Towards an Expert Panel on Clean Cities

Rob Maas @ TFIAM – 8 May 2018

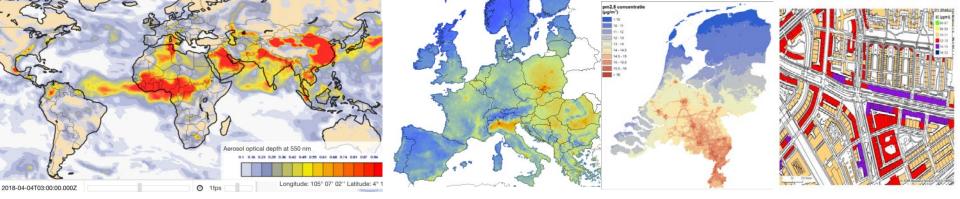
Recommended by the Saltsjöbaden-6 meeting, 19-21 March 2018

Several initiatives

- FAIRMODE
- Urban Partnership on Air Quality
- Eurocities
- HEAL
- Urbact
- Covenant of Mayors, ... C40, IPCC, WMO

Current focus of air assessments is on reducing the number of exceedances of AQLVs at '**hotspots**'

For **health** impact assessments trends in **average** exposure of the urban population are more relevant



For reducing population exposure actions are needed at all levels

<u>Transboundary</u>

- 1. Agreement on national reduction obligations & real life ELVs for cars, etc.
- 2. Increase energy saving, wind, solar, hydro power
- 3. Emission standards wood burning, existing ships, low-emission manure application

<u>National</u>

- 1. Enforcement of ELVs: Euro-6 standards, IED, Agri, etc
- 2. Early scrapping/retrofitting old vehicles, ships, installations
- 3. Green taxes, green infrastructure

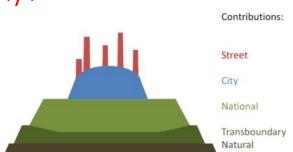
<u>Cities</u>

- 1. Low emission zones, speed limits, zero-emission vehicles
- 2. Limit use of domestic wood burning, natural gas
- 3. Stimulate walking/cycling healthy city design

Typical health impacts of local measures

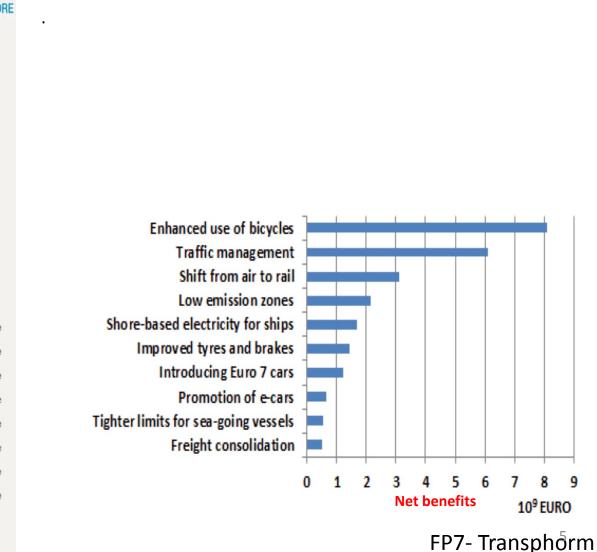
local share in NO₂-exposure is substantial local share in PM2.5 exposure is small

1.	Less car traffic – more walking & cycling	+++
2.	Electric vehicles, electric busses & LDVs/HDVs	++
3.	Low emission zones (diesel ban?)	+
4.	Speed limits	+
5.	Traffic circulation plans, Trees	+/-
6.	Adaptation (photocatalytic paint, episode warning)	0
7.	Ammonia reduction at regional level	+++
8.	Other sources in the region (industry, transport)	++
9.	Other local sources (shipping, domestic heating)	++/+
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Which local measures are effective ?



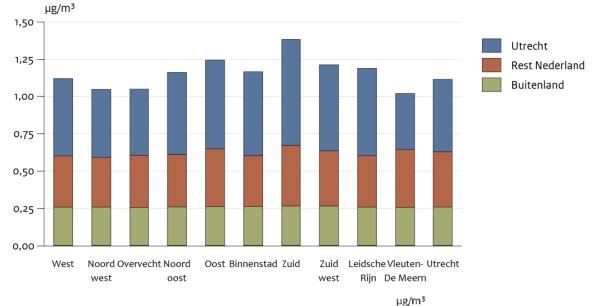


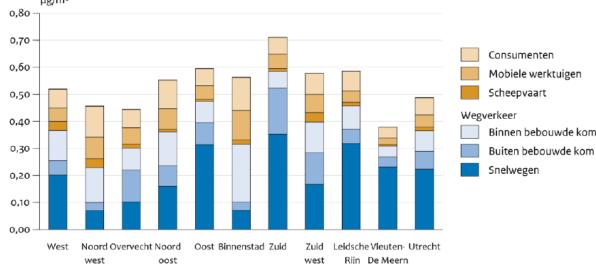
Example: how to improve local health?

UTRECHT 2015	Burden of disease	Contribution local sources	Local contribution burden of disease
PM2.5	44,0%	12%	5%
NO ₂	24,3%	50%	12%
EC	5,0%	50%	3%
Ozone	0,5%	0%	0%
Traffic safety	7,8%	80%	6%
Noise	5,4%	50%	3%
UV	4,7%	0%	0%
Indoor air	8,2%	100%	8%
Total	100,0%		37%

Which part can a city influence?

(sources of EC-concentrations in Utrecht)





Reduced burden of disease in Utrecht in selected policy scenarios (in DALY)

	Car free	50% less cars	Speed limits	100% EV	LEZ
PM2.5	400	200	100	200	100
NO ₂	1000	500	200	1000	200
EC	200	100	50	200	100
Traffic safety	500	250	250		
Noise	200	100	20	50	
Total Utrecht	2300	1150	620	1450	400
reduction in %	29%	14%	7%	18%	5%

To conclude

- Cities have a limited influence on local exposure ... national and international action are still needed, but what are the most cost-effective strategies? ... We need to exchange information
- Effective measures require that air policy measures (and funding) are embedded in spatial planning, energy policy and agricultural policy, how to include health benefits of active mobility and green routes? ... local information needed
- How to best exchange local, national and international knowledge? Who to involve? Who is funding?

To start: 28/29 June - FAIRMODE/TFIAM workshop on assessment of health impacts of local air quality measures in **Talinn**