



WHA High-Level Dialogue on Healthy Indoor Air

Highlight



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Campus Biotech
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Introduction

Indoor air quality is a fundamental yet under-recognised determinant of global health, economic productivity, and societal resilience. As people spend most of their time indoors, the quality of indoor environments directly influences health and wellbeing, cognitive function, and quality of life. More broadly, ensuring healthy indoor air is fundamental to strengthening pandemic preparedness, enhancing climate resilience, and safeguarding global health security.

Recent advances across science and engineering have strengthened the evidence linking improved indoor air quality to measurable public health and economic gains. All people benefit. There are no health downsides.

In this context, the Geneva Health Forum, part of the Institute of Global Health (IGH) at the University of Geneva, is working towards the adoption of a World Health Assembly (WHA) Resolution on Healthy Indoor Air to formally recognise indoor air quality as a global public health concern. This event was part of the Forum's larger international initiative on Improving Indoor Air Quality: A Public Health Issue — a project bringing together a high-level, multidisciplinary group of experts with the goal of developing documents in support of the WHA Resolution to elevate the issue of clean indoor air. The event introduced new signatories of the Global Pledge for Healthy Indoor Air and presented the goal of a WHA Resolution on Healthy Indoor Air.

Air Club, a new global non-profit that aims to make clean indoor air a reality for everyone, co-organised the event alongside the Geneva Health Forum and the French Ministry of Health. Air Club had launched the Global Pledge for Healthy Indoor Air at United Nations Headquarters in New York — the first international commitment to formally recognise clean indoor air as fundamental for protecting health and safeguarding well-being. France and Montenegro were the first two countries to sign, alongside 250 other signatories from over 25 countries. The Geneva event marked another milestone in this growing global coalition.

This High-Level Dialogue was convened on the sidelines of the 79th World Health Assembly by Air Club, the Geneva Health Forum (GHF), and the French Ministry of Health — three organisations combining their expertise to place healthy indoor air firmly on the global health agenda. The event gathered UN agencies representatives, Health Ministers, technical experts, scientists, youth representatives, and civil society leaders to exchange leadership perspectives and catalyse international commitment.

Event objectives

Air Club, Geneva Health Forum, and the French Ministry of Health are combining their expertise to organise the World Health Assembly High-Level dialogue on Healthy Indoor Air in May 2026.

This dialogue will:

- Introduce the issue of Healthy Indoor Air to a broader audience of health leaders.
- Increase awareness of the Global Pledge for Healthy Indoor Air and welcome new signatories.
- Introduce the goal of a World Health Assembly (WHA) Resolution on Healthy Indoor Air
- Inspire collaborative, coordinated global action.

Setting the Scene: A Public Health Imperative

Antoine Saint-Denis

Director for European & International Affairs, French Ministry of Health, Families, Autonomy & Persons with Disabilities, France



Indoor air quality is a major issue for public health, well-being, and collective resilience, yet it remains largely undervalued. We spend nearly 90% of our lives in enclosed spaces, while more than 2 billion people worldwide are exposed to harmful indoor air pollution, which causes over 3 million premature deaths annually. This situation disproportionately affects vulnerable populations, including children, patients, workers, and those living in substandard housing.

Healthy indoor air is therefore a matter of health, social welfare, and equity. Climate change further exacerbates these risks: wildfires, floods, heatwaves, and other extreme events lead to a drop in air quality and compromise the integrity of buildings. The COVID-19 pandemic also highlighted the critical importance of ventilation, air circulation, and healthy indoor environments as key tools for prevention and protection.

France has made this issue a priority within its fourth National Health and Environment Plan. Since 2023, the country has stepped up air quality monitoring in schools and facilities for young children, notably through CO₂ measurement. In 2024, the creation of a National Observatory on Indoor Air Quality strengthened scientific expertise, data collection, and the development of evidence-based public policies.

As this problem transcends borders, international cooperation is essential to advance research, share best practices, promote common standards, and strengthen political commitment. France supports the Global Pledge on Indoor Air Quality—launched at the United Nations General Assembly—and calls on states and relevant stakeholders to join an ambitious international coalition.

Healthy indoor air must not be a privilege, but a fundamental right linked to health, dignity, and quality of life. Acting collectively will make it possible to build cleaner, safer, and more resilient environments for future generations.

