

# L'influenza positiva di European Respiratory Society (ERS), Health and Environment Alliance (HEAL) ed ISDE per la Direttiva 2024/2881/UE sulla qualità dell'aria ambiente

*Giovanni Viegi, MD, FERS, ATSF, Comitato Scientifico ISDE*



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CNR Institute of Translational Pharmacology (IFT), Palermo

Professor of "Health Effects of Pollution", School of Environmental Sciences, University of Pisa

2005-06 President European Respiratory Society (ERS)

2024 ERS Lifetime Achievement Award in Epidemiology and Environment

2025 Inserted (rank 128018) in the list "World's Top 2% Scientists, 2024"

realized by "Stanford University"

2017-22 WHO - GARD Planning Group Member



2024/2881

20.11.2024



**Gazzetta Ufficiale  
dell'Unione Europea**

**IT  
Serie L**

**DIRETTIVA (UE) 2024/2881 DEL PARLAMENTO EUROPEO E DEL CONSIGLIO**  
del 23 ottobre 2024  
relativa alla qualità dell'aria ambiente e per un'aria più pulita in Europa  
(rifusione)

## Articolo 1

### Obiettivi

1. La presente direttiva stabilisce disposizioni in materia di qualità dell'aria volte a conseguire un obiettivo di inquinamento zero, in modo che la qualità dell'aria all'interno dell'Unione sia progressivamente migliorata fino al raggiungimento di livelli non più considerati nocivi per la salute umana, gli ecosistemi naturali e la biodiversità, quali definiti dalle migliori e più recenti prove scientifiche disponibili, contribuendo in tal modo a creare un ambiente privo di sostanze tossiche entro il 2050.
2. La presente direttiva fissa valori limite, valori-obiettivo, obblighi di riduzione dell'esposizione media, obiettivi di concentrazione dell'esposizione media, livelli critici, soglie di allarme, soglie di informazione e obiettivi a lungo termine. Tali parametri di qualità dell'aria, che figurano nell'allegato I, sono riesaminati periodicamente in conformità dell'articolo 3, in linea con le raccomandazioni dell'OMS.
3. La presente direttiva contribuisce inoltre a conseguire gli obiettivi dell'Unione in materia di riduzione dell'inquinamento, biodiversità ed ecosistemi conformemente all'Ottavo programma di azione per l'ambiente, così come sinergie rafforzate tra la politica dell'Unione in materia di qualità dell'aria e altre politiche pertinenti dell'Unione.

## ALLEGATO II

## Standard di qualità dell'aria

Sezione 1 - valori limite per la protezione della salute umana

**Tabella 1 – Valori limite per la protezione della salute umana da raggiungere entro il 1° gennaio 2030**

Periodo di mediazione	Valore limite
<b>PM<sub>2,5</sub></b>	
1 giorno	25 µg/m <sup>3</sup> da non superare più di 18 volte per anno civile
Anno civile	10 µg/m <sup>3</sup>
<b>PM<sub>10</sub></b>	
1 giorno	45 µg/m <sup>3</sup> da non superare più di 18 volte per anno civile
Anno civile	20 µg/m <sup>3</sup>
<b>Biossido di azoto (NO<sub>2</sub>)</b>	
1 ora	200 µg/m <sup>3</sup> da non superare più di tre volte per anno civile
1 giorno	50 µg/m <sup>3</sup> da non superare più di 18 volte per anno civile
Anno civile	20 µg/m <sup>3</sup>

### Biossido di zolfo ( $\text{SO}_2$ )

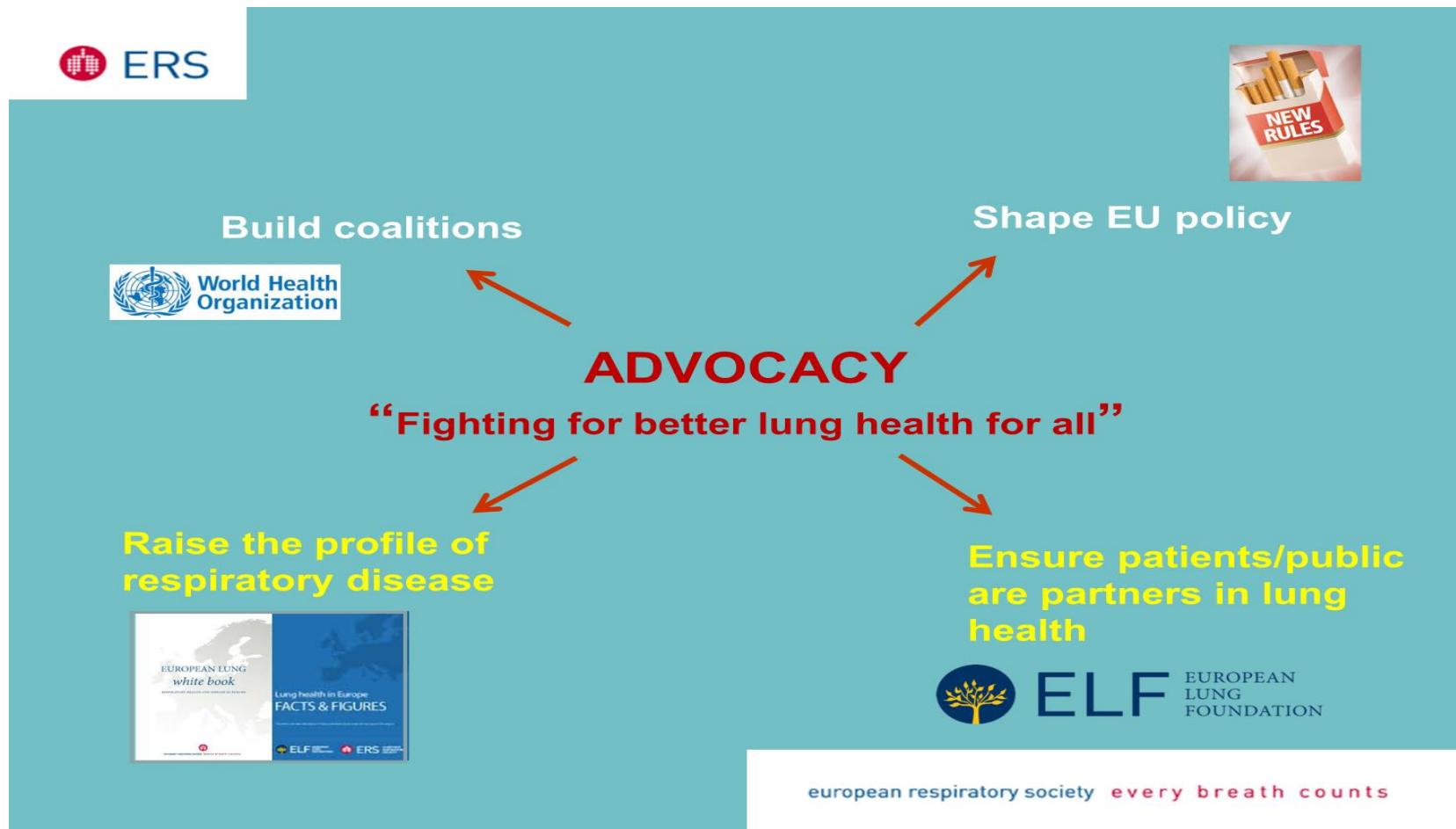
1 ora	350 $\mu\text{g}/\text{m}^3$	da non superare più di tre volte per anno civile
1 giorno	50 $\mu\text{g}/\text{m}^3$	da non superare più di 18 volte per anno civile
Anno civile	20 $\mu\text{g}/\text{m}^3$	
Benzene		
Anno civile	3,4 $\mu\text{g}/\text{m}^3$	
- Monossido di carbonio (CO)		
MEDIA massima giornaliera su 8 ore <sup>(1)</sup>	10 mg/m <sup>3</sup>	
1 giorno	4 mg/m <sup>3</sup>	da non superare più di 18 volte per anno civile
- Piombo (Pb)		
Anno civile	0,5 $\mu\text{g}/\text{m}^3$	

