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The impact of climate change on respiratory diseases

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Climate change has proven to severely affect human health, with changes in the air we breathe particularly affecting people with respiratory diseases.

Respiratory health is affected by many issues resulting from climate change, including extreme temperatures, longer pollen seasons, and extreme weather events.

Another issue is air pollution, which is particularly bad in our cities. According to the European Environment Agency (EEA), road traffic accounts for 64% of all excess nitrogen dioxide (NO2) thresholds in Europe, significantly contributing to worsened air quality.

In this series of articles, EURACTIV focuses on how climate change and increased air pollution contribute to worsened health conditions for humans and how we can halt this development through specific policies.
Contents

Exceeding air pollution limits is challenging EU health systems  4

MEP says health should not be left out of climate change discussion  6

The race is not over – Climate crisis remains a health crisis  8
Air pollution worsens our health, yet many cities fail to meet set targets, which can have profound health implications, putting more pressure on already overstretched healthcare systems, stakeholders say.

Health and the environment are intrinsically linked, and this tie becomes very clear regarding air pollution.

The European Environment Agency (EEA) calls it “the biggest environmental health risk in Europe” and recently concluded that 96% of the urban population is “exposed to levels of fine particulate matter above the latest health-based guideline set by the World Health Organisation.”

Many diseases are connected to air pollution, including heart disease, stroke, and aggravated asthma.

“As policymakers, we have an outstanding responsibility, which is to address the primordial prevention, meaning to legislate on the factors that affect people's health,” said social democrat MEP Sara Cerdas at the World Health Summit Regional Meeting, adding that, in this regard, air pollution should be a priority.

According to her, health and the environment should take centre stage in EU policy-making, mentioning the revision of the EU’s Air Quality Directive, to presented later this year, as well as the Zero Pollution Action Plan and the other legislation dealing with the topic under the EU’s flagship environmental politics, the European Green Deal.

Yet action is needed fast. While...
hospitals across Europe are already overburdened, Alessandro Chiesi, chief commercial officer at the pharmaceutical company Chiesi, referenced studies showing Europe should expect a steep increase in hospitalisations due to respiratory diseases.

“[This] is also important because there is also a very significant economic burden that we have to expect and [which] we are already experiencing [because of] the situation we are describing,” Chiesi said.

He mentioned his company’s commitment to reducing its carbon footprint, which earned them the B corp certification aimed at attesting for-profit companies’ high social and environmental performance.

“It’s a long journey. We have an overall vision to become net-zero by 2030 across all our value chain,” he said.

**A space for health in climate debates**

Alongside worsening existing conditions, 307,000 premature deaths were caused by chronic exposure to fine particulate matter in Europe in 2019.

In addition, 40,400 premature deaths were attributed to chronic nitrogen dioxide exposure, and 16,800 premature deaths were attributed to acute ozone exposure.

While no deaths in the EU have been recorded as directly caused by air pollution, such a case has happened in the UK, as an investigation in 2021 looked into the death of a nine-year-old girl in 2013. The child, Ella Adoo-Kissi-Debrah, already had asthma.

Although no doubt exists that human health is worsened by air pollution and climate change, it does not take a particularly central part in the climate debates, Susanna Palkonen, director at the European Federation of Allergy and Airways Diseases (EFA).

“There is the big approach to reduce greenhouse gases, which is welcomed by people with respiratory diseases, because (...) we are first ones to be affected,” Palkonen said but added that more specific debates – such as how people with respiratory diseases should adapt to the changing climate – is missing.

On a positive note, Palkonen added that the World Health Organisation (WHO) had a range of side events at the COP26 in Glasgow in 2021, thereby engaging more in climate change debates.

“But it was mainly focused on the footprint of the health care sector [in terms of] emissions, and not as much as we would like on how to embrace the health effects of climate change,” she recalls.

“We wonder if the health sector is not leading on the need to protect the health – specifically respiratory health from climate change – who will actually do that. Patients are currently completely lacking an advocate within the public decision-making on this,” she added.

**F- gases**

Another example of how policy-making can contribute to reducing emissions is included in the recent proposal by the Commission to control fluorinated greenhouse gases (F-gases) in an attempt to limit global temperature rise in line with the Paris Agreement.

One of the uses for F-gases is as a propellant in pressurised metered-dose inhalers (pMDIs) used to treat asthma and other chronic obstructive pulmonary disease (COPD).

