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MAKING HEALTH THE FOCUS OF AIR POLLUTION POLICY

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Photo used for illustration purpose only.

The worsening winter air quality in north India has yet again brought into public focus the harmful effects of air pollution on our health. The effects of exposure to bad air are felt in every organ of the body, and most deeply by the vulnerable in society — children, the elderly, pregnant women, and those with pre-existing health conditions. In India, in 2019, 17.8% of all deaths and 11.5% of respiratory, cardiovascular and other related diseases are attributable to high exposure to pollution (*The Lancet*). This public health emergency has resulted in calls for health to be made central to air pollution policymaking.

The primacy of protecting public health — the raison d'etre of environmental legislation — is clearly laid out in the statement of objects and reasons of India's key environmental laws. Yet, if we examine the constitution of our environmental regulators, expert groups and decision-making entities that define and translate those laws into air pollution policy, health expertise is glaring in its absence. Driven by a combination of the isolated nature of policymaking and an insufficient understanding of health among policymakers, air pollution policy is created and implemented in a vacuum. There is little cognisance of the effect it has on society.

So, what would it mean for India to place health at the centre of air quality governance and policymaking? So far, Indian air pollution policy has at best treated health as merely one of the several equally relevant facets in decision-making. It must transcend this. Health must be turned into a feature and eventually a function of air pollution policy.

To treat health as a facet of air pollution policy has meant to occasionally provide a health voice a seat at the table. However, an examination of even the most recently constituted institution, the Commission for Air Quality Management, reveals a lack of any health representation. Recent papers published by the Centre for Policy Research also reveal that health sector representatives comprise less than 5% of the membership of State Pollution Control Boards. How can their work as front-line air pollution regulators be effective or more sensitive to health needs if health doesn't even feature in important policy discussions?

What does it mean to make health a feature of air pollution policy? Health and epidemiological evidence will drive our determination to achieve substantial health benefits from clean air targets. The only effort till date in India, which has viewed air pollution through this lens, is the

Ministry of Health's Steering Committee on Air Pollution, which took an exposure-centered view to policy. It did this by prioritising interventions that contributed the most to reducing exposure and thereby providing health benefits. It also brought to light the local and global epidemiological evidence on the harmful effects of air pollution, and defined policy measures aligned with that science (for example, focusing on household cook stove smoke).

As India is in the process of revising its ambient air quality standards (NAAQS), it would do well to learn from this ground-breaking effort. The NAAQS review has remained a largely opaque process over the years, and foregrounding health in such a process would mean the standards would be determined not just by local conditions, but also by the impact of exposure on vulnerable populations.

The final step would require a radical rethinking of the way we design policy from the ground up. Behind every source that contributes significantly to air pollution, there is a story of parochial, sectoral, and isolated policymaking. Whether it is stubble burning (a by-product of ill-thought-out water conservation laws) or thermal power plant emissions (where more stringent standards have been delayed for over five years), decisions are made without any consideration of their potential second and third order effects, especially on health.

Here, again, there are lessons to be learned from the Health Ministry's Steering Committee. The committee convened experts from a range of disciplines and sectors, including epidemiology, environment, energy, transport, public policy and economics, to develop a prescription that would primarily focus on health benefits. Indeed, such an approach that foregrounds the explicit health benefits of specific sustainable and effective interventions is needed to prevent the repudiation of basic science that ensures the proliferation of untested, ad hoc techno fixes such as smog towers. This kind of thinking would also lead us to accelerate climate and air quality actions that control emissions from those sectors that cause the greatest health burden.

We are at a crossroads in our fight against air pollution. The contemporaneous approach to tackling this issue has been tried for decades and has proven ineffective. The choice lies before us now on whether we want to centre science and health in what will likely be a long road to fixing this problem, or continue down the same path that has led us to this smoggy status quo.

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