B. Valori-obiettivo per l'ozono

Finalità	Periodo di mediazione	Valore-obiettivo
Protezione della salute umana	MEDIA massima giornaliera calcolata su 8 ore <sup>(1)</sup>	120 µg/m <sup>3</sup>  da non superare più di 18 volte per anno civile come media su tre anni <sup>(2)</sup> <sup>(3)</sup>

Periodo di mediazione	Valore limite
Arsenico (As)	
Anno civile	6,0 ng/m <sup>3</sup>
Cadmio (Cd)	
Anno civile	5,0 ng/m <sup>3</sup>
Nichel (Ni)	
Anno civile	20 ng/m <sup>3</sup>
Benzo(a)pirene	
Anno civile	1,0 ng/m <sup>3</sup>

<sup>(1)</sup> La massima concentrazione media giornaliera su 8 ore è determinata esaminando le medie consecutive su 8 ore, calcolate in base a dati orari e aggiornate ogni ora. Ogni media su 8 ore così calcolata sarà assegnata al giorno nel quale finisce; in pratica, la prima fascia di calcolo per ogni singolo giorno sarà quella compresa tra le ore 17:00 del giorno precedente e le ore 01:00 del giorno stesso; l'ultima fascia di calcolo per ogni giorno sarà quella compresa tra le ore 16:00 e le ore 24:00 del giorno stesso.



## Ten principles for clean air

B. Brunekreef\*,#, I. Annesi-Maesano†,+, J.G. Ayres§, F. Forastiere†, B. Forsberg\*\*, N. Künzli##,¶, J. Pekkanen††,§§ and T. Sigsgaard††

Eur Respir J 2012; 39: 1–1

**T**he European “Year of the Air” 2013 will be upon us soon: over the next several months, the European Union (EU) will revise its main air pollution control policies. Lack of clean air is one of the most important environmental threats to public health in Europe today. The European Respiratory Society Environment and Health Committee ([www.ersnet.org](http://www.ersnet.org)) has developed 10 concise principles for clean air, which summarise the scientific state of the art and provide guidance for public health policy. This editorial was written in order to explain these 10 principles.

- 1) Citizens are entitled to clean air, just like clean water and safe food.
- 2) Outdoor air pollution is one of the biggest environmental health threats in Europe today, leading to significant reductions of life expectancy and productivity.
- 3) Fine particles and ozone are the most serious pollutants. There is an urgent need to reduce their concentrations significantly.
- 4) Roadside pollution poses serious health threats that cannot be adequately addressed by regulating fine particle mass or ozone. Other metrics such as ultrafine particles and black carbon need to be considered in future research and so inform further regulation.
- 5) Non-tailpipe emissions (from brakes, tires and road surfaces, etc.) pose a health threat for road users and subjects living close to busy roads.
- 6) Real-world emissions of nitrogen dioxide from modern diesel engines are much higher than anticipated. This may expose many road users, and subjects living on busy roads, to short-term peak concentrations during rush hours and periods of stagnating weather that may impact on health, although to what extent requires further research.

- 7) Global warming will lead to more heatwaves, during which air pollution concentrations are also elevated and during which hot temperatures and air pollutants act in synergy to produce more serious health effects than expected from heat or pollution alone.
- 8) Combustion of biomass fuel produces toxic pollutants. This is true for controlled fires, such as in fireplaces, woodstoves and agricultural burning, as well as for uncontrolled wildfires. There is a need to assess the real health impacts of air pollution from these sources in many areas in Europe to inform on the need for better control.
- 9) Compliance with current limit values for major air pollutants in Europe confers no protection for public health. In fact, very serious health effects occur at concentrations well below current limit values, especially those for fine particles.
- 10) EU policies to reduce air pollution are needed that ultimately lead to air that is clean and no longer associated with significant adverse effects on the health of European citizens. The benefits of such policies outweigh the costs by a large amount.

## Clean air in Europe: beyond the horizon?

Bert Brunekreef<sup>1,2</sup>, Nino Künzli<sup>3,4</sup>, Juha Pekkanen<sup>5,6</sup>,  
Isabella Annesi-Maesano<sup>7</sup>, Bertil Forsberg<sup>8</sup>, Torben Sigsgaard<sup>9</sup>,  
Menno Keuken<sup>10</sup>, Francesco Forastiere<sup>11</sup>, Maeve Barry<sup>12</sup>, Xavier Querol<sup>13</sup> and  
Roy M. Harrison<sup>14,15</sup>

Eur Respir J 2015; 45: 7-10

### **Do we need to worry still about air pollution in Europe? The answer, unfortunately, is yes**

WHO published two major reports recently, one reviewing the latest evidence in the context of a series of policy-relevant questions [7] and another defining concentration-response functions for a series of health effects of air pollution [8], to be used for Europe-wide health impact and cost-benefit assessments. Both of these reports summarise a wealth of recent studies, including many from Europe, that support that adverse effects of air pollution are now being observed at ever-lower concentrations of pollutants. Based on such

conditions such as diabetes and obesity [16]. Taken together, these recent findings and others discussed in the WHO documents result in the conclusion that the air pollution-related burden of disease must even be larger than considered in the past and argue for further strong reductions of the existing Air Quality Limit Values for PM10 and PM2.5, and for strict implementation of the exposure reduction targets developed back in 2008. Moreover, there is consensus that air quality interventions not only reduce pollution but are indeed followed by improvements in public health [17].

The current limit values for PM2.5 and PM10 are far too high and provide no incentive for the implementation of those national and local strategies needed to achieve more ambitious goals. In 2012, the US Environmental Protection Agency reduced the annual average National Ambient Air Quality Standard for PM2.5 from 15 to 12  $\mu\text{g}\cdot\text{m}^{-3}$ . If the USA can do it, the EU should be able to as well.

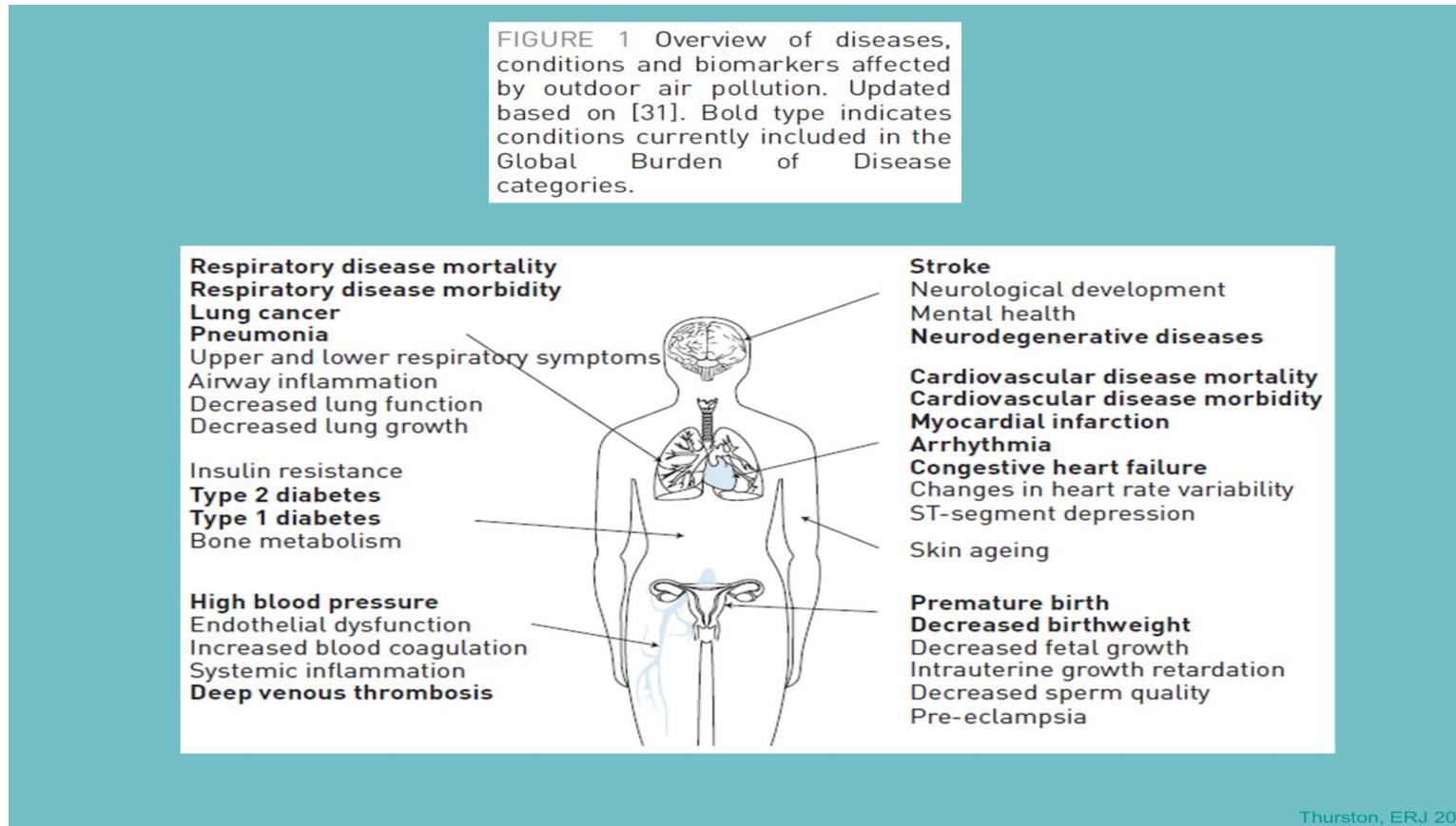
## **A joint ERS/ATS policy statement: what constitutes an adverse health effect of air pollution? An analytical framework**