Pandemic Preparedness and the Case for Healthy Buildings

Jane Halton

Chair at CEPI, Australia



In her remarks, Jane Halton, Chair of CEPI, highlights that indoor air quality is a vastly underestimated public health issue, precisely because air is invisible and generally odourless. Although everyone breathes air daily in the buildings where they live, work, learn, or receive care, attention is often only paid to air quality during times of crisis. Yet, fine particles, smoke, pollutants, and pathogens can have serious health consequences.

The COVID-19 pandemic exposed the consequences of underestimating the risks associated with the airborne transmission of infectious diseases. It demonstrated, in particular, that poorly ventilated indoor spaces can facilitate the spread of pathogens. For Jane Halton, this crisis highlighted a structural weakness in public health: investments largely focus on vaccines, treatments, and countermeasures once transmission is already underway, whereas preventing contamination in indoor environments should also be a priority.

She therefore views indoor air quality as essential public health infrastructure, on par with access to clean water and sanitation. Better air management in hospitals, schools, workplaces, and public buildings could reduce the transmission of infectious diseases, slow the spread of epidemics, and buy valuable time to develop and deploy vaccines, tests, and treatments. This approach complements CEPI's efforts, particularly the goal of developing a vaccine within 100 days of identifying a high-risk pathogen.

Jane Halton also emphasises the benefits of healthy indoor air for preventing and limiting chronic diseases and highlights the critical issue of equity. Populations with the least control over their environments—disadvantaged communities, essential workers, patients, and students—are often the most exposed to unhealthy air. Improving air quality is therefore essential to reducing health inequalities and strengthening collective resilience.

Finally, she calls upon states and leaders to support the Global Pledge on Clean Indoor Air and a future World Health Assembly resolution. She emphasises that buildings serve as a first line of defence against biological and chemical threats as well as other health risks. She urges everyone not to wait for others to act, but to consider what personal contribution they can make: championing the cause, using their influence, and taking action within the environments they control. In her view, everyone has a role to play in making clean indoor air a global priority for health, prevention, and health security.

A Global Response to a Universal Health Challenge

Anil Soni

CEO of the WHO Foundation, Switzerland

In his remarks, Anil Soni, CEO of the WHO Foundation, explains that indoor air quality is an issue that has not yet been sufficiently integrated into health and climate change policies. As the head of the Foundation—whose mission is to mobilise resources from philanthropists and businesses to support WHO programs—he focuses particularly on funding initiatives covering both climate and health.



He notes that the health impacts of climate change are often discussed in terms of outdoor air quality and respiratory health, yet the link to indoor air quality remains largely overlooked in these conversations. He views this gap as a major issue and commends France for using its G7 presidency to draw international attention to the matter.

He also emphasises the need to measure the return on investment for policies addressing indoor air quality. In a climate where every euro, dollar, or franc of expenditure must be justified, he believes it is essential to determine the potential impact of all proposed solutions. He highlights, in particular, the potential significance of a WHA resolution, along with the resulting guidelines and standards. Such measures could help improve the construction of new buildings and the renovation of existing structures, while delivering substantial public health benefits.

Anil Soni then shares a personal anecdote as a parent of young children. When traveling to India, he would check Delhi's outdoor air quality index to assess the risks associated with the trip. However, he realised that his concern did not extend to indoor air quality, even though children spend a large portion of their time in enclosed spaces. For him, this realisation illustrates the need to better integrate indoor air quality considerations into both daily decisions and public policy.

Finally, Anil Soni underscores the truly global nature of this issue. He believes that indoor air quality should not be viewed as an issue affecting only certain countries or populations, but rather as a universal need requiring a global response. The same standards should apply in Switzerland, the United States, Australia, and any other region of the world. In his view, this approach—rooted in a shared need and a collective solution—offers an opportunity to move beyond aid models based merely on charity and to build genuine interdependence. By joining forces, countries can go further in ensuring healthier indoor environments for everyone.

Indoor Air Quality: Equity, Awareness and Prevention through Multidisciplinary Action

Sergio Iavicoli

Director General of Prevention at the Italian Ministry of Health, Italy



In his intervention, Sergio Iavicoli, Director General of Prevention at the Italian Ministry of Health, emphasises that indoor air quality is a central public health issue that is too often treated solely as an environmental concern. He places particular emphasis on two principles: equity and awareness. Equity is essential because people do not choose the air they breathe at school, at home, at work or in healthcare settings. Those responsible for buildings and environments may therefore directly affect the health of others. Awareness is equally important, as the significance of indoor air pollution remains insufficiently understood despite decades of scientific research.

