



**CLIMATE &  
CLEAN AIR  
COALITION**  
TO REDUCE SHORT-LIVED  
CLIMATE POLLUTANTS



# CCAC

## INITIATIVE

PLACING HEALTH  
AT THE HEART OF  
URBAN CLIMATE ACTIONS

### THE CHALLENGE

More than seven million premature deaths annually are attributed to air pollution – one in eight premature deaths globally.

A significant proportion of these deaths occur in developing cities where air pollution levels are high and growing rapidly. Indeed, only 12% of cities worldwide achieve WHO guideline levels for air pollution – and some cities suffer from air pollution levels that are as much as 10 times, or more, above the guideline limits.

Already, more than half of the world's population lives in cities. By 2050, the world's urban population will double in size, and most of that growth will occur in low and middle-income cities. Acting to control urban air pollution is therefore an urgent health issue. By reducing urban air pollution levels, cities and countries can reduce the burden of disease from stroke, heart disease, lung cancer, and both chronic and acute respiratory diseases, including asthma.

Urban air pollution is also a critical climate issue. Short-lived climate pollutants such as black carbon and methane are main contributors to health-harmful air pollution. These SLCPs have a short lifespan in the atmosphere, meaning that harmful concentrations of SLCPs can be reduced in a matter of weeks to years, resulting in near-term climate benefits as well as health benefits from improved air quality.

There are a range of affordable technologies, investment strategies and policy options that municipalities can choose to significantly reduce short-lived climate pollutants. These involve land use/spatial planning, transport, building efficiencies, energy production and waste management. Many of these same strategies, such as planning infrastructures for mass transit or non-motorized transport, also reduce long-lived CO<sub>2</sub> – and support better health in other dimensions such as physical activity and traffic safety. This is why fast action now in cities can save lives today as well as reducing the impact of climate change on the next generation.

### WHAT THE INITIATIVE IS DOING

The Urban Health Initiative aims to catalyze more effective urban action on air pollution and SLCPs – saving lives by linking health, environment and development decision-makers to forge policies that reduce short-lived climate pollutants.

In an initial six month “scoping” phase, a worldwide mapping of city initiatives that focus on climate, SLCPs and air quality is being undertaken to identify opportunities for the CCAC initiative to make a difference. This ‘scoping phase’ includes outreach and consultations with urban leaders from developed and developing cities around the globe.

Following the scoping phase, pilot cities will be selected for further in-depth work, building on synergies with other CCAC initiatives and complementing other national and international initiatives to reduce urban air pollution. Capacity-building will be a key component of this phase, for instance, health sector actors may be trained to estimate local mortality from air pollution – and thereby track air pollution reductions achieved from actions in other sectors, e.g. shifts to cleaner transport systems.



## OBJECTIVES

The initiative's mission is to help empower cities to take effective action on air quality, in collaboration with health, environment and development sectors.

The CCAC initiative is led by WHO, UNEP, the World Bank, governments of Norway and the United States, as well as urban and civil society stakeholders, such as Clean Air Asia, ICLEI (Local Governments for Sustainability) and ICIMOD (the International Centre for Integrated Mountain Development).

Working through our respective organizations and agencies, we aim to harness the energies of existing sustainability initiatives, focusing on synergies among health, air quality and environment, and development leaders. Traditional practitioners will play a particularly important role in reaching high-risk and vulnerable populations.

The initiative will link with other related CCAC initiatives such as those promoting cleaner heavy-duty diesel vehicles, better management of municipal solid waste, and cleaner brick production and domestic cookstoves to improve people's health in the near-term and for future generations. Lessons learned in urban areas will be used to support action in rural areas.



## FACTS AND FIGURES

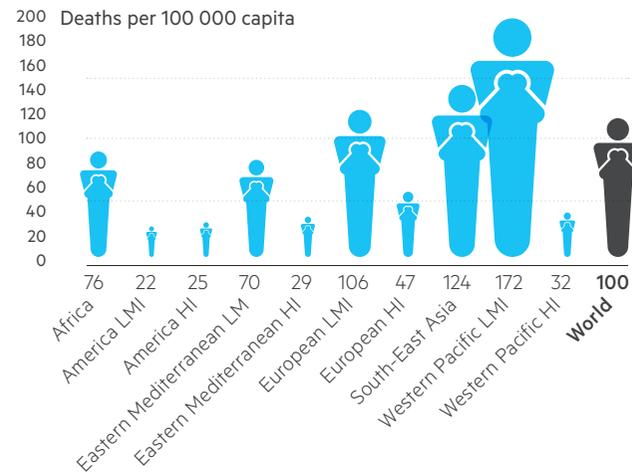
Globally, air pollution is responsible for:

- **4.3 million deaths** from diseases attributable to household (indoor) air pollution
- **3.7 million deaths** from ambient (outdoor) air pollution in both cities and rural areas<sup>1</sup>

<sup>1</sup> Total estimated deaths from both indoor and outdoor air pollution is estimated at 7 million annually, due to the overlap of mortality attributed to both household and ambient air pollution sources.