George D. Thurston<sup>1</sup>, Howard Kipen<sup>2</sup>, Isabella Annesi-Maesano<sup>3</sup>,  
John Balmes<sup>4,5</sup>, Robert D. Brook<sup>6</sup>, Kevin Cromar<sup>7</sup>, Sara De Matteis<sup>8</sup>,  
Francesco Forastiere<sup>9</sup>, Bertil Forsberg<sup>10</sup>, Mark W. Frampton<sup>11</sup>,  
Jonathan Grigg<sup>12</sup>, Dick Heederik<sup>13</sup>, Frank J. Kelly<sup>14</sup>, Nino Kuenzli<sup>15,16</sup>,  
Robert Laumbach<sup>2</sup>, Annette Peters<sup>17</sup>, Sanjay T. Rajagopalan<sup>18</sup>, David Rich<sup>19</sup>,  
Beate Ritz<sup>20</sup>, Jonathan M. Samet<sup>21</sup>, Thomas Sandstrom<sup>11</sup>, Torben Sigsgaard<sup>22</sup>,  
Jordi Sunyer<sup>23</sup> and Bert Brunekreef<sup>13,24</sup>

Eur Respir J 2017; 49: 1600419

**ABSTRACT** The American Thoracic Society has previously published statements on what constitutes an adverse effect on health of air pollution in 1985 and 2000. We set out to update and broaden these past statements that focused primarily on effects on the respiratory system. Since then, many studies have documented effects of air pollution on other organ systems, such as on the cardiovascular and central nervous systems. In addition, many new biomarkers of effects have been developed and applied in air pollution studies.

This current report seeks to integrate the latest science into a general framework for interpreting the adversity of the human health effects of air pollution. Rather than trying to provide a catalogue of what is and what is not an adverse effect of air pollution, we propose a set of considerations that can be applied in forming judgments of the adversity of not only currently documented, but also emerging and future effects of air pollution on human health. These considerations are illustrated by the inclusion of examples for different types of health effects of air pollution.



It is time to act in Europe

		<b>WHO 2005 Air Quality Guidelines</b>	<b>WHO 2021 Air Quality Guidelines</b>	<b>EU Air Quality Directives – Limit Values</b>
<b>PM<sub>2.5</sub></b>	Annual	10 µg/m <sup>3</sup>	5 µg/m <sup>3</sup>	25 µg/m <sup>3</sup>
<b>PM<sub>2.5</sub></b>	Daily (24-hour)	25 µg/m <sup>3</sup>	15 µg/m <sup>3</sup>	-
<b>PM<sub>10</sub></b>	Annual	20 µg/m <sup>3</sup>	15 µg/m <sup>3</sup>	40 µg/m <sup>3</sup>
<b>PM<sub>10</sub></b>	Daily (24-hour)	50 µg/m <sup>3</sup>	45 µg/m <sup>3</sup>	50 µg/m <sup>3</sup>
<b>NO<sub>2</sub></b>	Annual	40 µg/m <sup>3</sup>	10 µg/m <sup>3</sup>	40 µg/m <sup>3</sup>
<b>NO<sub>2</sub></b>	Daily (24-hour)	-	25 µg/m <sup>3</sup>	50 µg/m <sup>3</sup>

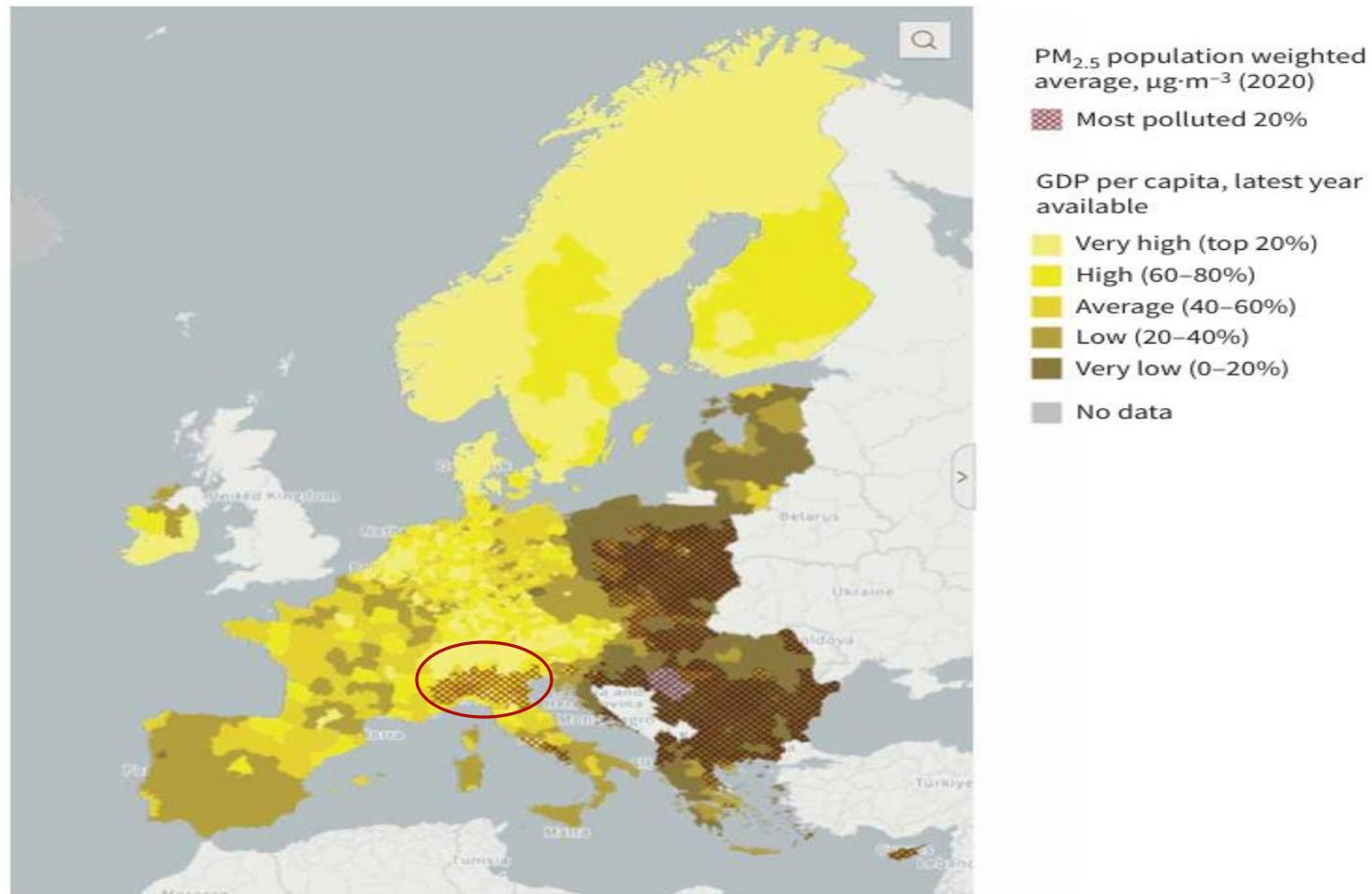
Eur Respir J. 2023 Oct 26;62(4):2301380.

