

CONCEPT NOTE

A Network of Health Practitioners against the Health Impacts of Air Pollution

BACKGROUND

A high level of air pollution in the states of Bihar, Uttar Pradesh and Jharkhand has led to both acute and chronic health effects. The study published by the Lancet Commission ranks India first in terms of air pollution-related deaths with 1.81 million deaths recorded in the year 2016. The alarming level of PM_{2.5} has resulted in massive premature deaths in India, with the maximum number reported in Bihar and Uttar Pradesh. The report has predicted that nearly 153.8 deaths per 100,000 in Uttar Pradesh, 131.3 deaths per 100,000 in Bihar and 100.2 deaths per 100,000 in Jharkhand occurred due to air pollution. A report prepared by CEED and IIT-Delhi also indicates a high level of premature mortality triggered by bad air equality over a period of time in these cities.

Despite actions and control measures taken up by the central and state governments, the level of particulates is still very high in the urban landscape of the Indo-Gangetic states which shows that much higher, stronger and integrated coordinated actions are required to control the high level of air pollution. Another factor contributing to the low impact of air pollution control is the lack of relevant health research and data. For example, to inform citizens about the air quality and the corresponding health risks, the Ministry developed an Air Quality Index (AQI) program. However, the current working situation of the program indicates the failure of its objective; the public awareness of AQI and the preventive measures for air pollution are very limited. A potential reason for the failure of the AQI program which was designed to prevent and reduce air pollution exposure and disease is a lack of coordination among the academic, government and medical fraternities.

Air pollution control policies and measures should be guided by the best available health data/evidence and research. Interestingly, there is no shortage of health information but due to the lack of coordination among health experts, it is scattered. It inhibits the use of health data as

an input in policy development. The answer to this is an integrated and sustainable health information system to create a health-based research and inform/advise citizens, medical professionals as well as our local, regional, national policymakers and administrators. A robust network of health practitioners will serve the purpose.

Therefore, CEED calls upon creating a 'Doctors' Network for Clean Air' to generate clinical pieces of evidence of patients exposed to a level of air pollution and to help coordinate health information and promote convergence. The network will also provide counselling to the persons affected by air pollution, will help them identify the causes, support government in formulating policies and programmes based on clinical evidence and help the public recognise the positive impact of clean air in their lifestyles.

The specific goals of the Doctors' Network for Clean Air will be as follows:

- To generate clinical evidence of the affected people's exposure to air pollution
- To coordinate the existing health information infrastructure and research activities for sharing opinions and inputs on public policy formation for air pollution and its health impacts
- To develop coherence and coordination between state and national health experts
- To develop methodologies to address disproportionate exposure to air pollution and improve communication with the public on preventive measures

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