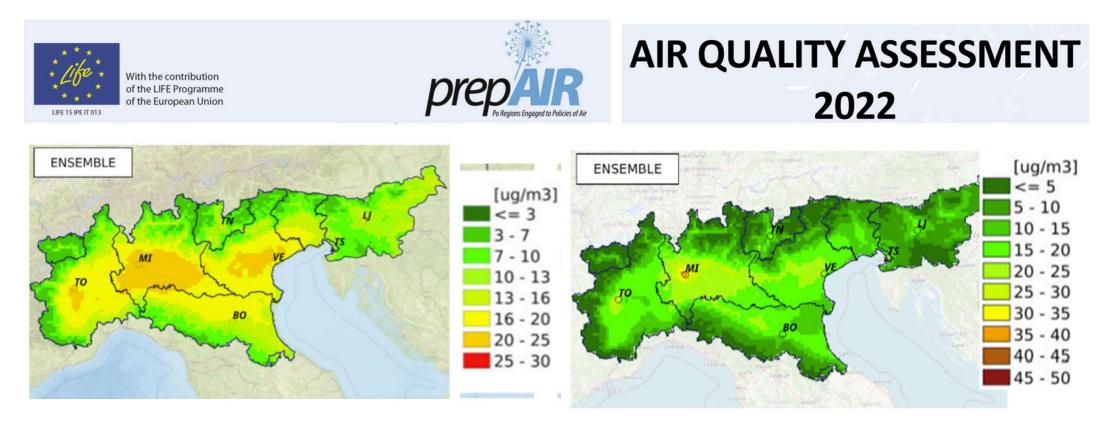
75°-25° percentile

-- Media RRQA

----- Max-Min

- Limite

## Annual means for 2022, PrepAir



### PM25, 2022 annual mean

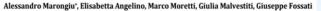
NO2, 2022 annual mean

# The main reasons for air pollution in the Po Valley

- Recent studies conducted as part of the Life-Prepair project confirm that three factors are responsible for fine particle pollution in the Po Valley:
- - the combustion of fossil fuels for heating (especially wood and pellets),
- - road transport (with emissions of NOx, precursors of particulate matter),
- agriculture and intensive livestock farming (emissions of ammonia, precursors of particulate matter).

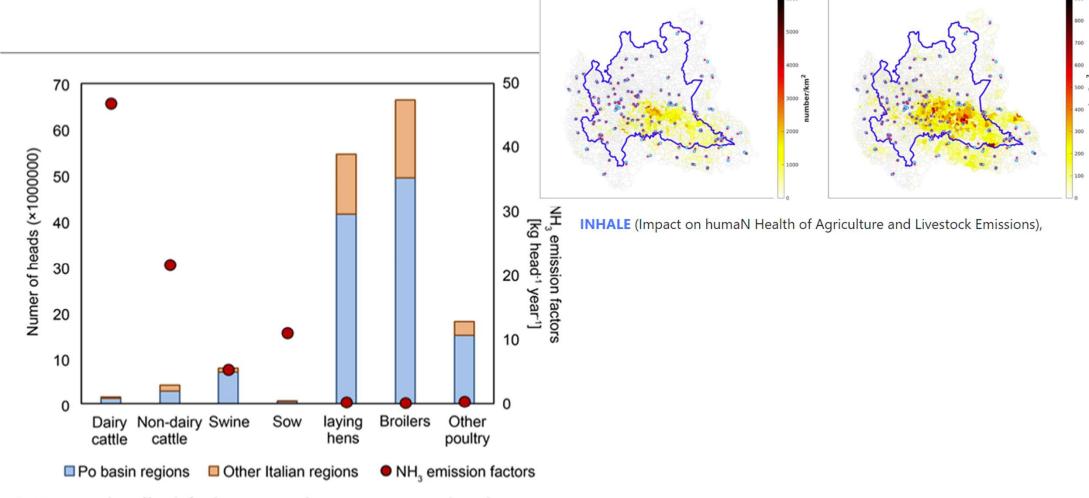
## Atmospheric Emission Sources in the Po-Basin from the LIFE-IP PREPAIR Project

## **Emissions share on year 2017 for Po-Basin**



Environmental Protection Agency of Lombardia Region, Air Quality Modeling and Inventory Unit, Monitoring Sector ARPA, Milano, Italy Email: \*a.marongiu@arpalombardia.it