EUROPEAN RESPIRATORY JOURNAL  
EDITORIAL  
M.C. TURNER ET AL.

## Clean air in Europe for all! Taking stock of the proposed revision to the ambient air quality directives: a joint ERS, HEI and ISEE workshop report

Michelle C. Turner <sup>1,2,3</sup>, Zorana Jovanovic Andersen <sup>1,4</sup>, Maria Neira<sup>5</sup>, Michal Krzyzanowski<sup>6</sup>, Ebba Malmqvist<sup>7</sup>, Alberto González Ortiz<sup>8</sup>, Gregor Kiesewetter<sup>9</sup>, Klea Katsouyanni<sup>6</sup>, Bert Brunekreef<sup>10</sup>, Erik Melén <sup>11</sup>, Petter Ljungman <sup>11</sup>, Margherita Tolotto<sup>12</sup>, Francesco Forastiere<sup>6</sup>, Paul Dendale<sup>13</sup>, Richard Price <sup>14</sup>, Ole Bakke<sup>15</sup>, Sibylle Reichert<sup>16</sup>, Gerard Hoek<sup>10</sup>, Göran Pershagen<sup>11</sup>, Annette Peters <sup>17,18,19</sup>, Xavier Querol<sup>20</sup>, Anna Gerometta<sup>21</sup>, Evangelia Samoli<sup>22</sup>, Iana Markevych <sup>1,23,24</sup>, Romain Basthiste<sup>25</sup>, Haneen Khreis<sup>26</sup>, Pallavi Pant<sup>27</sup>, Mark Nieuwenhuijsen<sup>1,2,3</sup>, Jason D. Sacks<sup>28</sup>, Kjeld Hansen<sup>29,30</sup>, Thomas Lymes<sup>31</sup>, Anne Stauffer<sup>32</sup>, Gary W. Fuller<sup>33</sup>, Hanna Boogaard<sup>27</sup> and Barbara Hoffmann<sup>34</sup>

Ambient air pollution is a major public health concern and comprehensive new legislation is currently being considered to improve air quality in Europe. **The European Respiratory Society (ERS), Health Effects Institute (HEI), and International Society for Environmental Epidemiology (ISEE) organised a joint meeting on May 24, 2023 in Brussels, Belgium, to review and critically evaluate the latest evidence on the health effects of air pollution and discuss ongoing revisions of the European Ambient Air Quality Directives (AAQDs).**



**FIGURE 1** Combined risks and inequalities. Particulate matter  $\leq 2.5 \mu\text{m}$  in aerodynamic diameter (PM<sub>2.5</sub>) versus gross domestic product (GDP) per capita. Reproduced with permission from [50].



<https://www.salute.gov.it/portale/gard/dettaglioPubblicazioniGard.jsp?lingua=italiano&id=3401>

## PREMESSA

Nonostante il documento “INQUINAMENTO ATMOSFERICO E CAMBIAMENTI CLIMATICI” - Elementi per una strategia nazionale di prevenzione”, consultabile sul Sito del Ministero della Salute<sup>1</sup> sia relativamente recente (2019), il Comitato Esecutivo dell’Alleanza Globale contro le Malattie Croniche Respiratorie (GARD-Italia) ha sentito l’esigenza di aggiornarlo.

Le motivazioni sono da rinvenire negli importanti avvenimenti successivi al 2019, quali: la pandemia da COVID-19; la pubblicazione delle nuove linee guida per la qualità dell’aria emanate dall’Organizzazione Mondiale della Sanità (WHO); la serie di pubblicazioni Lancet Countdown; i nuovi documenti dell’*Intergovernmental Panel on Climate Change* (IPCC); il programma *Next Generation EU*; il Piano Nazionale di Ripresa e Resilienza (PNRR); la realizzazione di nuove ricerche scientifiche e la pubblicazione dei loro risultati.

Il sottogruppo di lavoro GARD-Italia che ha curato l’aggiornamento risulta così composto:

- **Fabrizio Anatra** - Ministero della Salute -Direzione Generale della Prevenzione Sanitaria
- **Gennaro D’Amato** - AIPO-ITS
- **Francesca De Maio** - ISPRA -Istituto Superiore Protezione e Ricerca Ambientale
- **Daniela Galeone** - Ministero della Salute -Direzione Generale della Prevenzione Sanitaria
- **Paolo Lauriola** - ISDE
- **Giovanni Viegi** - CNR e GARD Internazionale

To: Members of the European Parliament

## **Subject: Keep health in the scope of the EP's ENVI committee**

Dear Member of the European Parliament,

The Health and Environment Alliance (HEAL) congratulates you on your election to the European Parliament and looks to your leadership to protect people's health in the next five years.

HEAL is the leading non-governmental alliance working for better health through a healthier environment, bringing together over 80 member organisations from the health sector, including doctors, asthma, allergy and cancer patients and not-for-profit health insurers.

Across the European Union, people's health is under threat like never before from the triple crisis of climate change, pollution and biodiversity loss. Twenty percent of early death and disease in Europe are due to pollution. The health of children, the elderly, those living with disease, and those experiencing socio-economic hardships and health inequalities is particularly at risk.

As you're considering the scope of the EP committees for this legislature, HEAL urges you to keep the current scope of the Committee on the Environment, Public Health and Food Safety (ENVI).

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[www.env-health.org](http://www.env-health.org)



**ISDE**  
Italy is a  
member

First, as highlighted by the World Health Organization and in numerous studies, the environment is a major determinant of people's health, and a major risk factor for non-communicable disease, also known as chronic disease. Climate change impacts aggravate this existing disease burden, for example for people living with chronic respiratory or heart disease. The increase of the severity and frequency of extreme weather events with climate change are a particular risk for children and the elderly. Thus, the health threats from environmental, climate factors have to be considered together, in a comprehensive matter, which is also a key lesson learnt from the COVID-19 pandemic. Keeping health within ENVI's scope will also align with the *Health in all policies* and the One Health approach DG SANTE operates on, and support the further implementation of Europe's Beating Cancer Plan.

Second, separating EP environmental, climate and health action would be a disservice to member states efforts: in the 2023 Budapest Ministerial Declaration, the EU health and environment ministries commit to protecting health against the triple crises of climate change, pollution and biodiversity loss; member states have since initiated a series of partnerships to amplify cooperation. In addition, EU health ministers underline the need for strengthened action on climate and environmental threats, as part of reducing the high health burden of non-communicable disease in their 21 June 2024 Conclusions on the European Health Union.



Third, in the past legislature, the ENVI committee was effective and impactful in strengthening health protection in legislative proposals on environment and climate and revisions of existing laws. In many of the 66 legislative files successfully concluded, ENVI MEPs inserted a higher protection level, including for tackling air pollution, reducing exposure to health-harming chemicals (endocrine disruptors, persistent organic pollutants), improving water quality, and through increasing ambition on various files on climate mitigation. In addition, ENVI's voice was key for health in EU financing programmes, including the Programme on Environment and Climate (LIFE), and the 8 EU Environmental Action Programme (8EAP).