He highlights radon exposure as a clear example. Although radon is recognised as the second leading cause of lung cancer after tobacco smoking, many people remain unaware of its risks and of the measures that can be taken to reduce exposure. For him, the evidence accumulated through years of multidisciplinary research has provided a strong basis for improving primary prevention across a wide range of indoor environments, including workplaces, schools, homes, healthcare facilities, leisure spaces and transport.

Sergio Iavicoli stresses, however, that further progress is necessary. Indoor air quality is being affected by major changes such as climate-related events, wildfires, extreme weather, evolving workplaces, school environments, energy-efficiency measures, population ageing, changing health needs and the development of artificial intelligence. These challenges make prevention increasingly complex and require policies that break down traditional barriers in and among institutions.

He therefore calls for closer cooperation between ministries responsible for health, environment, employment and education, as well as with regional authorities, researchers and professionals involved in the design, construction, maintenance and management of buildings. Architects, engineers, biologists, chemists, fitters and other specialists all have a role to play in controlling sources of pollution, emissions, installations and treatment by-products.



He also highlights Italy's experience in fostering cooperation between public authorities, research institutions and other stakeholders. During the COVID-19 pandemic, this collaborative approach contributed to the development of guidelines on indoor air quality and prevention. He views such cooperation as a valuable model for addressing complex public health challenges.

Finally, Sergio Iavicoli argues that promoting a culture of indoor air quality improvement in all environments can generate benefits that extend beyond individual health. It can strengthen the sustainability and resilience of health systems, reinforce prevention and contribute to greater equity within communities. For him, improving indoor air quality requires awareness, coordinated action and a sustained commitment to prevention.

Healthy Indoor Air: A Fundamental Pillar of Public Health

Frank Vandenbroek

Deputy Prime Minister and Minister of Health and Social Affairs from Belgium

Frank Vandenbroucke, Belgium's Deputy Prime Minister and Minister of Health and Social Affairs, argues that indoor air quality must become a central pillar of public health policy. Although people spend most of their lives indoors—in homes, schools, workplaces, healthcare facilities and public venues—the quality of indoor air has long been overlooked despite its significant impact on health, well-being, learning, productivity and societal resilience.



He highlights that the COVID-19 pandemic underscored the importance of ventilation and air renewal in preventing the spread of infectious diseases. However, indoor air quality extends far beyond pandemic preparedness. Exposure to indoor pollutants, including tobacco smoke and emissions from solid fuels, contributes to chronic illnesses such as asthma, hypertension and lung cancer. Vulnerable groups, particularly children, older adults and people living with chronic diseases, are disproportionately affected. In his view, healthy indoor air should be regarded as a fundamental public health standard, comparable to access to safe drinking water and food safety.

Vandenbroucke welcomes international initiatives such as the Geneva Health Forum's work on indoor air quality, noting that they are helping to raise global awareness and accelerate action. He stresses that policymakers no longer need to wait for perfect scientific certainty before acting. Existing evidence, practical tools and technological solutions already provide a strong basis on which to take effective measures to improve indoor environments.

Drawing on Belgium's experience, he points to the Act of 6 November 2022 on improving indoor air quality in publicly accessible places as an example of translating awareness into specific action. The legislation aims to increase transparency, provide citizens with reliable information and support building managers in monitoring and improving indoor environments. Its overarching objective is to make indoor air quality a visible, measurable and manageable issue.

He concludes that investing in healthier indoor environments is not only a matter of improving health today but also of strengthening preparedness for future public health challenges. Because indoor air quality is a shared global issue, he emphasises that international cooperation is essential to exchange knowledge, promote implementation and establish clean indoor air not simply as an aspiration, but as a universal public health standard.

Patients as Partners in Advancing Healthy Indoor Air

Rosamund Adoo Kissi Debrah

Founder & Director Ella Roberta Foundation, United Kingdom



In her intervention, Rosamund Adoo-Kissi-Debrah shares the deeply personal story of her daughter, Ella Roberta, who became the first person in the world to have air pollution listed on her death certificate. Ella was a previously healthy child who developed one of the most severe cases of asthma recorded in the United Kingdom. Living near a busy road, she was exposed to high levels of outdoor air pollution, and her health deteriorated dramatically. Her mother describes the devastating experience of repeatedly having to revive her and take her to hospital so that she could breathe.

