



Address by
DR ALA ALWAN
REGIONAL DIRECTOR
WHO EASTERN MEDITERRANEAN REGION

to the

**REGIONAL MEETING ON THE IMPLEMENTATION OF THE REGIONAL
STRATEGY FOR HEALTH AND THE ENVIRONMENT AND FRAMEWORK FOR
ACTION, 2014–2019**

AND

REGIONAL CONSULTATION ON AIR QUALITY AND HEALTH

Amman, Jordan, 8–11 December 2014

Distinguished Colleagues, Ladies and Gentlemen,

It gives me great pleasure to welcome you all to the regional meeting on the implementation of the regional strategy for health and the environment and framework for action 2014–2019; and to the regional consultation on air quality and health. I would like to thank you for taking the time to join us in reviewing and identifying approaches to operationalize the strategy at the national level in the countries of the WHO Eastern Mediterranean Region; and to draw up a roadmap towards reducing the enormous burden on health created by air pollution.

Environmental hazards are responsible for about 24% of the total burden of disease (including more than 1 million deaths and 38 million disability-adjusted life years lost each year) in the Region. The health impact of environmental risks is reflected in terms of both communicable diseases and noncommunicable diseases in all countries.

The key objective of the regional strategy on health and the environment and plan of action 2014–2019 is to support countries of the Region in their concerted multisectoral efforts to reduce the toll of morbidity and premature mortality caused by environmental risks. The regional strategy is based on: rigorous review of evidence and the consensus outcome of two regional consultations in 2011 and 2012 concerning the magnitude of environmental risks and the related burden of disease; expressed demand from countries for technical support; WHO country cooperation strategies; and the WHO General Programme of Work (GPW) 2014–19.

It includes a practical framework of action for 2014–2019, illustrating the responsibilities of Member States and WHO and the importance of the role of ministries of health as stewarding broker and interlocutor in partnership with other actors within their respective governments. It is

essential that a collaborative multi-agency approach is adopted, emphasizing the leadership of the public health sector in terms of governance and surveillance responsibilities, as well as advocacy and motivation of other specialized environmental health service agencies. The health sector should also take on the responsibility of carrying out environmental risk reduction, management and control.

In 2013, the WHO Regional Committee for the Eastern Mediterranean Region, at its Sixtieth Session, endorsed the regional strategy and its framework for action, and called upon the Regional Director to provide technical support to Member States in their efforts to adapt and implement the strategy.

This consultation has been organized with the joint participation of ministries of health and ministries of environment, WHO and international and regional experts. The aim is to operationalize the regional strategy at the national level by launching national multi-stakeholder processes in terms of: provision of technical support to Member States to adapt and implement the strategy for health and the environment; building partnerships to facilitate implementation of the strategy; and monitoring and reporting on the progress achieved. Our meeting today will present a methodology for adapting the strategy at national level and preparing national plans of action. It will also provide a platform to kick off the strategy implementation process in the Region.

Distinguished Colleagues and Friends,

The regional strategy identified seven environmental health priorities including air quality. Outdoor and indoor air pollution cause several diseases such as ischaemic heart disease, stroke, chronic obstructive pulmonary disease (COPD), lung cancer, and acute lower respiratory tract infections in children. In March 2014, WHO estimated that globally 7 million people – including 400 000 in the Region – are prematurely dying annually because of preventable exposure to indoor and outdoor air pollution.

Excessive air pollution is often a by product of unsustainable policies in sectors such as housing, transport, energy, waste management and industry. While the health sector is already engaged in action to address air pollution, engagement is not always systematic and coordinated. Systematic surveillance of health impacts of indoor and outdoor air pollution is still a challenging endeavour in our region. A recent assessment on air pollution conducted by the WHO Regional Centre for Environmental Health Action (CEHA) concluded that several countries in the Region still do not have adequate regulation or systems for monitoring and reporting on air pollution. Data from the WHO 2014 database on urban air pollution show that out of the 1600 cities that are reporting data globally, only 26 cities are in our Region. Worldwide, only 12% of people living in cities that report such data reside in cities where the air quality complies with WHO air quality guideline levels. In the Eastern Mediterranean Region, this figure is close to 0%.

Climate change exacerbates air pollution threats and adverse impacts, causing additional morbidity and mortality in terms of allergies, respiratory and cardiovascular diseases associated with dust storms, pollen production and ozone related air pollution. In a side event to the 66th session of the World Health Assembly, Member States discussed linkage between health, climate change and air pollution and concluded that “Countries that act now to reduce short-lived climate pollutants, such as black carbon particulates and tropospheric ozone, can reap immediate health benefits and health cost savings – as well as reducing the hazards that may be expected from the pace of climate change in this century”. We have a prime opportunity to reduce the premature deaths caused by air pollution risks while also reducing climate warming.

The clear linkages between health, climate change and air pollution make public health-based air quality management a very good model for demonstrating the leadership, regulatory and monitoring roles that should be taken by the health sector. Such roles should include supporting the framing of national policy to protect health from air pollution impacts, advocating for health-based air pollution control policy and management interventions by other relevant sectors, and promoting monitoring and surveillance of the health impacts of air pollution.

Cost effective interventions to minimize human exposure to indoor and outdoor air pollution are available and well known. Furthermore, obvious health gains achieved through mitigation of climate change will synergize efforts to reduce air pollutants including curtailment of greenhouse gas emissions.

Distinguished Colleagues, Ladies and Gentlemen,

During the recent Sixty-first Session of the Regional Committee, representatives of Member States discussed public health response to climate change in the Region, addressing the impacts of air pollution as an example. Member States agreed unanimously that climate change poses serious but preventable risks to public health in the Region, manifested in weather-related mortality and injuries, and in water-, food- and air-borne communicable and noncommunicable diseases including under-nutrition. With regard to air pollution threats, participants highlighted new climate concerns that are endangering the health of people in their own countries, especially children and elderly, and called for concrete vulnerability assessment, adaptation and mitigation measures to protect human health from climate change. With the leadership of the health sector, multi-sectoral response to climate change could be a vehicle to improve public health in the Region.

For this to happen, our countries need to agree on implementation modalities and develop national plans of action, and ministries of health must assume their stewardship roles. WHO is already providing technical support to two countries of the Region to help them in developing their national environmental strategies and plans of action based on the regional strategy. We are prepared to expand such support to all countries in the Region.

Building on this work, I hope that this regional consultation will succeed in establishing a roadmap for implementing the regional strategy, raising awareness of air pollution as a regional and national health problem, building commitment towards improving air quality and outlining a framework for action on air pollution and health for the health sector.

I would like to thank you once again for your participation and your collaboration in helping Member States to address these vital environmental health issues and develop their plans of action.

It only remains for me to wish you a fruitful consultation and a pleasant stay in beautiful Amman.