Yours sincerely,



Genon K. Jensen  
Executive Director  
Health and Environment Alliance (HEAL)

Fourth, we are highly concerned that time consuming conflicts of competence would arise between ENVI and a separate full health committee, which would delay effective disease prevention action by the European Parliament.

We call on you, as representatives of the people across the Union, to keep health competences within the ENVI committee.





**EU Healthy  
Air Coalition**

To: President of the European Commission Ursula von der Leyen

Brussels, 5 September 2024

**Subject - Clean Air Day: EU Healthy Air Coalition call to strengthen EU's clean air measures to sustain the EU's quality of life and ensure greater preventative health**

# ISDE Italia sostiene il rapido recepimento della nuova direttiva europea sulla qualità dell'aria

7 Ottobre 2024



Arezzo, 7 ottobre 2024

Al Ministro dell'Ambiente e della Sicurezza Energetica  
On.le Prof. Dott. Gilberto Pichetto Fratin

**Oggetto: Il settore sanitario è pronto a sostenere il rapido recepimento della nuova direttiva sulla qualità dell'aria ambiente**

Ci auguriamo che la nuova legislazione europea, con il recepimento da parte dell'Italia, entrino in vigore quanto prima per ridurre rapidamente la sofferenza delle persone, prevenire le malattie e ottenere risparmi economici.



A milestone for public health – the revised EU air quality law is confirmed!

Brussels, 14 October 2024



Today, EU Environment Ministers confirmed the revised Ambient Air Quality Directive, updating pollutant limits to reflect the serious health impacts of air pollution, and to align more closely with latest WHO recommendations.

HEAL views this as a major step towards healthier air in Europe, where pollution is the leading environmental health risk, causing hundreds of thousands of premature deaths annually and billions of Euros in health costs.

*“The adoption of this revised directive is a milestone for people’s health across the EU, but the real work begins now. Member states must act decisively to meet these new standards by 2030. The swift implementation of the revised Ambient Air Quality Directive will lead to immediate improvements in air quality and health benefits, including a much-needed reduction in the staggering costs associated with air pollution,” states HEAL Deputy Director Anne Stauffer.*

## HEAL SCIENCE/AIR NEWSLETTER DECEMBER 2024

Good news for health

### The revised Ambient Air Quality Directive entered into force

On 10 December 2024, the revised AAQD entered into force, following its publication in the [EU Official Journal](#). Member states now have up to two years to transpose the directive into national legislation. The revised law aligns EU air quality standards more closely with WHO recommendations.