Rosamund Adoo-Kissi-Debrah emphasises that Ella's story is part of a much wider global crisis. Millions of people die every year as a result of air pollution, both outdoors and indoors, with children among the most vulnerable because of their developing bodies. She also stresses that the burden is not equally distributed: those who contribute least to pollution are often the most exposed and suffer the greatest health consequences.

Following her daughter's death, she successfully challenged the UK Government in court and helped bring greater attention to the health consequences of air pollution. She advocates for stronger clean-air policies, improved monitoring and greater action by local and national authorities. For her, air pollution must not be treated solely as an environmental issue. It is fundamentally a health issue that requires coordinated action by transport, environment, health and other government departments.

She calls on health leaders to move beyond political speeches and translate scientific knowledge into tangible action. Public awareness campaigns are essential because many people remain unaware of the risks posed by air pollution. She also urges medical institutions and professional bodies to integrate air pollution into the training of doctors and healthcare professionals, who are trusted sources of information and can play a vital role in informing patients and communities.

She underlines that the COVID-19 pandemic further demonstrated the importance of indoor air quality. As people spend most of their time indoors, exposure to polluted indoor environments must be addressed alongside outdoor pollution. Research has also shown links between high levels of air pollution and more severe COVID-19 outcomes, particularly among disadvantaged and ethnic minority communities.

Rosamund Adoo-Kissi-Debrah concludes by insisting that solutions exist, even if implementing them requires political courage. Air pollution affects every organ in the body and contributes to a wide range of diseases, not only asthma. She calls on scientists to communicate more effectively with the public, on governments to act decisively, and on health leaders to recognise activists on the issue as partners rather than opponents. Her central message is that preventable deaths, especially among children, must no longer be accepted, and that reducing pollution is essential to protecting health, reducing healthcare costs and building a healthier future.

How can we deliver safe and effective surgical care in conflict settings?

The discussions highlighted the need to view reconstructive surgery as an essential component of war-casualty care, rather than as a secondary intervention. Participants structured their deliberations around six key issues.

1. Why Does Indoor Air Matter?

The panel opened with a broad consensus that healthy indoor air should be recognised as a fundamental component of public health. While outdoor air pollution has long been integrated into environmental and health policies, indoor air—where people spend nearly 90% of their lives—has remained largely overlooked despite its profound impact on health, wellbeing and quality of life.

Poor indoor air quality contributes to the transmission of airborne infectious diseases while also increasing exposure to pollutants responsible for respiratory and cardiovascular diseases, cognitive impairment and reduced productivity. Children, older adults and people living with chronic conditions are particularly vulnerable because they spend prolonged periods in enclosed environments such as schools, healthcare facilities and care homes.

Beyond its direct health consequences, indoor air quality was presented as an issue of social equity. Exposure is often determined by the quality of buildings rather than by individual choice, making clean indoor air a shared responsibility for society

rather than just a matter of personal behaviour. Participants argued that healthy indoor air should increasingly be regarded in the same way as access to safe drinking water, sanitation or smoke-free public spaces: a basic condition for protecting health.

The discussion also highlighted that the scientific evidence supporting action is already sufficiently robust. While research will continue to improve understanding of specific pollutants and policies, waiting for complete certainty would unnecessarily delay measures capable of delivering immediate health benefits.

2. Who Can Drive Political Action?

The panel emphasised that political leadership is indispensable for transforming scientific knowledge into effective public policy. However, lack of coordination within government remains one of the principal challenges. Indoor air quality is a component health, education, environment, housing, labour, energy, climate and infrastructure policies. This often results in limited coordination and overlapping.



Addressing indoor air quality therefore requires whole-of-government approaches rather than isolated sectoral initiatives. National governments have an essential role in establishing legislative frameworks, defining responsibilities and setting measurable objectives, while regional and local authorities are often responsible for implementation in schools, public buildings and community facilities.

Elected representatives are important for driving change. Their role extends beyond adopting legislation to raising public awareness, facilitating dialogue between sectors and ensuring that scientific evidence informs policymaking. Political leadership is also needed to maintain momentum despite changes of government, administrative complexity and competing policy priorities.

Participants stressed that progress depends not only on legislation but also on governance mechanisms capable of bringing together ministries, scientific institutions, civil society and the private sector around common objectives. Identifying lead institutions, creating coordination mechanisms between ministries and establishing clear accountability were considered essential conditions for sustained action.

 *"Children continue to die. And yet every time we come to these conferences, we never talk about people dying. We need to make the invisible visible."*

Rosamund Adoo Kissi-Debrah

3. What Tools Can Turn Evidence into Action?

A recurring theme throughout the discussion was the importance of making indoor air visible. Unlike many environmental hazards, poor indoor air quality cannot usually be detected by sight or smell, making monitoring a critical first step toward action.

