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**One year later: is Europe making its children safer?
Committee evaluates action on ministers' 2004 commitments
to reduce children's ill health due to air pollution**

Second meeting of the European Environment and Health Committee

A year ago, the 52 Member States in the WHO European Region committed themselves, in the Children's Environment and Health Action Plan for Europe to reducing children's exposure to air pollution (<http://www.who.dk/document/e83338.pdf>). At the European Environment and Health Committee (EEHC), high-level European policy-makers have met on 2–3 June 2005 in Copenhagen, Denmark, to examine how much progress has been made. (The EEHC's members are listed on its web site (http://www.who.dk/eehc/members/20021118_1).)

The Region's health and environment ministers adopted the Action Plan at the Fourth Ministerial Conference on Environment and Health in Budapest, Hungary in June 2004. (www.euro.who.int/budapest2004). In the Action Plan, they call for "a substantial reduction in the morbidity and mortality from acute and chronic respiratory disorders in children and adolescents".

Organized by the WHO Regional Office for Europe and the European Environment Agency (EEA), the second EEHC meeting has taken stock of the progress made since the Budapest Conference and identified ways to scale up activities and support all Member States in their work to make a safer future for the Region's children.

Examples of action taken

Measures taken by Member States to act on their commitment include the following:

- using sustainable energy in the ventilation of child-care facilities (Denmark);
- using low-sulfur fuel in power stations (Malta);
- introducing asthma-awareness training for all general practitioners (The former Yugoslav Republic of Macedonia);
- running community projects on tobacco for parents and children, in which the number of smoke-free homes in two pilot communities rose by 10% in three years (Poland);
- providing teachers with carbon-dioxide sensors for use in the classroom (the Netherlands);

- banning smoking in public places (Ireland and Italy, where cigarette sales have fallen by 9%; and
- reducing emissions of air pollutants, particularly from transport-related sources, since new limit values came into force in January 2005 (the countries in the European Union).

In addition, strategies to reduce emissions are being explored at the local, regional and national levels in Germany. Fiscal incentives have been proposed to encourage particle filters on vehicles using diesel fuel.

Statements from WHO and EEA

“Evidence about respiratory damage to children’s health is too strong to be disregarded,” says Dr Roberto Bertollini, Director of the Special Programme on Health and Environment at the WHO Regional Office for Europe. “Since countries agreed to reduce the amount of polluted air that children are forced to breathe, we are now seeing significant steps forward, particularly towards protection against tobacco smoke indoors and traffic pollution outdoors.”

“Tackling air pollution, particularly from road vehicles, can be very cost-effective,” says Professor Jacqueline McGlade, Executive Director of EEA. “Curbing the use of vehicles delivers many health and environmental benefits, ranging from improved children’s health, to reduced accidents, noise damage to plants, water and buildings.”

“Linking together evidence and policy is key to reaching the targets,” concludes Dr Bertollini. “Budapest was a launching pad. There decisions were taken; this is the time to act. The EEHC is all about coordinating this action in a Region-wide perspective, to carry out harmonized policy.”

Facts and figures on children and air pollution

The Budapest commitments were made in response to evidence that:¹

1. a causal relationship exists between air pollution and respiratory deaths in infants and damage to children’s lung functioning;
2. the incidence of acute respiratory infections is up to 50% higher in children living in the most polluted areas than in those in the least polluted areas;
3. up to 13 000 deaths per year in children under 5 years are attributable to particulate matter (PM) air pollution;
4. air pollution with PM increases deaths from cardiovascular and respiratory diseases: it has been calculated to take 8.6 months from the life of every child in the European Union;
5. PM pollution is a problem that crosses national boundaries: a substantial part of concentrations in a country originates in emissions from others, so all countries should take measures that will benefit the Region’s population;

¹ *Effects of air pollution on children’s health and development: a review of the evidence*. Copenhagen, WHO Regional Office for Europe, 2005.

Krzyzanowski M, Kuna-Dibbert B, Schneider J, eds. *Health effects of transport-related air pollution*. Copenhagen, WHO Regional Office for Europe, 2005

(http://www.euro.who.int/InformationSources/Publications/Catalogue/20050601_1, accessed 1 June 2005).

6. over 50 000 deaths from acute lower respiratory tract infections in European children under 5 are attributable to indoor air pollution;
7. the use of solid fuel represents the largest source of indoor air pollution in the Region as a whole, accounting for 10 000 deaths in children under 5;
8. 40% of the Region's children are exposed to environmental tobacco smoke (ETS) and at least 15–26% of episodes of lower respiratory disease are attributable to it;
9. maternal smoking can increase the risk of lower respiratory illnesses (such as pneumonia, bronchitis and middle-ear infection) in children's first 3 years of life by more than 50%; and
10. damp conditions nurture the growth of mould, which triggers respiratory disease in children; a concentration of 10 µg/g house dust mites in a mattress quintuples the risk for children with two allergic parents of becoming asthmatic before the age of 11.

Air pollutants do not act in isolation, but exert a combined impact on children's health. Exposures to PM, ETS and combustion from solid fuel combine to increase the risk of disease.

The thematic strategy on air pollution that is being prepared for the European Commission is expected to reduce the effects of air pollution on the health of children and adults. The Commission has used WHO guidance in designing the strategy.

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