HEAL

# Closing call clean air strategy sessions

December 9th  
2024

Facilitated by  
Nina Thüllen

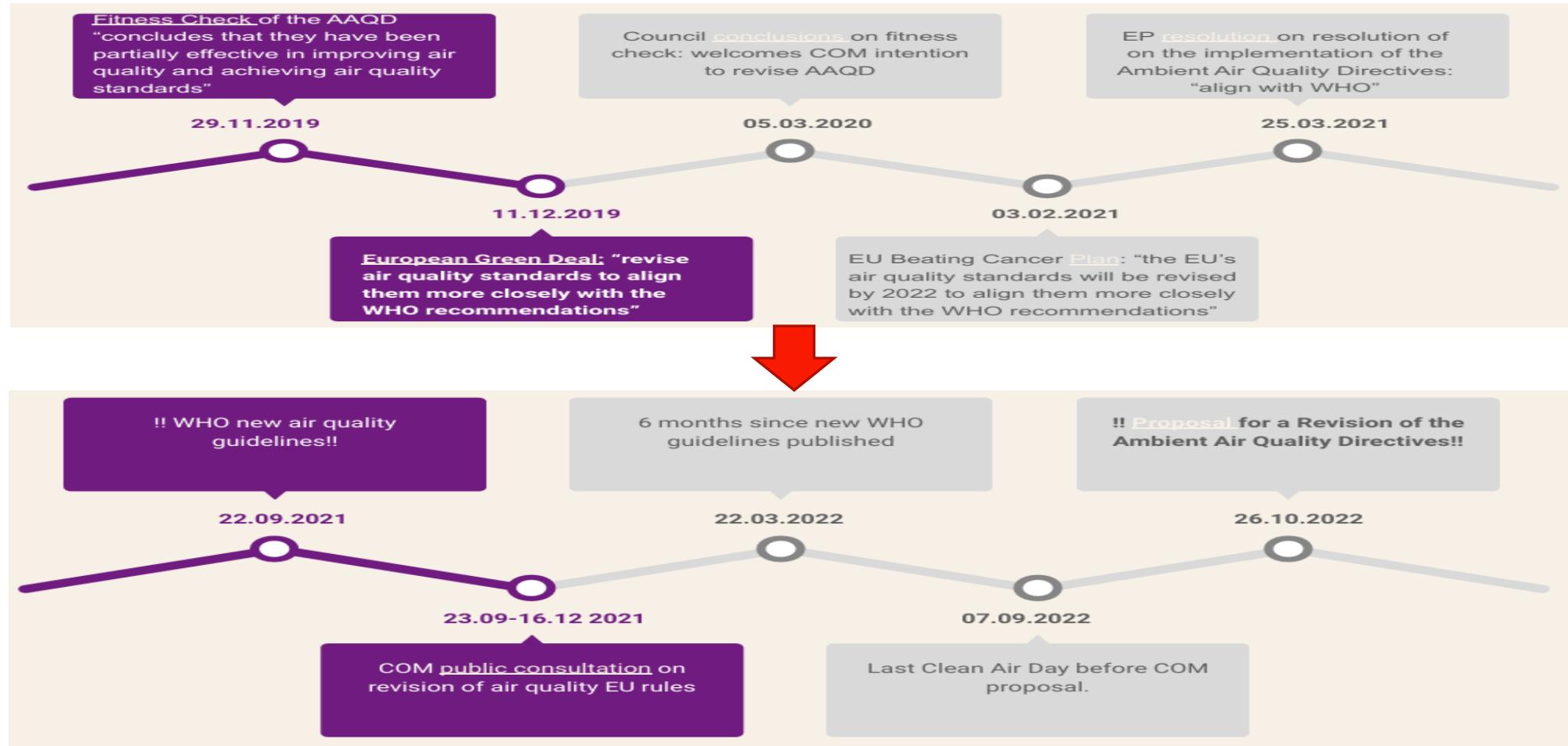
#ForumRisk20

## What are we here for today?

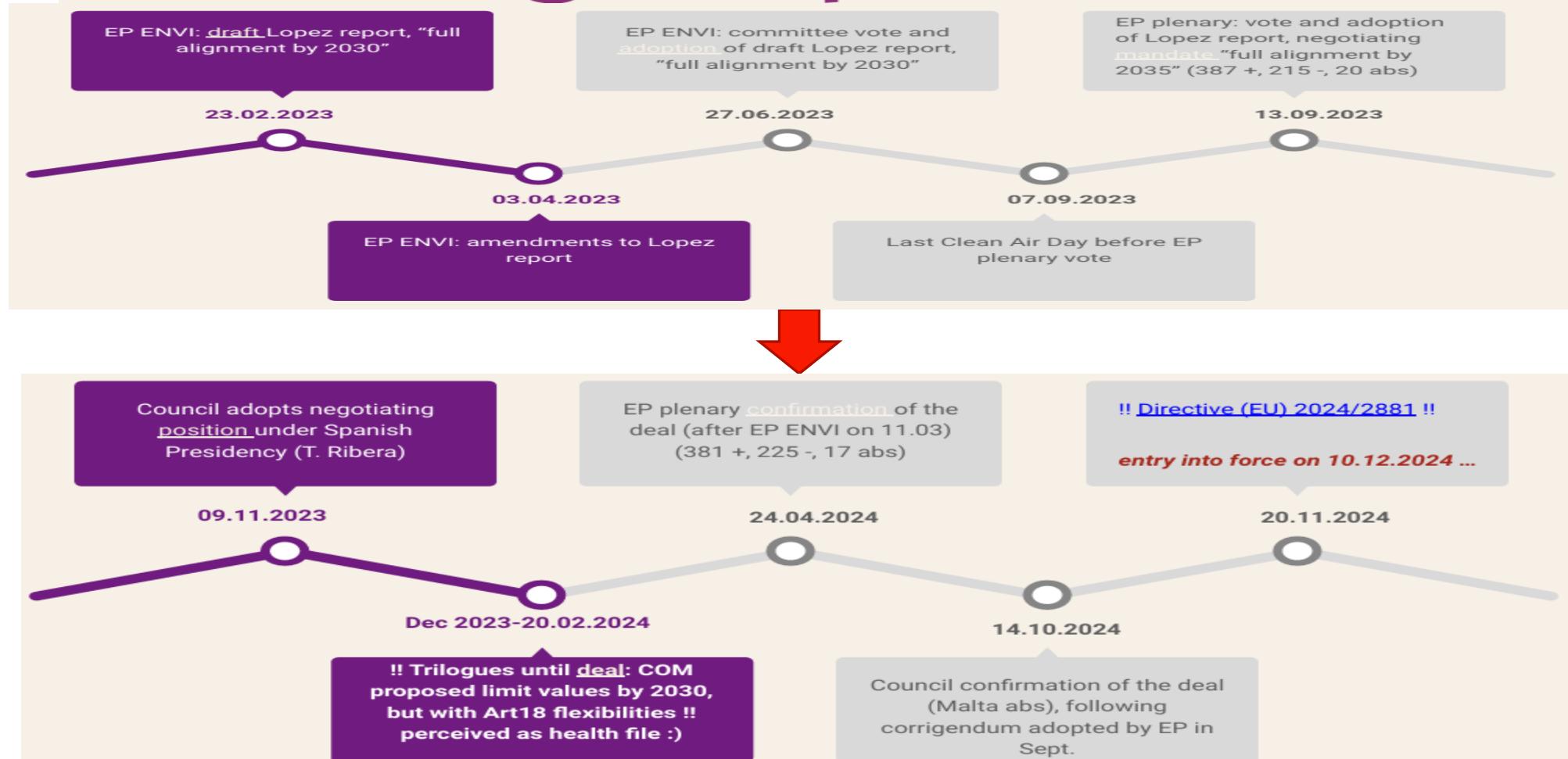
- Celebrate accomplishments
- Gather learnings, best practices and suggestions for improvement for future equivalent processes
- Identify next steps on AAQD implementation
- Become aware of new opportunities for engagement and collaboration



# Reviewing our path to success



# Reviewing our path to success



# Reviewing our path to success

## Amplification of the work at national level



**12 NGO Air Strategy calls since 21 October 2021  
to exchange on strategies, best practices, what  
worked and what did not**



## Topics discussed during the 12 calls:

- New WHO Air Quality Guidelines and the update of the EU standards
  - The problem of air pollution and health
    - Pathways to clean air 2.0
    - Member States & their arguments
    - Clean Air strategy - communication
    - Launch of the AAQD revision
  - Advocacy strategy, next steps, milestones
  - Lessons learnt and experiences at national level

# Reviewing our path to success

## Letters translated and sent to Ministers and MEPs ahead of key discussions and votes

[Place], Friday 17 March 2023

To: ENVI MEPs from your country

Subject: ENVI debate 22 March: Health recommendations to step up on clean air for health

Dear Member of the European Parliament,

just one year before the upcoming EU elections, the ENVI committee is currently considering the proposal to revise the EU's ambient air quality directives (AAQD), a cornerstone for the protection of people's health and the environment from air pollution.

[Name of the organisation] is an organisation ... [Description of the organisation] representing [XXX] in [Country]. We advocate for more action to be taken in [country] in order to have better air quality. [Add any further information on the air quality situation in your country]

[Name of the organisation] believes that the revision 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 heart disease and strokes, cancer, asthma attacks etc.

Air pollution is the top environmental risk to health in [add country name] and 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.

We therefore call on you to put health protection first in the AAQD revision:

[Location], [Date]

Subject: [Add organization name] calls to accelerate action for clean air for health, instead of delaying

Dear Minister XXX,

[Name of the organisation] is an organisation [Description of the organisation] representing [XXX] in [Country]. We advocate for more action to be taken in [country] in order to have better air quality. [Add any further information on the air quality situation in your country]

You are currently negotiating with the EU-Parliament and the EU Commission the revision of the EU's clean air standards (Ambient Air Quality Directives - AAQD) in trilogues.

We urge you to accelerate action to prevent disease and save on healthcare cost, instead of seeking exemptions and delays.

This means moving much closer to the position of the European Parliament on this key law for people's health, especially for vulnerable groups, and for tackling health inequalities.

We are highly concerned that the Council General Approach adopted in November 2023 would unnecessarily prolong and add to the existing health economic burden, and reinforce health inequalities through the following:

- Exemptions in keeping to new limit values would reinforce inequality, instead of reducing it (Article 18);
- Postponement in keeping to new limit values would contradict the urgency to protect health (Article 18)
- Modelling used as predictions for requesting exemptions could be misused to avoid health protective action where it is needed (Article 18)
- No explicit date for full alignment of the EU standards with WHO guidelines would show missing political will to prevent health harm (Annex I)
- Delaying, weakening, or failing to prepare Air Quality Plans would hamper the backbone of effective clean air action (Article 19, Annex VIII)
- Failing to monitor where and when it is needed would lead to inaccurate knowledge of air pollution (Annexes I, VI, IX)
- Failing to ensure comparable air health messaging in public information would miss a key aspect of last resort health protection and support to the public (Article 22)
- If not regular and aiming at keeping legislation science based, the review clause would not be a review "mechanism" (Article 3)

To: Your environment minister

XX, 7 October 2024

Subject: Health sector ready to support swift transposition of new Ambient Air Quality Directive  
Dear Minister,

The Council will be voting on the trilogue agreement on updating EU's clean air standards (Ambient Air Quality Directive), concluded between Parliament and Council on February 20<sup>th</sup> 2024. This revised AAQD brings the EU one step closer to finally tackling the public health emergency from air pollution. With the confirmation of the agreement on 24 April by Parliament and its recent adoption of the corrigendum requested by Council, the legislative revision process is finally coming to its much-awaited concluding step: your final confirmation of new AAQD.

The [you organisation] calls on you to confirm the revised directive. Our Coalition is ready to support you, your administration, as well as national authorities for a swift and health promoting transposition into national legislation.

[short description of your organisation]

Air pollution **weighs** heavily on the health of people in the EU and the economy: 97% of the urban population breathes air which is considered unhealthy, resulting in hundreds of thousands of premature deaths and hundreds of billions of euros in health costs each year. Air pollution affects everyone and those most vulnerable disproportionately, such as those already ill, children, elderly, pregnant women, and those facing health inequalities.

We look forward to support you to swiftly lessen people's suffering, prevent disease and achieve economic savings.

Yours sincerely,

Signature



**HEAL**  
HEALTH AND  
ENVIRONMENT  
ALLIANCE

# Reviewing our path to success

## Comms materials

c) European Commission report on satisfaction of people living in Europe with the air quality in their city



[Twitter/X \(focus on Bucharest, Krakow and Paris\)](#) and [Twitter/X \(focus on Athens, Rome and Barcelona\)](#)

[LinkedIn](#)

[Facebook](#)

[Instagram](#)

To translate these visuals or to make them your own, please contact HEAL's Communications Coordinator at [elke@env-health.org](mailto:elke@env-health.org).

Close to the finish line!

**Air quality comms pack for the final trilogue stages**

February 2024

What can **you** do to help on the comms side?

 **Approach journalists**

HEAL has written a [press note aimed at EU journalists](#) – you can translate, amend, add your quote, and send it off to the journalists you know. It would be great if you let us know about your activities!