Recent technological advances have made continuous monitoring significantly more affordable and accessible. Low-cost sensors measuring indicators such as carbon dioxide provide practical information about ventilation performance and occupancy conditions, enabling building managers, teachers, employers and citizens to understand when improvements are needed.

Participants agreed that monitoring alone is insufficient. Data must be accompanied by education, communication and clear standards so that users understand what measurements mean and which

 *"Until we have a vaccine or countermeasures, our real tool is communication. Indoor air quality is one of those rare issues that is both a crisis tool and a long-term prevention strategy."*

Eloise Todd

actions are most appropriate. Scientific tools therefore become powerful instruments not just for technical assessment but also for creating public engagement and behavioural change.

Several practical actions are already available and can be implemented immediately. These include improved natural ventilation, mechanical ventilation systems, high-efficiency air filtration and better building management practices. Rather than relying on a single solution, participants advocated combining different approaches according to the characteristics of each building and its occupants.

Looking ahead, the discussion suggested that policy frameworks should gradually move from prescribing technical specifications toward defining health-based indoor air quality targets. Such an approach would encourage innovation while ensuring that buildings deliver measurable health outcomes rather than simply complying with engineering requirements.

4. How Can Indoor Air Quality Strengthen Societal Resilience?

One of the strongest messages emerging from the panel was that indoor air quality should no longer be viewed solely as an environmental or health issue. Instead, it should become a central pillar of societal resilience.

The COVID-19 pandemic demonstrated how vulnerable societies are to airborne infectious diseases and highlighted the importance of healthier indoor environments in reducing transmission risks. Participants emphasised that investments made today would generate benefits extending well beyond future pandemics.

Improved indoor air contributes simultaneously to healthier populations, better educational performance, increased workplace productivity, climate adaptation and stronger public preparedness. Rather than representing an additional policy objective competing for resources, healthy indoor air was presented as a solution capable of delivering multiple, shared benefits

across different sectors.

Participants also argued that resilience should become a guiding principle for public policy. Instead of focusing primarily on responding to crises after they occur, governments should invest more systematically in prevention by improving the everyday conditions that protect health. Healthy buildings therefore represent long-term infrastructure investments capable of reducing future health, economic and social costs.

Such an approach also encourages stronger collaboration between sectors that traditionally operate independently. Health authorities, climate experts, engineers, architects, educators and emergency preparedness specialists all have complementary expertise that can contribute to healthier indoor environments.

5. Who Should Be Empowered to Lead Change?

The discussion repeatedly stressed that improving indoor air quality cannot rely exclusively on governments and technical experts. Citizens themselves must become active participants in creating healthier indoor environments.

Young people are especially important because they spend much of their time indoors and will experience the long-term consequences of today's decisions. Participants argued that schools should become priority settings for both action and education, ensuring that healthy indoor air becomes an expected standard rather than an exceptional achievement.

Empowering young people requires moving beyond traditional awareness campaigns toward participatory

approaches that allow them to collect data, understand their own environments and contribute to designing solutions. Hands-on learning, grass-roots science initiatives and digital technologies can transform unseen environmental risks into practical experiences that encourage further engagement.

“Healthy indoor air in schools should be a baseline expectation, not an aspiration. We should treat it the same way previous generations treated access to clean drinking water.”

Katja Čič

Patients and vulnerable communities also have an essential role in driving change. Their experience provides compelling evidence of the health impacts of poor indoor air quality and help shift the discussion from technical specifications toward human outcomes. Their voices show why cleaner indoor environments are not simply desirable but essential.

More broadly, participants highlighted the importance of building broad coalitions between healthcare professionals, researchers, educators, businesses, civil society organisations and community leaders. Such alliances help create public demand for healthier buildings while ensuring that technical solutions remain connected to people's everyday needs.



6. How Can We Scale Action Globally?

The panel concluded by underscoring that healthy indoor air is a global challenge requiring coordinated international action. Although implementation ultimately occurs at national and local levels, international collaboration provides the scientific evidence, policy frameworks and shared learning needed to accelerate progress.

Participants welcomed growing international momentum toward establishing indoor air quality as a global public health priority. The development of common evidence bases, international scientific cooperation and the prospect of a future World Health Assembly resolution were viewed as important opportunities to place healthy indoor air firmly on the global health agenda.

