

Revised mandate for the Task Force on the Health Aspects of Air Pollution

1. The current terms of reference (mandates) for International Cooperative Programmes (ICPs) and the Task Force on the Health Aspects of Air Pollution had been specified in document *Future Development of Effects-Oriented Activities* (EB.AIR/WG.1/2000/4, Annexes II-VIII) approved by the Working Group on Effects (WGE) and the Executive Body in 2000. The mandates need to be revised and updated to make them consistent with the current provisions and priorities of the Convention and of WGE set in the following documents:

- (a) Long-term Strategy for the Convention on Long-range Transboundary Air Pollution (ECE/EB.AIR/106/Add.1);
- (b) The 2016 scientific assessment of the Convention;¹
- (c) Policy response to the 2016 scientific assessment of the Convention (ECE/EB.AIR/WG.5/2017/3, ECE/EB.AIR/WG.5/2017/3/Corr.1 and ECE/EB.AIR/2017/4 forthcoming);
- (d) Guidelines for reporting on the monitoring and modelling of air pollution effects (ECE/EB.AIR/2008/11, ECE/EB.AIR/WG.1/2008/16/Rev.); and
- (e) Draft 2018-2019 workplan for the implementation of the Convention (ECE/EB.AIR/2017/1, forthcoming).

The revised mandates will include key objectives and functions of the task forces and centres. The mandates are expected to be in force for the next 5 to 10 years. Specific activities and related deliverables on a shorter timeframe will be included in the bi-annual workplans for the implementation of the Convention.

2. The key objective of the Task Force on the Health Aspects of Air Pollution (Task Force on Health) is to assess the health effects of long-range transboundary air pollution and provide supporting documentation. Assessments aim to quantify the contribution of transboundary air pollution to human health risks and help define priorities for guiding future monitoring and abatement strategies.

3. Within the period of its existence, the Task Force on Health has provided scientific evidence of health effects of long-range transboundary air pollutants by delivering a series of health assessment reports by pollutant: persistent organic pollutants (2003), particulate matter, ozone and nitrogen dioxide (2003), particulate matter (2006), heavy metals (2007), particulate matter from various sources (2007), ozone (2008), black carbon (2012) and residential heating with wood and coal (2015). Until 2017, the 20 sessions of the annual Task Force meeting have been a platform where Parties can share recent policies and activities related to air pollution and health and update on the progress in research on health impact of air pollution. The Task Force meetings have also contributed to Parties' capacity building. Further, the overall the Task Force activities have supported the effective implementation of the existing protocols and their expected revisions.

¹ See Rob Maas and Peringe Grennfelt, eds., *Towards Cleaner Air: Scientific Assessment Report 2016* (Oslo, 2016) and United States Environmental Protection Agency and Environment and Climate Change Canada, *Towards Cleaner Air: Scientific Assessment Report 2016 – North America* (2016, online report).

Annex

Revised mandate for the Task Force on the Health Aspects of Air Pollution (Task Force on Health).

1. The Task Force on Health Aspects of Air Pollution is a joint body of the Executive Body and the World Health Organization (WHO), led by the WHO European Centre for Environment and Health (ECEH; Bonn, Germany), responsible for evaluating and assessing the health effects of long-range transboundary air pollution and providing necessary information in the field.
 2. The Task Force on Health will assume the principal responsibility for coordinating the relevant activities, including development of technical projects, provision of deliverables according to the workplan (e.g., annual reports and access to all relevant information and data), organization of the Task Force meetings and communication with and direct support to Parties.
 3. The Task Force will be responsible for the production and the provision, with respect to the processes set by WGE, of all information and data necessary for the implementation of the Convention and its Protocols by the Parties.
 4. The Task Force on Health will report on its activities and deliverables to WGE and to other bodies of the Convention as needed.
 5. Specific scientific and technical activities developed by the Task Force on Health should be discussed and approved by WGE and be included in the biannual workplan.
 6. The functions of the Task Force on Health will be to:
 - (a) Quantify health impacts of long-range transboundary air pollution;
 - (b) Expand the knowledge base by consolidating existing evidence on health outcomes of exposure to air pollution and by identifying emerging issues of health relevance;
 - (c) Provide a forum to the Parties and expertise to exchange recent research, experiences and suggestions on the health impact of air pollution;
 - (d) Assist Parties in quantifying the health impact of transboundary air pollution and defining priorities to guide future monitoring and abatement strategies;
 - (e) Facilitate Parties to communicate of health risks associated with air pollution exposure;
 - (f) Contribute to capacity building on quantifying health impacts of air pollution and assessing the health benefits from reducing air pollution in Eastern Europe, the Caucasus and Central Asia by developing a curriculum and supporting the use of health impact quantification tool;
 - (g) Collaborate with EMEP to assess the hazardous of air pollutant in the region;
 - (h) Collaborate with other processes and organizations (Environment and Health Process, Health 2020, Paris Agreement, Sustainable Development Goals and United Nations Environment Assembly) to identify and realize synergies;
 - (i) Carry out other tasks assigned to it by WGE and the Executive Body.
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