**PROTECT  
OUR HEALTH.  
CLEAN AIR NOW!**



Sign the petition before 15 February!



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# Homework for implementation of the law

- Push Member States to NOT request any postponement of the attainment deadline

*The legal text provides member states with the possibility to request, **by 31 January 2029** and for specific reasons and under strict conditions, a postponement of the deadline for attaining the air quality limit values:*

- *Until no later than 1 January 2040 for areas where compliance with the directive by the deadline would prove unachievable due to specific climatic and orographic conditions or where the necessary reductions can only be achieved with significant impact on existing domestic heating systems*
- *Until no later than 1 January 2035 (with possibility to extend it by two more years) if projections show that the limit values cannot be achieved by the attainment deadline.*

# Homework for implementation of the law

- Keep the pressure during **transposition (due by 11 December 2026)** of the new directive into national law
- Keep talking about air pollution
- Keep amplifying the latest science
- Keep pushing for full alignment in the first review
- Keep pushing for binding limit values on ozone instead of target values
- Keep checking how Member States are implementing the requirements on information to the public
- And... get involved in other legislative files relevant for air and health, i.e. the revision of the NEC directive

# Homework for implementation of the law

- **Monitor Member States action on air quality plans**

*In cases where a limit or target value is exceeded or there is a concrete risk of exceeding the alert or information thresholds for certain pollutants, the text requires member states to establish:*

- **an air quality roadmap ahead of the deadline if between 2026 and 2029** the level of pollutants exceeds the limit or target value to be attained by 2030
- **air quality plans for areas where the levels of pollutants exceed** the limit and target values set out in the directive **after the deadline**
- **short-term action plans setting out emergency measures** (e.g. restricting the circulation of vehicles, suspending construction works, etc.) to reduce the immediate risk to human health in areas where the alert thresholds will be exceeded

# Breathing life into the revised AAQD

Are you planning to engage in the implementation? What do you need for it?  
What would make it light and easy for you?  
Please grab and post-it and add your ideas to the wall!

Italy  
ISDE is going to launch a call of action endorsed by the medical scientific societies.  
We do not need anything.  
Giovanni Viegi, ISDE Italy

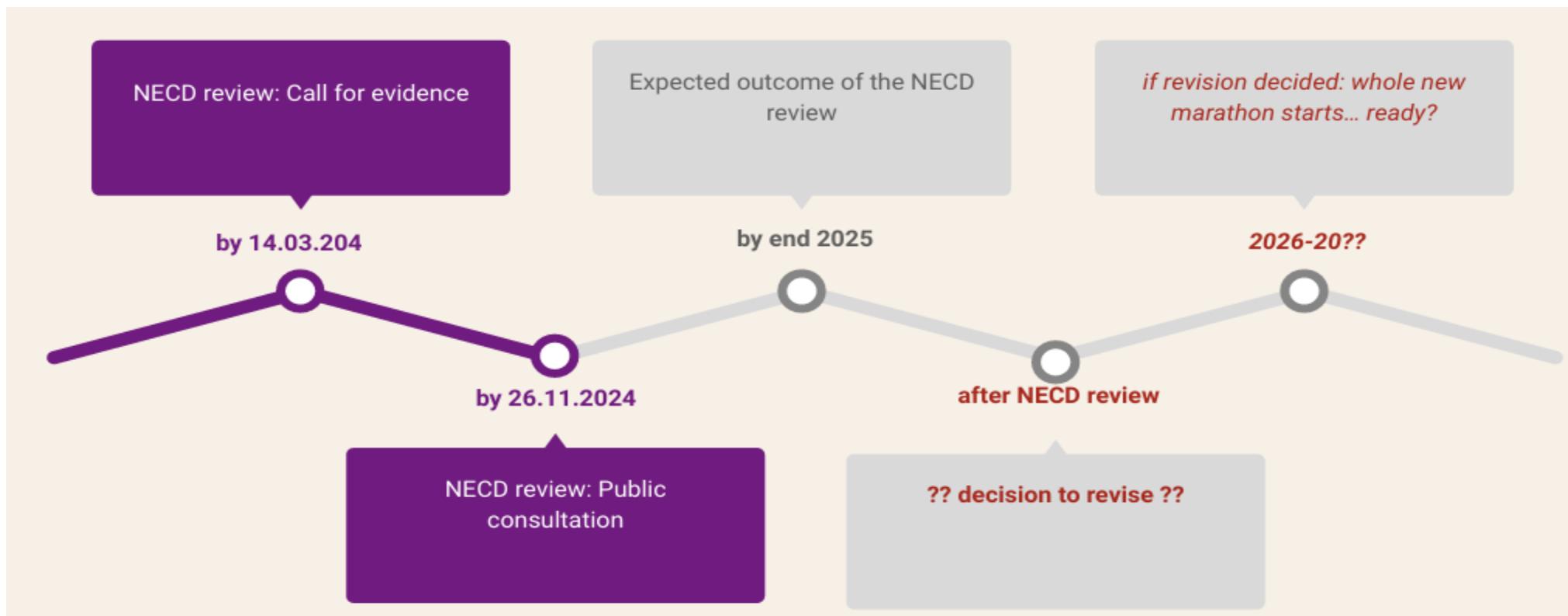
on and answer

ISDE Italy has participated in the NEC consultation

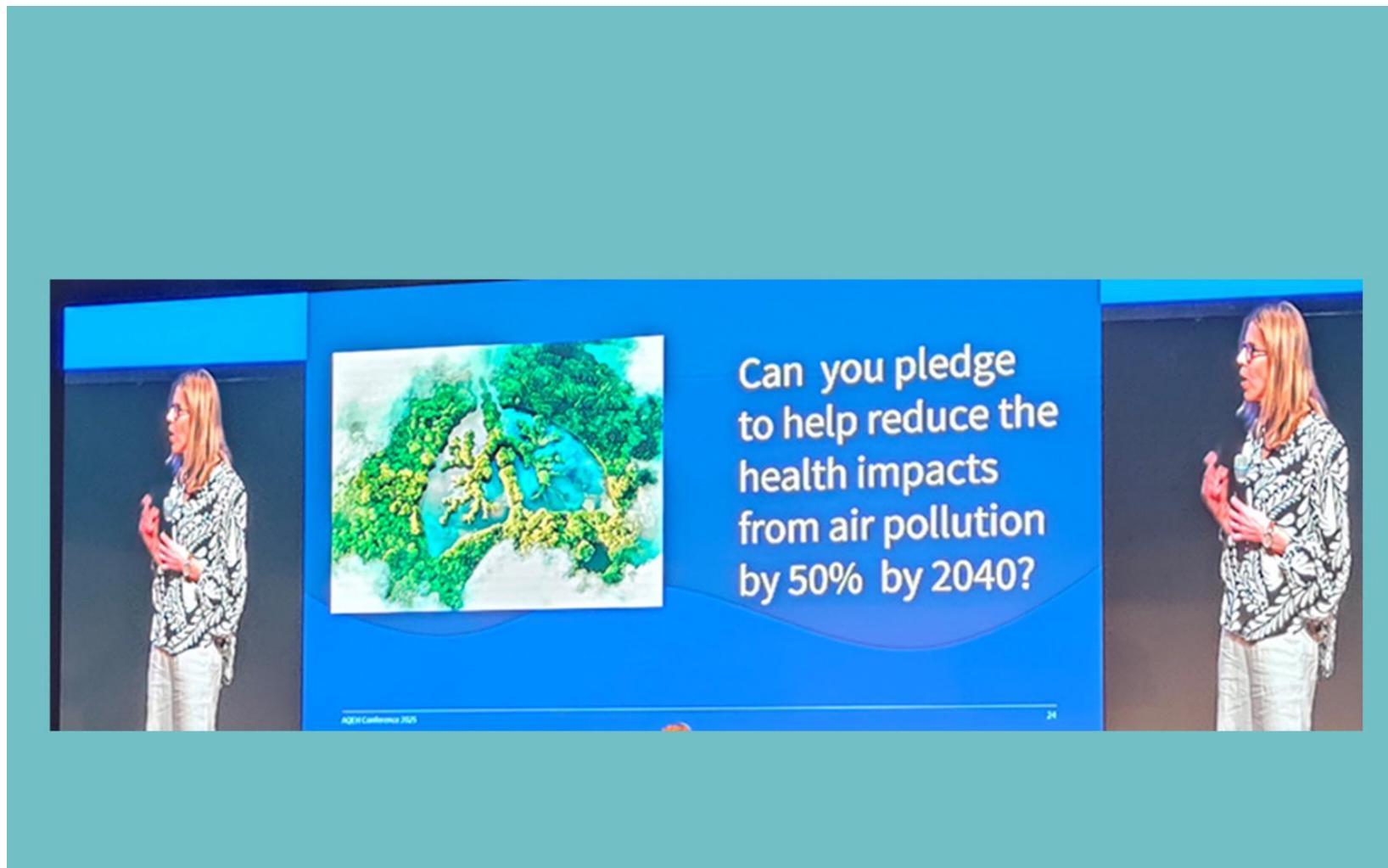
ERS  
continuing with highlighting the health and environment messages, exploring opportunities with national societies, hosting events, projects on air quality and environment.