At the same time, participants recognised that progress is already occurring in many areas. National legislation, regional initiatives, local pilot projects and institutional innovations all provide valuable experience that can be adapted by other countries. Sharing best practices therefore becomes as important as developing new knowledge.

Taking action on a larger scale also requires sustained investment in prevention. Resources should

 “At 6,000 ppm CO₂, for every breath you take, 15% is from someone else. If one person in that room was infected with COVID, about 9–10 people would have left infected after four hours.”
Georgia Lagoudas

increasingly be spent on constructing healthier buildings, monitoring systems, building modernisation, research, public awareness and capacity building rather than focusing exclusively on responding to health emergencies after they occur. Such investments generate long-term returns through improved health, better educational outcomes, increased productivity and greater resilience.

Ultimately, the panel conveyed a clear message: the scientific evidence already exists, practical solutions are available and successful examples are emerging across the world. The challenge is no longer understanding why indoor air matters, but creating the political commitment, partnerships and governance necessary to make healthy indoor air the global standard for every building and every community.

Panelists



Eloise Todd, Executive

Director and Founder Resilience Action Network , Belgium



Georgia Lagoudas

Co-Founder Air Club and Senior Fellow Brown University School of Public Health, USA



Emmanuel Mandon

Member National Assembly, France



Andre Henriques

Leader of the Future Beam Facilities and Indoor Air Quality team CERN, Switzerland



Katja Čič

Chair of the WHO Youth Council Planetary Health Working Group, Slovenia



Bronwyn King

Founder Air Club and Honorary Professor University of Melbourne's School of Population and Global Health, Australia (Moderator of the panel)

Personal Testimonies and Frontline Stories

Ella's Story: The Human Cost of Polluted Air

Rosamund Adoo Kissi-Debrah, founder of the Ella Roberta Foundation (UK), brought the most powerful personal testimony of the evening. Her daughter Ella is the only person in the world whose death certificate lists air pollution as a cause of death — a distinction, she said, that has come to define both her grief and her mission.

Ella lived near a busy road in South London. An extremely healthy child until the age of six, she suffered one of the worst recorded cases of asthma in the UK and was hospitalised thirty times before her death. Dr Kissi-Debrah took the British government to court — and won. She has since worked with the Mayor of London to establish one of the world's largest clean air zones, and continues to advocate across the country for monitoring, public health campaigns, and curriculum reform in medical schools.

Her message to health leaders was blunt: 'I've been doing this for 12 years. Politicians are very good at talking the talk, but when it comes to action there is very little.' She called for coroner-style accountability across government departments — transport, environment, health — and urged medical colleges to change their curricula so that doctors, who are trusted by patients, carry the message about air pollution into every consultation. 'You need to make the invisible visible,' she said. 'And you in this room are not really the people to whom I need to be saying this — but thank you anyway.'

The Rhode Island State House: A Live Experiment

Georgia Lagoudas, Co-Founder of Air Club and Senior Fellow at Brown University School of Public Health, described a striking episode from just two weeks before the Geneva event. She had testified in the Rhode Island State House in favour of a bill to improve indoor air quality in schools — a bill that had already passed the Senate unanimously and with bi-partisan support.

Arriving with a portable CO₂ monitor in her bag, she watched the readings climb as the basement committee room filled with about seventy people — mayors, heads of charitable organisations, teachers, students, and legislators debating a long budget agenda. By the time she stepped up to testify, the CO₂ concentration had reached 6,000 parts per million — more than seven times the health-based target, and exceeding even the US workplace acute toxicity threshold of 5,000 ppm.

'I told the legislators: it's not your fault you're feeling tired. CO₂ is making your brains work more slowly. I want you at your prime when you make decisions for this state.' The story landed. 'I don't think that State House will use that committee room again,' she noted with quiet satisfaction. The episode crystallised the central argument of the evening: the problem of unhealthy indoor air is not abstract — it is happening right now, in the very rooms where decisions are being made.

Montenegro: A Nation Leads by Example

Georgia Lagoudas also shared the inspiring story of Montenegro, which announced at the United Nations that it would launch a national initiative to bring clean air to all its schools. Working with the government, Air Club is advising on a three-pillar approach: first, deploying low-cost air quality monitors in all 160 grade schools across the country; second, promoting the use of measures such as air purifiers, windows that can be opened, and energy recovery ventilators; and third, developing durable policy solutions that will outlast any particular government or minister.