## DEATHS PER CAPITA ATTRIBUTABLE TO JOINT EFFECTS OF HOUSEHOLD AND AMBIENT AIR POLLUTION IN 2012, BY REGION

**LMI:** Low and middle-income; **HI:** High-income; Who, March 2014



*Cleaning up the air we breathe prevents non-communicable diseases as well as reduces disease risks among women and vulnerable groups, including children and the elderly...*

Dr. Flavia Bustreo  
WHO Assistant Director-General  
Family, Women and Children's Health

## HIGHLIGHTS

The Urban Health Initiative is initially focusing on listening, learning, information-gathering and awareness-raising about air quality and climate issues through participation in high-level conferences in those regions most affected by air pollution. This has included events such as the African Sustainable Transport Forum (Nairobi, October 2014); Better Air Quality Conference (Colombo, November 2014); Climate and Health Summit (Lima, December 2014); World Congress on Public Health (Calcutta, February 2015), ICLEI - Resilient Cities Asia (Bangkok, February 2015). In these fora, we aim to identify synergies with

existing work. At the World Health Assembly in May 2015, the conclusions from these discussions will be shared with Health Ministers to bolster a worldwide effort to improve air quality and slow down the rate of global warming.

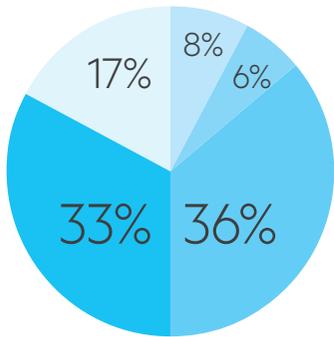
The CCAC has also launched a worldwide communication campaign to raise awareness about the health benefits that can be achieved by reducing short-lived climate pollutants. «Breathe Life» campaign will engage key sectors and stakeholders through the networks developed in the Urban Health Initiative to reach both targeted and broad public audiences.



## FACTS AND FIGURES



### DEATHS ATTRIBUTABLE TO THE JOINT EFFECTS OF HOUSEHOLD AND AMBIENT AIR POLLUTION IN 2012, BY DISEASE



#### O<sub>3</sub> (ozone)

Asthma  
Breathing problems - airway Inflammation  
Chronic respiratory illness  
Reduced lung function

#### PM<sub>2.5</sub>

Ischaemic heart disease  
Stroke  
Chronic obstructive pulmonary disease (COPD)  
Childhood pneumonia  
Lung cancer  
Adverse birth outcomes

- 2 529 700 ■ Ischaemic heart disease
- 2 296 900 ■ Stroke
- 1 187 900 ■ Chronic obstructive pulmonary disease
- 597 000 ■ Acute lower respiratory disease
- 443 100 ■ Lung Cancer



## INSIGHT STORY

Nearly one-quarter of urban households in least-developed countries still cook on rudimentary stoves using coal or biomass, both of which emit extremely high levels of soot and smoke. Also household pollution drifts outside, contributing significantly to higher urban air pollution levels. New WHO guidelines on household air pollution, Indoor Air Quality Guidelines: Household Fuel Combustion, set emission rate targets for cleaner cookstoves, heaters and fuel-based lamps, and recommends the phasing out altogether of kerosene and unprocessed coal as household fuels.

Work is underway to identify gaps and opportunities for cities to engage in the mitigation of short-lived climate pollutants and air pollution, and to engage health actors as contributors to that effort. Results will feed into shaping the CCAC Urban Health Initiative. Local government officials, city planners and organizations working in cities to promote air quality and improve public health are urged to contact the CCAC Secretariat to participate.

“Air pollution is the biggest environmental health problem and is affecting everyone from developing and developed countries, rich and less rich...”

**Dr. Maria Neira**  
WHO Director of Public Health & the Environment Responsible Atmospheric Policy

## ABOUT THE CCAC

The Climate and Clean Air Coalition to Reduce Short-Lived Climate Pollutants (CCAC) is a voluntary global partnership of governments, intergovernmental organizations, business, scientific institutions and civil society committed to catalysing concrete, substantial action to reduce SLCPPs (including methane, black carbon and many hydrofluorocarbons). The Coalition works through collaborative initiatives to raise awareness, mobilize resources and lead transformative actions in key emitting sectors.



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