Such use was previously exempted from the phase-down of F-gases but is now included in the latest Commission’s proposal.

The proposal was welcomed by the International Pharmaceutical Aerosol Consortium (IPAC), adding that it could have a significant impact as the EU is an important global manufacturer of pMDIs.

“The impact of fluorinated gases used in medical devices is negligible overall,” said Chiesi, adding that its company, for instance, is working on new formulations of propellants, such as a dry powder inhaler instead of a spray one.

“The industry as well has to provide the solutions,” he concluded.
INTERVIEW

MEP says health should not be left out of climate change discussion

By Giedre Peseckyte | euractiv.com

Languages: Deutsch

The debate on climate change's impact on health should be broadened, according to socialist MEP Sara Cerdas, as health costs for society if we do not act will be unimaginable.

Sara Cerdas is a socialist MEP member of the European Parliament's health (ENVI) and COVID-19 committees. She spoke to EURACTIV's health reporter Giedrė Peseckytė on climate change's impact on health and how it should be addressed in a political debate.

Are there enough discussions at the EU level on the impact of climate change on health?

We talk a lot about climate and the environment. Still, we sometimes forget within our discussions that this is also a health crisis because climate change will impact directly and indirectly our health.

As co-chair of the health working group, I have proposed a workshop that we did in 2019-2020 on climate change and its effects on health. However, since then, I do not think we have had significant discussions about this.
Why is it important to address climate change’s impact on health?

Fighting climate change is a fight not only for our planet but for our health. And this is something that needs to be firmly put out there because the health costs that this change will have if we do not act will be unimaginable. Due to air pollution alone, we have 7 million premature deaths yearly.

You mentioned air pollution. Currently, EU Commission is revising the EU’s Air Quality Directive. What should be addressed and highlighted in this directive?

I’m quite expectant to see what the commission will come up with. It will mostly address environmental factors, but we must not forget that this is not only for the planet and our environment but also for those that live in it: human and animal beings.

I hope that this regulation will follow the WHO recommendations for air quality and that it is as progressive as it can be when protecting our environment and the air we breathe, not only in the countryside but also, and especially, in urban areas and suburban settings.

New standards for CO2 emissions for cars should be helpful as well for making the air we breathe cleaner.

Of course, it is not only about the air quality directive. We need to consider the direct and, most importantly, indirect implications of the different regulations and directives we negotiate at the EU level on our health.

When dealing with determinants such as our economy, industry, technology, environment, the water we drink, and workplace conditions, all this will, directly and indirectly, affect health. Regarding the new CO2 standards of cars, I am very expectant of the negotiations and its potential for fewer emissions of CO2 to the atmosphere.

Do you believe that putting health at the centre of political discussions is easier since we have been facing the pandemic for the last few years?

One of the most important things we must learn from this COVID-19 pandemic is that health is at the centre of society, and we should fight for a ‘health in all policies’ approach. When health or healthcare providers fail, everything else starts to crumble. And we must not go back to how it was before, when health had a secondary role within EU policy. The main justification for this was that ‘Oh, the EU does not have health competencies’, which is wrong.

The EU does not have a ‘whole’ concept of healthcare or healthcare provisions and healthcare competencies. However, the protection of public health is a shared competence between member states and the European Union. We need to develop competencies further and have them broadly across all the different legislations.
Climate change exacerbates respiratory diseases, which are the third leading cause of death worldwide, according to the WHO. 

As we reflect on the lesson of COVID and face up to the realities of a humanitarian crisis on European soil, it’s understandable that we find ourselves re-assessing what’s important to us as individuals and as a European society.

Alessandro Chiesi is the Chief Commercial Officer of Chiesi Farmaceutici.

Personally, I’ve seen a strange splintering of priorities. I’ve watched as friends and colleagues turn their individual and collective focus both to the highly personal and to the mega-societal at the same time. We spend huge focus on our own safety, our physical and mental health, our homes and our work; and at the same time, we are preoccupied by geopolitics.

We look at our micro choices and our governments’ macro choices with equal concerns. And I marvel at how drastically different this is from one or two years ago. The days of Greta Thunberg’s strike for the planet, the unified cry for climate action, all this seems to have fallen silent, pushed aside by a horrific armed conflict at our doorstep.

A hot, wet or windy summer?