The Air Club pin distributed to delegates — a small canary named 'Monty' (after Montenegro) — symbolises this initiative. The canary in the coal mine was the world's first indoor air quality monitor. The metaphor is apt: silent, analogue, and ultimately fatal when ignored.

3rd European Conference on Indoor Air Quality: Indoor Air Quality in Healthcare Facilities

Gaetano Settimo

Air Quality Expert, Istituto Superiore di Sanità, Italy

The Geneva Health Forum, in partnership with the Istituto Superiore di Sanità (ISS), is organising the 3rd European Conference on Indoor Air Quality, taking place on 30 October 2026 at the Istituto Superiore di Sanità in Rome, Italy.

This conference will focus on Indoor Air Quality in Healthcare Facilities. Hospitals and other healthcare settings face specific challenges, with diverse environments requiring tailored approaches to air quality management.

The conference will address the latest scientific evidence, practical solutions and policy developments related to chemical and biological indoor air pollutants, including ventilation, monitoring, exposure assessment, building management, healthcare design, training and prevention strategies.

A key objective is to bridge the gap between knowledge and implementation by integrating indoor air quality into healthcare planning, professional training, regulatory frameworks and long-term investment strategies.

Bringing together policymakers, healthcare professionals, researchers, engineers, public health experts, patient representatives and international organisations, the conference will foster multidisciplinary exchange and identify priorities for healthier healthcare environments and more resilient health systems across Europe and beyond.

For the programme, registration and further information, please visit [the site of the conference](#)



IDEAL Cluster Summit

Alex Borg

Project Manager & Research Associate, Lisbon Council, Portugal

Held in Brussels in June 2026, the IDEAL Cluster Summit marked an important step in translating European research on indoor air quality into policy and practice. The event brought together researchers, policymakers, public health experts and others to discuss how scientific evidence can support healthier indoor environments across Europe.

The Summit highlighted the work of the [IDEAL Cluster](#), which brings together seven Horizon Europe projects, more than 120 organisations and over €50 million in research funding. Established after the COVID-19 pandemic, the Cluster aims to strengthen knowledge on indoor air quality and ensure that it remains a long-term public health priority.

Discussions underlined the need for a more integrated approach to air quality policies, recognising the close links between indoor and outdoor environments. Participants examined the latest evidence on pollutants, exposure and health impacts, as well as innovations in monitoring, sensors, ventilation and building solutions.

A key objective was to strengthen dialogue between science and decision-makers and ensure that research informs practical policies for schools, homes, workplaces and public buildings. The Summit also presented policy recommendations, scientific datasets, monitoring tools, guidance and a shared roadmap for future action.

Overall, the event demonstrated Europe's growing commitment to moving from research to implementation and establishing healthy indoor air as a key component of public health, sustainable buildings and societal resilience.



Deux initiatives

Improving Indoor Air Quality: A Public Health Issue

The initiative "[Improving Indoor Air Quality: A Public Health Issue](#)," presented by the Geneva Health Forum, aims to raise international awareness of indoor air quality as a major public health concern. People spend up to 90% of their time indoors—in homes, schools, workplaces, healthcare facilities and public spaces—where they may be exposed to pollutants, infectious agents and other environmental factors that can affect their health. Poor indoor air quality can contribute to respiratory and cardiovascular diseases, the transmission of infectious diseases, and have negative effects on cognitive performance, productivity and children's development.

Despite its importance, focus on indoor air quality remains insufficient in public policies. Standards and regulations vary considerably between countries, and there is currently no coordinated global approach. This initiative therefore brings together researchers, healthcare professionals, policymakers, civil society and other stakeholders to translate scientific knowledge into specific policy action.

Its main objective is to support the preparation of a World Health Assembly resolution on indoor air quality, with a view to its presentation in 2028. An international scientific committee will collect and assess available evidence and develop recommendations to inform a policy paper and contribute to the preparation of such a resolution. The initiative also promotes international cooperation, scientific conferences and awareness-raising activities.

A World Health Assembly resolution is a text adopted by the Member States of the World Health Organisation during the World Health Assembly. It expresses shared international priorities and can call on the WHO and Member States to strengthen policies, cooperation and action on a specific health issue. In this context, a resolution on indoor air quality would help place the issue firmly on the global health agenda and encourage coordinated, evidence-based strategies to better protect populations..

