



## Health impacts of the new WHO air quality guidelines in European cities

Air pollution is a major global environmental health threat that causes a range of adverse health effects, even at the lowest observable concentrations.<sup>1</sup> Every year millions of people die prematurely around the world and many more get ill because of air pollution. The health effects of air pollution include, but are not limited to, cardiovascular and respiratory disease, cancer, effects on the brain, and birth outcomes.<sup>2</sup> Due to its capacity to penetrate the bloodstream and cause inflammation, air pollution has the potential to damage almost every organ and system in the body.

Finally, after 16 years, WHO updated its 2005 Global Air Quality Guidelines in September, 2021.<sup>3</sup> These guidelines for air quality are much lower than the previous ones, and based on a much larger body of research than before. They recommend aiming for annual mean concentrations of PM<sub>2.5</sub> not exceeding 5 µg/m<sup>3</sup> and nitrogen dioxide (NO<sub>2</sub>) concentrations not exceeding 10 µg/m<sup>3</sup>.<sup>3</sup> For reference, the corresponding 2005 WHO guidelines recommended an annual mean concentration of PM<sub>2.5</sub> of 10 µg/m<sup>3</sup> and NO<sub>2</sub> concentrations not exceeding 40 µg/m<sup>3</sup>.<sup>4</sup>

Cities are hotspots of air pollution. In January, 2021, we conducted a quantitative Health Impact Assessment to estimate the impact of air pollution exposure (PM<sub>2.5</sub> and NO<sub>2</sub>) on natural-cause mortality for adult residents (aged ≥20 years) of 969 cities

and 47 greater cities in 31 European countries (168 180 047 adults representing 32% of the population).<sup>5</sup> We estimated the annual premature mortality burden preventable upon achievement of the 2005 WHO recommended values and 2015 lowest measured values among the European cities (ie, 3·7 µg/m<sup>3</sup> for PM<sub>2.5</sub> and 3·5 µg/m<sup>3</sup> for NO<sub>2</sub>). Using the same methods and population, we have now estimated the annual premature mortality burden preventable upon achievement of new WHO recommended values.

Considering all cities together, we estimated that the new number of preventable deaths would be 109 188 (95% CI 72 846–145 947) for PM<sub>2.5</sub> and 57 030 (0–155 257) for NO<sub>2</sub> if the new WHO air quality guidelines would be achieved (table), equivalent to is approximately 57 975 more premature deaths due to PM<sub>2.5</sub> and 56 130 premature deaths due to NO<sub>2</sub> than if the 2005 WHO air quality guidelines were met.

A much larger number of premature deaths in European cities could be prevented annually by lowering recommended air pollution levels to the new WHO Air Quality Guidelines compared with the 2005 WHO Air Quality Guidelines. Lowering air pollution levels to the lowest observed levels in any city in Europe would even further reduce the number of premature deaths (table); no safe level has been observed for air pollution.

Urgent action is needed to reduce air pollution levels in European cities. The new WHO air quality guidelines offer a fresh opportunity to gain health and we hope will encourage

cities to make an additional effort to reduce air pollution.

We declare no competing interests.

Copyright © 2021 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY-NC-ND 4.0 license.

Sasha Khomenko, Marta Cirach, Evelise Pereira-Barboza, Natalie Mueller, Jose Barrera-Gómez, David Rojas-Rueda, Kees de Hoogh, Gerard Hoek, \*Mark Nieuwenhuijsen  
mark.nieuwenhuijsen@isglobal.org

Institute for Global Health (ISGlobal), 08003 Barcelona, Spain (SK, MC, EP-B, NM, JB-G, MN); Department of Experimental and Health Sciences, Universitat Pompeu Fabra (UPF), Barcelona, Spain (SK, MC, EP-B, NM, JB-G, MN); CIBER Epidemiología y Salud Pública (CIBERESP), Madrid, Spain (SK, MC, EP-B, NM, JB-G, MN); Department of Environmental and Radiological Health Sciences, Colorado State University, Fort Collins, CO, USA (DR-R); Swiss Tropical and Public Health (TPH) Institute, Basel, Switzerland (KdH); University of Basel, Basel, Switzerland (KdH); Institute for Risk Assessment Sciences, Utrecht University, Utrecht, Netherlands (GH)

- 1 Strak M, Weinmayr G, Rodopoulou S, et al. Long term exposure to low level air pollution and mortality in eight European cohorts within the ELAPSE project: pooled analysis. *BMJ* 2021; **374**: n1904.
- 2 Thurston GD, Kipen H, Annesi-Maesano I, et al. A joint ERS/ATS policy statement: what constitutes an adverse health effect of air pollution? An analytical framework. *Eur Respir J* 2017; **49**: 1600419.
- 3 WHO. WHO global air quality guidelines: particulate matter (PM<sub>2.5</sub> and PM<sub>10</sub>), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide. Geneva: World Health Organization, 2021. <https://apps.who.int/iris/handle/10665/345329> (accessed Sept 22, 2021).
- 4 WHO, Occupational and Environmental Health Team. WHO air quality guidelines for particulate matter, ozone, nitrogen dioxide and sulfur dioxide: global update 2005: summary of risk assessment. Geneva: World Health Organization, 2006. <http://apps.who.int/iris/handle/10665/69477> (accessed Oct 19, 2021).
- 5 Khomenko S, Cirach M, Pereira-Barboza E, et al. Premature mortality due to air pollution in European cities: a health impact assessment. *Lancet Planet Health* 2021; **5**: e121–34.

For the latest data on air quality and health see <https://www.stateofglobalair.org/>

	PM <sub>2.5</sub> (95% CI)	Nitrogen dioxide (95% CI)
2005 WHO Global Air Quality Guidelines	51 213 (34 036–68 682)	900 (0–2476)
2021 WHO Global Air Quality Guidelines	109 188 (72 846–145 947)	57 030 (0–155 257)
Lowest level in any city	124 729 (83 332–166 535)	79 435 (0–215 165)

**Table:** Number of premature deaths that could be prevented in European cities if PM<sub>2.5</sub> and nitrogen dioxide concentrations met guidelines or lowest levels