The race is not over – Climate crisis remains a health crisis
Faced with imminent threats, it is easy to forget, perhaps, that the climate change concerns are not far away and abstract, they are also very real, and even dangerous. I write this on a hot day, as we’re about to enter full summer, and I know during the next months we will again read expressions of surprise at how very hot it’s been, or how very cold, windy or wet the weather.

Sadly, the unpredictability brought in by climate change is now predictable, there shouldn’t be any surprise. I know from the data that we will see dangerously adverse climate events in the coming weeks. As someone who works in respiratory health, I am very concerned to know that people will be suffering from serious diseases directly related to the quality of the air they breathe.

But as a citizen I know it will serve as an important reminder. This can be a season we again will see raised awareness about the already-present effects of the climate crisis; it is essential that we remind both people and policymakers that these issues are set to worsen, and we need to continue to take action. Their effects on our health, our wellbeing, our longevity, are already well known.

We can observe that respiratory system diseases are responsible for 7.5% of all deaths in the EU-27, according to the latest Eurostat statistics, and that it’s getting worse. The focus from governments and the EU on air pollution is very strong, but sometimes misses the nuance that it is exacerbated by climate extremes which Europe increasingly suffers. Given that these air pollutants directly worsen our respiratory health and that they exacerbate existing respiratory conditions, this is a crisis we need to take seriously.

**One conversation with two topics**

It is widely known in specialist academic and medical circles that respiratory health issues are closely linked to the climate crisis, and yet policy to address the two is barely discussed in the same conversation. The legislative world, like our business world, seems to favour specialisation. We see our politicians discuss and debate, one problem, one topic, one issue at a time. This co-dependency – even co-morbidity – between issues isn’t something that is easy to manage, and yet it’s extremely urgent that they find a way to do so.

There are many reasons to take the issues seriously. We know that the most vulnerable in society fall prey to the worst health effects which climate change brings. These include elderly people, outdoor workers and people from lower socioeconomic groups because they have poorer overall health outcomes and are more likely to live in lower quality housing in areas with greater air pollution.

In fact, according to the European Environment Agency (EEA), almost all city dwellers in Europe are exposed to air pollution levels that exceed WHO guidelines on particulate matter. Why are we so accepting of this? Why do we not draw the conversations together?

**Respiratory disease is a leading cause of death worldwide**

Climate change exacerbates respiratory disease, respiratory disease is the third leading cause of death worldwide, according to the WHO[1]. We also know that these climate change-driven impacts are widening the health inequality in European society. But we are easily distracted, our personal newsfeed has moved on elsewhere, literally drowning out these conversations.

This summer we see climate change and the EU’s Fit for 55 package is high on political agendas, but we are looking at the causes of climate change and its remedies in isolation from the health impacts they have. We urge policymakers to have a broader discussion about how far-reaching its consequences can be – and how we are all affected. A 2021 report from the Economist Intelligence Unit highlights the hidden crisis in the climate conversation, its impact on respiratory health.

The report calls for seizing the opportunity to unite the discussions of public health and policy leaders, acknowledging how important it is to protect respiratory health within our sustainability prioritisation. It is a real and present danger for the vulnerable in our societies. And it goes far beyond air pollution.

**Starting the debate**

Why am I so focused on this? Because in my work I see every day we are not winning the war on climate, nor on respiratory health; we miss the synaptic connection between these discussions. It’s also because I am keen that we find a way to kick-start a new awareness in the EU about the need to act and the upcoming opportunity to do so. I am taking part in a panel
discussion about these issues which I believe can be part of this new awareness.

Bringing these issues out in the open, and starting the debate is a key initiative. The session “Climate change and impact on respiratory diseases: how to balance patient and planet health” at the World Health Summit Regional Meeting in Rome on 16 June at 11:00-12:30 will feature experts in the field:

- Omar Usmani, Imperial College of London, Professor of Respiratory Medicine at the National Heart and Lung Institute (NHLI), Imperial College London
- Susanna Palkonen, Director of the European Federation of Allergy and Airways Diseases
- Isabella Annesi-Maesano, Research director INSERM
- Sara Cerdas Member of the EU Parliament
- Alessandro Chiesi, Chief Commercial Officer of Chiesi Group
- MODERATOR: Carlo Martuscelli, journalist

Click here for more info on the session.

Further reading

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