EU Healthy Air Coalition

Brussels, 23 July 2026

European health groups call to phase out fossil fuels now

An overdue investment in health bringing immense returns for reduced health costs, disease prevention, and climate resilience

Europe is the fastest warming continent in the world[i]. Rapidly moving to a fossil-free age has become an imperative: it is the only way to deliver health protection, energy security, and economic stability for all. Fossil fuel production, combustion, and use negatively impact human health and the environment from the moment that oil, coal, and gas are extracted[ii]. The air emissions and hazardous waste produced result in a staggering burden on people and society.

Fossil fuels, air pollution, climate change, and burden of preventable death and disease

Globally, climate change is the greatest threat to health of the 21st century, and air pollution is the top environmental risk to health in Europe. The burning of fossil fuels is at the core of both climate change and air pollution, as it leads to substantial emissions of air pollutants and greenhouse gases[iii].

A large body of evidence shows[iv] that air pollution is a cause and an exacerbating factor for all major non-communicable diseases, including cardiovascular[v] and respiratory diseases, stroke, diabetes, dementia, and lung cancer, as well as acute respiratory infections. There is growing evidence of adverse impacts on mental and neurological health. Poor air quality also increases people's vulnerability to the health impacts of climate change.

Everyone is vulnerable to the harm caused by air pollution, and the level of vulnerability is outside of individual control, as it varies according to age, health condition and socio-economic status, as well as where we live, study, or work. In many European cities, poor and outdated urban design has embedded dependence on fossil fuel-based heating, cooling and transport systems, further increasing people's exposure.

In Europe, air pollution still results[vi] in hundreds of thousands of premature deaths and hundreds of billions of euros in costs annually. Despite their staggering health bill, fossil fuels are still being subsidised. In the EU, those annual subsidies reached €111 billion in 2023[vii].

A duty to protect, especially vulnerable groups

The European Union's aim to promote peace, values and the well-being of its people as stated in the EU Treaty makes it imperative for decision-makers at European, national and local levels to act decisively to reduce emissions, to protect health and prevent disease. Such action is especially relevant for those who are most vulnerable–pregnant women, children, older adults, those with pre-existing health conditions or facing socio-economic health inequities.

An urgent, effective plan to end the support for fossil fuel production and use has to be a top priority for the EU. A significant part of the health impacts and economic cost caused by air pollution can be prevented by a swift fossil fuel phase out[viii].

A key lesson from the economic and social burden caused by the COVID-19 pandemic is the need to invest in preventing threats to health and the environment. This crisis renewed awareness of the links between the fossil fuel-based economy and human and planetary health, with chronic disease patients at its epicenter. At the same time, it revealed the importance of clear policy signals and long-term planning: successful prevention policies should be defined through tangible improvements in health outcomes, and addressing fossil fuels lock-in[ix] effectively.

"*Addiction to fossil fuels is not just an act of environmental vandalism. From the health perspective, it is an act of self-sabotage. This addiction not only drives the climate crisis but is a major contributor to air pollution.*"
Dr Tedros Adhanom Ghebreyesus, WHO Director General[x].

"Europe is paying to make itself sick. Across the European Region, governments spend €444 billion a year subsidising fossil fuels. Air pollution from burning them is linked to 1,700 deaths every day."[xi]
Rob Butler, WHO's Envoy for Climate and Health

We represent diverse health sector constituencies including doctors and other health care professionals, scientists, public health experts and groups, patients, and health insurance funds in Europe. We are united in calling for the protection of people and the planet on which we all depend on for survival.

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We urgently need to prepare communities for a much more complex world, preventing the ever-increasing impact of pollution and climate-related chronic diseases. A fossil-free age will bring immediate and long-term public health benefits. It will bring safer environments, healthier communities, affordable and resilient healthcare systems, energy security, and climate mitigation at the same time.

We call on EU policymakers to swiftly phase out fossil fuels, adopt evidence-based binding fossil fuel exit plans, end energy poverty and prioritise vulnerable groups, as well as end misinformation and disinformation.

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European health groups call

1. **Swiftly phase out fossil fuels**

The phasing out of fossil fuels' burning is long overdue, for better health as well as for energy security:

- End direct and indirect EU funding for fossil fuels (coal, oil, gas) swiftly.
- Investments should be redirected towards pollution reduction and prevention, in healthcare systems, and in the transition away from fossil fuels e.g. domestic heating through renewables and accelerated coal phase out.
- Stop the development of new fossil fuel infrastructure.
- Reduce methane emissions drastically and rapidly, with legally binding annual reduction commitments in every member state.

2. **Adopt evidence-based binding fossil fuel exit plans**

Governments should develop plans to transition away from fossil fuels and remove legal, financial, and political barriers resulting from fossil fuel lock-in. Such national exit plans should:

- Be anchored in the latest science to reduce pollution, increase energy efficiency, accelerate the binding pace of air pollutant emissions reduction by 2030 and beyond, and increase accessibility and affordability of renewable energy.
- Include clear timelines with short, medium, and long-term milestones, assigned institutional responsibilities, and defined financing strategies.
- Include a chapter on cities to promote walkability, active mobility and low-emission zones.
- Address energy poverty effectively and sustainably
- End subsidies for biomass burning and remove the "renewable" label from biomass. Not all mitigation actions necessarily deliver both climate and health benefits. Although considered renewable energy, solid biomass combustion for heating and cooling can result in air pollution with PM2.5 and

black carbon and releases more CO2 emissions per unit of energy than fossil fuels.