Global Pledge for Healthy Indoor Air

The [Global Pledge for Healthy Indoor Air](#) is a high-level, symbolic and non-binding international commitment designed to raise awareness and build momentum around the importance of indoor air quality. Launched at United Nations Headquarters, it is the first international commitment to recognise that clean indoor air is fundamental to protecting human health and well-being.

Global discussions on air pollution have traditionally focused on outdoor air, although people spend most of their time indoors. Indoor air quality is therefore a major determinant of health. The Global Pledge aims to bring this issue to the highest level of the global agenda and encourage governments and organisations to take action.

The City of Boston, the City of Melbourne, France and Montenegro are among the government signatories, alongside 269 other organisations and institutions. The initiative welcomes additional governments, cities, universities, schools, healthcare facilities, NGOs, businesses and community groups.

Although the Pledge does not impose legally binding obligations, it establishes shared priorities and encourages signatories to take action, report on progress and continue working together. A Guidelines Document will also be developed with input from signatories to help guide future action.

The Global Pledge was developed by the Burnet Institute, Brown University School of Public Health, the Australian Academy of Science and The OSLUV Project. Its ultimate goal is to secure stronger political commitment and stimulate action at the highest level, contributing to a global movement for healthier indoor environments.

Its distinctive contribution is to place indoor air quality firmly on the global political agenda and call on governments to act. NGOs, businesses and other institutions can also contribute by implementing healthy indoor air programmes, improving data collection, developing guidelines and standards, or launching public awareness campaigns. Together, these efforts can help turn the Global Pledge into concrete progress towards healthier indoor environments worldwide.

Key Messages

7 Key Messages

1. Healthy indoor air is a public health imperative, not a niche environmental concern. With people spending ~90% of their time indoors, IAQ is as fundamental as clean water and food safety.
2. The science is clear and sufficient. Over 70,000 studies, robust epidemiological data, and tools developed since COVID confirm that we have enough evidence to act now — what is missing is policy and governance.
3. IAQ is inseparable from pandemic preparedness. Clean indoor air slows airborne disease transmission, buying critical time for vaccines and diagnostics to be deployed. It must be embedded in global health security frameworks.
4. Equity must be at the core of the agenda. Populations with the least control over their built environment — children, low-income communities, frontline workers, patients — bear the greatest burden of unhealthy indoor air.
5. Monitoring is the gateway to action. Affordable, low-cost sensors make IAQ measurable for the first time at scale. Monitoring must be followed by clear health-based standards, transparent public data, and properly resourced budgets.
6. Lack of well-coordinated governance is the central obstacle. IAQ is the shared responsibility of education, health, environment, housing, and transport ministries. Identifying a clear lead institution — at every level — is the first step to progress.
7. A World Health Assembly resolution on healthy indoor air, targeted for 2028, would represent a transformational political milestone — compelling member states to place IAQ on their national health agendas.

Proposed Actions for Every Stakeholder

For Governments and Policymakers

- Sign and promote the Global Pledge for Healthy Indoor Air.
- Champion a WHA Resolution on healthy indoor air ahead of WHA 2028.
- Designate a cross-ministerial lead or task force for IAQ.
- Establish or update health-based IAQ standards, starting in schools and healthcare facilities.
- Fund monitoring programmes and make data publicly accessible.

For Health Professionals and Researchers

- Integrate IAQ into medical and public health training curricula.
- Communicate findings to the public — not just to peers — to build awareness and demand for action.
- Contribute to the International Scientific Committee evidence review supporting the WHA resolution.

For Civil Society and the General Public

- Obtain an indoor air quality monitor and measure air quality in the spaces where you live, work, and learn.
- Share findings with Air Club (info@airclub.org) to contribute to a global map of indoor air quality.
- Join Air Club and the Global Pledge network; amplify the message in your community, institution, or country.
- Support and follow the Third European Conference on Indoor Air Quality in Healthcare Facilities — Rome, 30 October 2026.
- Attend the IDEAL Cluster Summit in Brussels to advance EU policy on IAQ.



The Geneva Health Forum is a non-profit initiative launched in 2006 by Geneva University Hospitals and the University of Geneva. It provides a neutral platform for dialogue and collaboration between public stakeholders, academia, civil society, and the private sector.

It collaborates with its partners to create synergies in addressing public health challenges.



AIR CLUB

The AIR Club brings together European stakeholders to combat indoor air pollution, promote scientific collaboration, share knowledge, support evidence-based policies, and advance healthier, safer, and more sustainable indoor environments.

The AIR Club initiated the Indoor Air Quality Pledge,



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