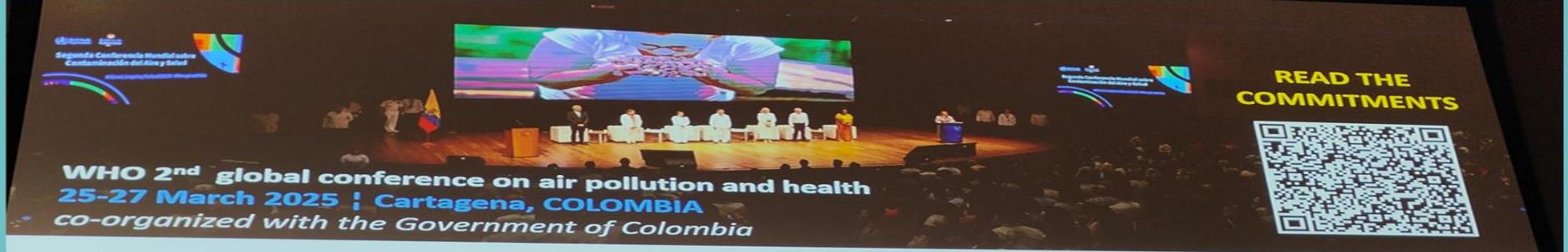
# What is coming next?

## The Nation Emissions reduction Commitments Directive (NECD)









- Major commitments from over 50 countries, cities and organizations
- **New shared goal:** 50% reduction in health impacts from anthropogenic sources of air pollution by 2040
- Nearly 50 million health professionals, patients, advocates, representatives from civil society organizations, and individuals worldwide signed **clean air call to action**

# Quasi 50 milioni di persone sottoscrivono un appello per un'azione per l'aria pulita per una salute migliore

17 Marzo 2025

**Call to action from health community**

**Stop polluting the air we breathe: prevent diseases and  
save lives**

**Sign and join!**

**In March 2025 at the WHO 2nd Global Air Pollution and Health Conference, ministers, mayors, and other leaders of the world will come together to assess the current state of global air quality, and define how to tackle this pressing health crisis.**

**As representatives of the health community, we urge governments, world leaders and decision-makers to commit to strong, bold actions to ensure clean air for all.**

**The science is as clear as our skies must be. The time to act is now.**



**ISDE**  
NEWS



**Building international momentum for clean air prescriptions**

- WHO 2<sup>nd</sup> global conference on air pollution and health
- Updated road map for enhanced global response to the adverse health effects of air pollution (EB156/24, WHA78)
- Promoting and prioritizing an integrated lung health approach (EB156/19, WHA78)
- Political declaration of 4<sup>th</sup> HLM on NCDs, to be adopted later this month

**Global Conference on Air Pollution and Health**  
#CleanAir4Health #RespiraVida



EDITORIAL

Eur Respir J 2025; 65: 2500186

## Clean air prescriptions: investing in healthy lungs and a healthier future

**José Luis Castro<sup>1</sup>, Maria Neira<sup>2</sup>, Sarah Rylance<sup>1</sup>, Marit Viktoria Pettersen<sup>2</sup> and Samantha Pegoraro<sup>2</sup>**

<sup>1</sup>World Health Organization, Noncommunicable Diseases, Rehabilitation and Disability, Geneva, Switzerland. <sup>2</sup>World Health Organization, Environment, Climate Change and Health, Geneva, Switzerland.

### **Mobilising the health workforce: clean air prescriptions**

In a time of plummeting trust in our institutions, health professionals remain among the most trusted voices in society, making them powerful advocates for change. To tap into the power of this influence most effectively, we propose the following “clean air prescriptions” for the health workforce:

J.L. CASTRO ET AL.

Eur Respir J 2025; 65: 2500186

- 1) Educate and advocate: Health professionals must integrate air quality awareness into their practice. This includes educating patients about the risks of air pollution, advising on ways to minimise exposure, and advocating for policies that prioritise clean air. To do so, education on environmental health, including air pollution and climate change, must be integrated into health curricula at university and continuous education level. Existing training programmes for healthcare providers can enhance understanding of air pollution as a health determinant [14].
- 2) Get information on air quality levels: There are initiatives of including air quality data in patients' electronic medical records, based on patients' postcode, as a way to raise awareness of health professionals about this important environmental risk factor and help them convey relevant messages to families [15].

- 3) Emphasise prevention: Prevention is not only cost-effective but also critical to reducing healthcare burdens in the long term. For example, clean air initiatives have the potential to substantially reduce the USD 8.1 trillion global health cost associated with air pollution in 2019 [16].
- 4) Engage policymakers: Health professionals must collaborate with policymakers, urban planners, and local and national authorities using the health argument to drive systemic changes, for example in promoting clean transportation and adopting renewable energy solutions.
- 5) Lead by example: Health professionals should model environmentally friendly actions, such as in reducing the environmental footprint of health systems but also through individual behaviours: using public transport, walking or cycling to commute, sustainable consumption of goods and reducing waste.

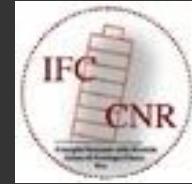
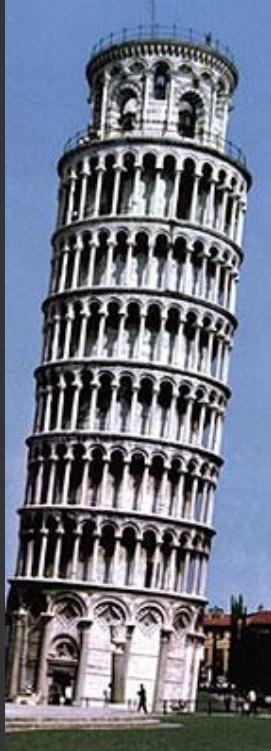
**19/11/25, 17:56 ISDE Italia sottoscrive la lettera aperta per aria pulita in Europa:  
“Nessun passo indietro sull’uscita dai motori a combustione entro il 2035” –  
ISDE News 26 Agosto 2025**



**ISDE**  
NEWS

Tra i punti centrali della lettera:

- confermare l’impegno europeo a porre fine alla vendita di auto e furgoni a benzina e diesel dal 2035, senza arretramenti né rinvii;
- riconoscere che i motori a combustione interna sono tra le principali fonti di NO<sub>2</sub> e PM<sub>2.5</sub>, inquinanti per i quali non esiste soglia di sicurezza;
- ribadire che un’aria più pulita significa bambini più sani, meno ricoveri ospedalieri e una società più equa e resiliente



1978->

“Grazie per l'invito e per l'attenzione”.

Giovanni Viegi

[viegil@ifc.cnr.it](mailto:viegil@ifc.cnr.it)



[www.ersnet.org](http://www.ersnet.org)



2008-2019

2019-2022



2024->