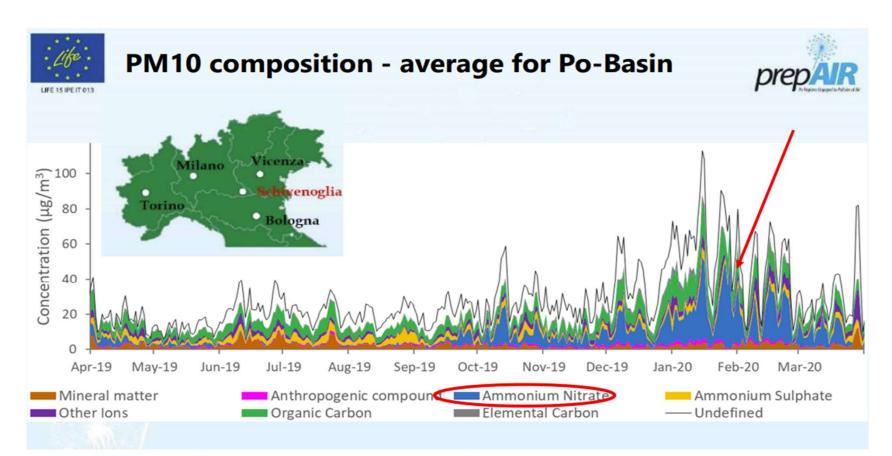
d Inventory Unit, Monitoring Sector ARPA, Macrosectors	NH3	NMVOC	NMVOC without mac 10 and 11	NOx	PM10	PM10
1-Combustion in energy and transformation industries	0%	0%	0%	7%	1%	
2-Non-industrial combustion plants	1%	5%	11%	11%	56%	NOx
3-Combustion in manufacturing industry	0%	1%	2%	15%	4%	NOX
4-Production processes	0%	4%	10%	3%	3%	- Aller - Aller
5-Extraction and distribution of fossil fuels and geothermal energy	0%	3%	6%	0%	0%	CASE I
6-Solvent and other product use	0%	23%	55%	0%	3%	
7-Road transport	1%	6%	13%	48%	19%	- i i i i i i i i i i i i i i i i i i i
8-Other mobile sources and machinery	0%	1%	2%	14%	3%	NH3
9-Waste treatment and disposal	1%	0%	0%	1%	0%	- And the second second
10-Agriculture	97%	24%		1%	5%	I MARK
11-Other sources and sinks	0%	34%		0%	5%	



Density of swine

Density of bovines

**Figure 3.** Number of heads for the main animal categories present in the Po basin regions and in other Italian regions and relative emission factor.



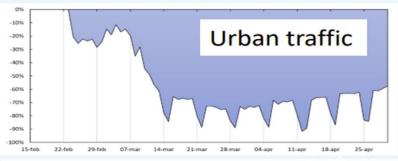
During high pollution episodes, secondary inorganic aerosol can represent 40% - 50% of the total PM10 concentration (average on the basin) and even more of PM2.5

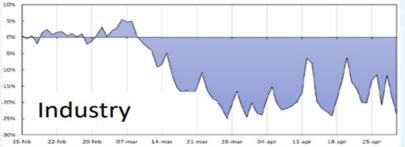
Report Life Prepair : ACTION D6: Monitoring the environmental effects of pollutants reduction measures implemented by air quality improvement plans



### The effects of «lockdown» - emissions The lesson learned







HEATING: Domestic: +3% +6% Commercial: -70% -80% TRAFFIC: Urban: -80 – 90% Highways:-60% Flights: > -90%

#### INDUSTRY: -20 -30 %

(from Energy Consumption: Terna <u>https://www.terna.it/it/sistema</u> <u>elettrico/transparency-report/total-load</u> Natural gas in industry: SNAM <u>https://www.snam.it/it/trasporto/dati-</u> <u>operativibusiness/2</u> Andamento dal 2005/?formindex=1&archive year =2020

AGRICULTURE -1%

Report VALUTAZIONE EMISSIVA E MODELLISTICA DI IMPATTO SULLA QUALITÀ DELL'ARIA DURANTE L'EMERGENZA © VID-19 periodo febbraio-maggio



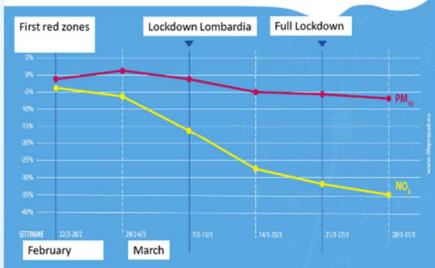


The reduction of emissions in the stricter lockdown phase was estimated in:

Around 30% – 40% for NOx

Around -7% - 14% for primary PM10

Ammonia emissions are not substantially reduced



Report Life Prepair Covid-19 -Studio preliminare degli effetti delle misure Covid-19 sulle emissioni in atmosfera e sulla qualità dell'aria nel bacino padano – giugno 2020 Action D1, A3, C1

# Measures to be taken

 Reducing emissions of these pollutants is possible immediately through the following radical measures:

