INTEGRATING HEALTH CONCERNS INTO TRANSPORT POLICIES: FROM THE CHARTER ON TRANSPORT, ENVIRONMENT AND HEALTH TO THE TRANSPORT, HEALTH AND ENVIRONMENT PAN-EUROPEAN PROGRAMME

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Summary

This paper describes international policy developments in the WHO European Region over the last five years, to promote the integration of health concerns into transportation and land use policies. It presents an overview of the evidence about the main effects that transport has on health, and summarizes the main objectives and policy directions set out in the Charter on Transport, Environment and Health (adopted in 1999 at the Third Ministerial Conference on Environment and Health). It also describes the political process that led to the development, jointly with the United Nations Economic Commission for Europe - UNECE - of the Transport, Health and Environment Pan European Programme - THE PEP - (adopted in 2002 at the Second High-level Meeting on Transport, Environment and Health), and presents the policy directions to achieve transport patterns that are sustainable for health and the environment. Finally, the paper presents examples of actions that have been triggered by the Charter and THE PEP.

1. Introduction

Present transportation patterns raise concerns about the environmental sustainability of on-going trends, e.g. with respect to objectives related to the reduction of emissions of green-house gases from the transport sector, or the achievement of compliance with air quality standards (EEA, 2002). Increasingly, transport trends are posing questions also about the toll in terms of health effects – and their related costs – that societies are called to pay for the benefit of enjoying the convenience of

P. Nicolopoulou-Stamati et al. (eds), Environmental Health Impacts of Transport and Mobility, 171-177.
transportation systems, which are largely based on road transport, both for passengers and freight transportation.

When at the end of the 1990s the World Health Organization (WHO) started its work in the area of transport, health and the environment, the picture of the health impacts of transport had started to reveal its complexities. Next to ‘historical’ and in a way ‘familiar’ effects, such as those caused by road traffic accidents and air pollution, new ones started to emerge, such as those related to noise, physical inactivity, and psychosocial effects and social inequalities.

The development of a more comprehensive understanding of the health effects of transport paints a picture, where the impacts of transport activities for the WHO European Region can be summarized as follows (WHO, 2000).

- Approximately 120,000 people die every year and more than 2.5 million are injured as a result of road traffic collisions.
- The number of people who die prematurely as a result of their exposure to air pollutants (using particulate matter PM$_{10}$/PM$_{2.5}$ as an indicator) is in the order of 100,000 per year (WHO, 2001).
- Road traffic has become the most important source of exposure to noise in the urban environment.
- The attributable fraction of mortality from physical inactivity is estimated to range between 5 and 10 per cent of the total mortality in the European Region (WHO, 2002a). This is equivalent to a few hundred thousand deaths per year, considering that the number of deaths in the Region is approximately 10 million. The increasing substitution of trips that could be done on foot or by bicycle and are now done by motorized means is a major contributor to the increasing prevalence of sedentary lifestyle among the European population.

The above effects are unequally distributed across the European Region, with the eastern part bearing a comparatively higher disease burden than the western one, owing to a rapidly increasing motorization that is not accompanied by technological improvements and adequate policy settings. For example, a recent assessment on air pollution in the Newly Independent States (NIS) indicated that annual mean values of total suspended particles (TSP) ranging from 100 to 400 micrograms per cubic meter are quite common in bigger cities of the NIS, where transport is held responsible for up to 75 per cent of the total emission of selected pollutants, and is solely responsible for air toxins like benzo(a)pyrene and soot (WHO, 2002b). In addition, average mortality rates from road traffic accidents are double in the NIS compared to Nordic countries: i.e. Denmark, Finland, Iceland, Norway and Sweden- (WHO, Health for All Data base, 2002).

When economic valuations are applied to some of these impacts, the costs of the so-called ‘external’ effects of transport (i.e. those effects that fall on society rather than on those who originate them), are estimated in the order of 10 per cent of the GDP of western European countries (INFRAS and IWW, 2000), i.e. the same order of magnitude of the estimated contribution of the transport sector to the growth of the economy.