3. **End energy poverty and prioritise vulnerable groups**

Persistent energy poverty and unequal access to measures that increase energy efficiency are detrimental to the fair distribution of the benefits and costs of the transition. Energy demand phase-down policies must be accompanied by measures to ensure affordability and access to sustainable energy:

- Accelerate the deployment of renewable energy infrastructure including decentralised energy systems, to protect vulnerable and low-income households and regions with limited access to affordable energy, while strengthening social acceptance.
- As a priority, involve the most at-risk groups in socio-economically disadvantaged areas in effective health impact assessments to inform decision-making, increase accessibility and safety of active mobility and public transport for all and improve the quality and increase the energy efficiency of housing

4. **End misinformation and disinformation**

Misinformation and disinformation relating to fossil fuels, climate change, air pollution, and health impacts can undermine evidence-informed policymaking and public understanding of the health benefits of a fossil fuel phase out. Experiences from public health fields have demonstrated how the dissemination of misleading information can create biased narratives and delay of regulatory action while weakening public trust in science.

- Support informed public debate and effective policymaking, protect policy makers and the public against misinformation and disinformation on fossil fuels and ensure access to clear, evidence-based information as an essential step in accelerating the transition away from fossil fuels.
- Strengthen scientific integrity and transparency. For example: support for independent scientific research and public health communication, mechanisms to identify and address misinformation and disinformation.

Initiated by founding members of the EU Healthy Air Coalition

EU Healthy Air Coalition

Co-signed by

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HEAL
HEALTH AND ENVIRONMENT ALLIANCE

CPME
MEDECINS EUROPEENS
EUROPEAN DOCTORS

ECL
Association of European Cancer Leagues

ELF
EUROPEAN LUNG FOUNDATION

epha
european public health alliance

EFA
European Federation of Allergy and Airways Diseases Patients' Associations

ERS
EUROPEAN RESPIRATORY SOCIETY
every breath counts

onafhankelijke ziekenfondsen
mutualités libres

ehn
European Heart Network
Fighting heart disease and stroke

EMSA
European Medical Students' Association

AIPO
ASSOCIAZIONE ITALIANA PNEUMOLOGI OSPEDALIERI

ETS
ITALIAN THORACIC SOCIETY

ÖGP
Österreichische Gesellschaft für Pneumologie

Levegő Munkacsoport

SALUD por DERECHO
Right to health foundation

BeR
BELGIAN RESPIRATORY SOCIETY

THE GLOBAL CLIMATE & HEALTH ALLIANCE

MTT
Magyar Tüdőgyógyász Társaság
Hungarian Respiratory Society
1912

Inštitut za zdravje in okolje
10 let
2016 - 2026

ISEE
Europe Chapter

ISGlobal
Barcelona Institute for Global Health

ISDE
INTERNATIONAL SOCIETY OF DOCTORS FOR ENVIRONMENT

Latvian Society of Lung Physicians

SRP
Societatea Română de PNEUMOLOGIE

СДРУЖЕНИЕ ВЪЗДУХ ЗА ЗДРАВЕ

SIMRI
società italiana per le malattie respiratorie infantili

ITALIAN RESPIRATORY SOCIETY
SIP
IRS
SOCIETÀ ITALIANA DI PNEUMOLOGIA

separ
Sociedad Española de **Neumología** y **Cirugía Torácica**

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[i] https://www.eea.europa.eu/en/newsroom/news/europe-is-not-prepared-for
[ii] https://climateandhealthalliance.org/cradle-to-grave-the-health-toll-of-fossil-fuels-and-the-imperative-for-a-just-transition-2nd-edition/
[iii] https://publications.ersnet.org/content/erj/62/2/2201960
[iv] https://www.who.int/teams/environment-climate-change-and-health/air-quality-energy-and-health/health-impacts
[v] https://academic.oup.com/eurheartj/advance-article/doi/10.1093/eurheartj/ehag270/8671765
[vi] https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52025DC0064
[vii] https://www.eea.europa.eu/en/analysis/indicators/fossil-fuel-subsidies
[viii] https://lancetcountdown.org/europe/2026-report/
[ix] According to the OECD "lock-in occurs when high-emission infrastructure or assets continue to be used, despite the possibility of substituting them with low-emission alternatives, thereby delaying or preventing the transition to near-zero or zero-emission alternatives"
[x] https://cdn.who.int/media/docs/default-source/air-pollution-documents/air-quality-and-health/en_final_call-to-action-for-clean-air-from-health-community_clean-(2).pdf?sfvrsn=2bfc8e22_13
[xi] https://www.linkedin.com/posts/robb-butler_wef-share-7462937213841104896-9rVt/?utm_source=share&utm_medium=member_desktop&rcm=ACoAAAijlokB6_2aGe55tdnlh4R_cYarnQ2EEkI