1. **Modification of transport modes** through intensification of public transport, radical changes in urban layouts, sustainable transport (walking, cycling, pedestrian home-school and home-work routes, restricted traffic zones, school roads, etc.), rapid transition to less polluting means of transport for people and goods;

- 2. **Replacement of wood and gas heating** systems with sustainable methods;
- 3. Technological solutions for reducing ammonia emissions in agriculture and livestock farming, reducing the protein component of animal diets, reducing meat consumption

## Quantifying the mortality due to polluted air

#### Health impact of air pollution and air temperature in Italy: evidence for policy actions

Impatto sanitario dell'inquinamento atmosferico e della temperatura dell'aria in evidenze per azioni concrete

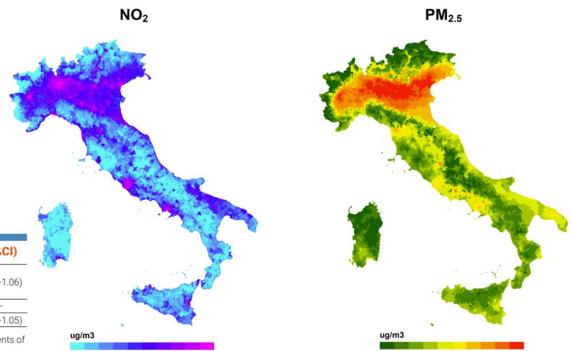
#### Massimo Stafoggia,<sup>1</sup> Francesca de' Donato,<sup>1</sup> Carla Ancona,<sup>1</sup> Andrea Ranzi,<sup>2</sup> Paola Michelozzi<sup>1</sup>

<sup>1</sup> Department of Epidemiology, Lazio Region Health Service, ASL Roma 1, Rome (Italy)

<sup>2</sup> Environmental Health Reference Centre, Regional Agency for Environmental Preven-tion of Emilia-Romagna, Modena (Italy) **Corresponding author:** Francesca de' Donato; f.dedonato@deplazio.it

Cause-specific mortality	ICD-9 code	ICD-10 code	Age (years)	PM <sub>2.5</sub> RR	(95%CI)	NO <sub>2</sub> RR	(95%CI)
Natural	001-629; 677-799		30+	1.12	(1.06-1.18)	1.04	(1.03-1.06)
Cardiovascular	390-459	I	30+	1.11	(1.09-1.14)	-	-
Respiratory	460-519	J	30+	1.10	(1.03-1.18)	1.03	(1.01-1.05)

Table 1. Association between exposure to PM<sub>2.5</sub> and NO<sub>2</sub> and mortality from existing literature:\* relative risk and 95%CI for increments of 10 µg/m<sup>3</sup>.



4 0, 0

\* \* \* \* \* \* \* \* \* \*

Figure 1. Annual average concentrations of  $PM_{2.5}$  and  $NO_2$ . Italy, 2016-2019. Figura 1. Media annuale delle concentrazioni di  $PM_{2.5}$  e  $NO_2$ . Italia, 2016-2019.

# The PM<sub>2.5</sub> burden of mortality in Italy in 2019 (annual **data**)

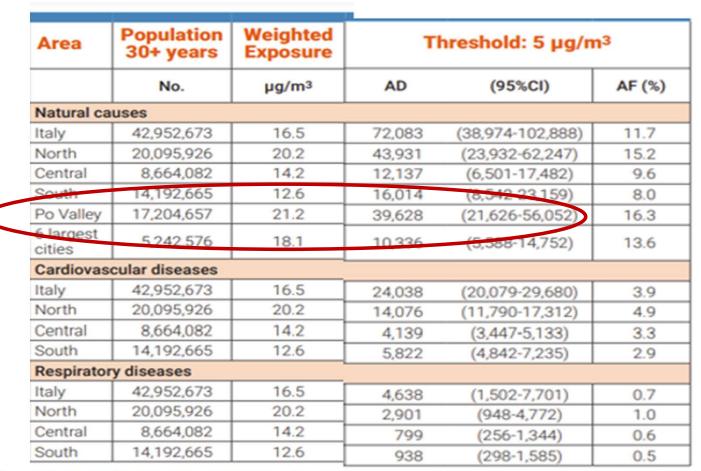


Table 3. Annual deaths (AD) and fractions (AF) attributable to long-term exposure to PM<sub>2.5</sub> exceeding WHO AQGs, Italy (2016-2019): results for the entire country, for geographic macroareas, and for the 6 largest metropolitan areas.

# Conclusions

 Reducing pollutant emissions, and thus environmental concentrations of air pollutants, is an integral part of climate policy and has profound immediate health implications.

- The main emissions in Po Valley are traffic, fossil fuels burning and intensive livestock.
- The Po Valley has the most significant burden of air pollution attributable mortality and morbidity in Italy