

# Air pollution and global health

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# Session outline

- Air pollution as a global health risk factor
- Household energy, indoor air pollution and child pneumonia
- Air pollution concentrations and sources in Accra neighborhoods
- Integrated management of lung disease in China

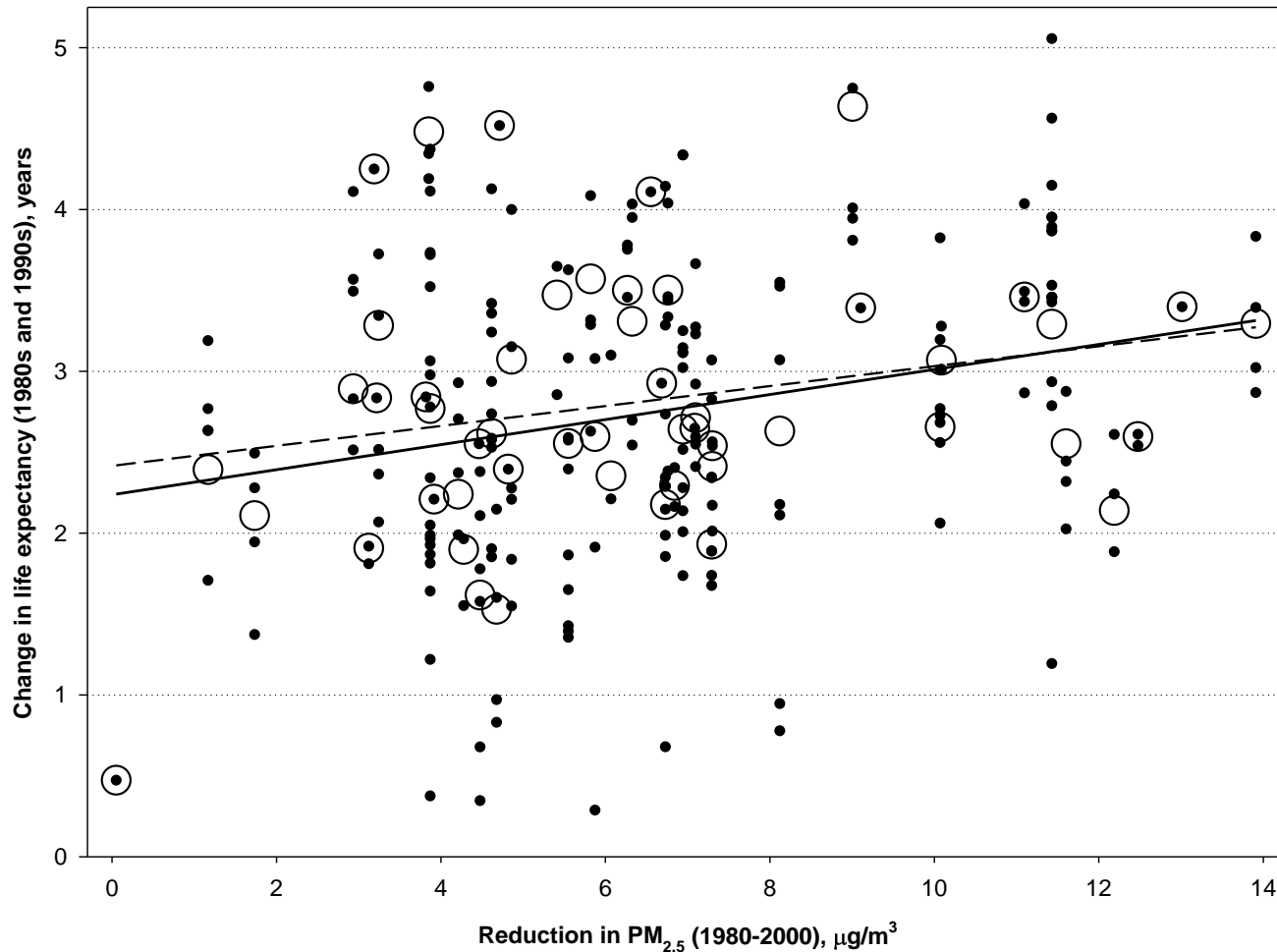
# Major air pollution sources in industrialized cities



# Los Angeles: then (1953) and now



# Crude association of change in $PM_{2.5}$ and change in county/metro life expectancy



# Biomass and coal as sources of air pollution

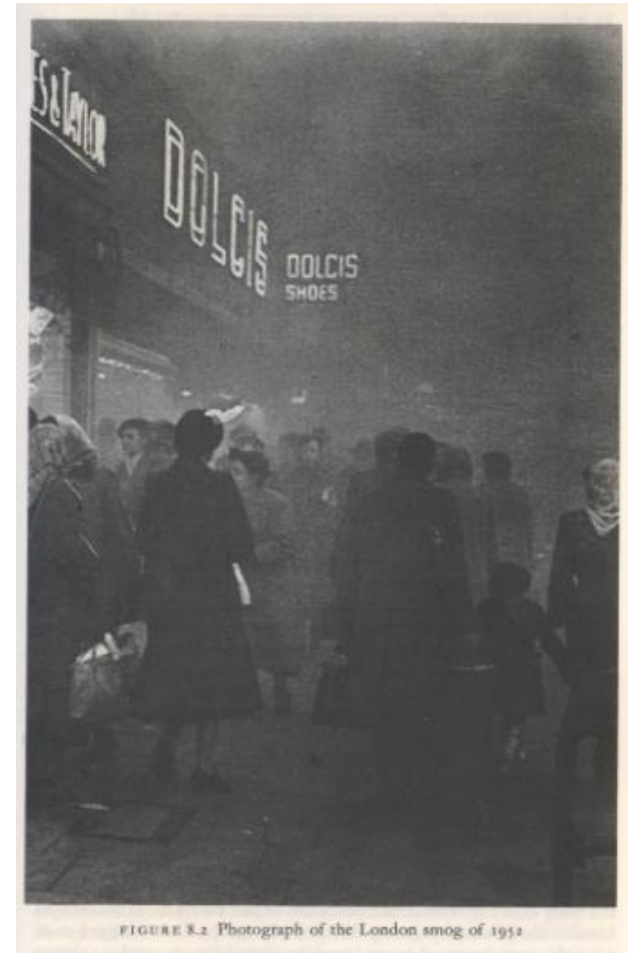


FIGURE 8.1 Photograph of the London smog of 1952

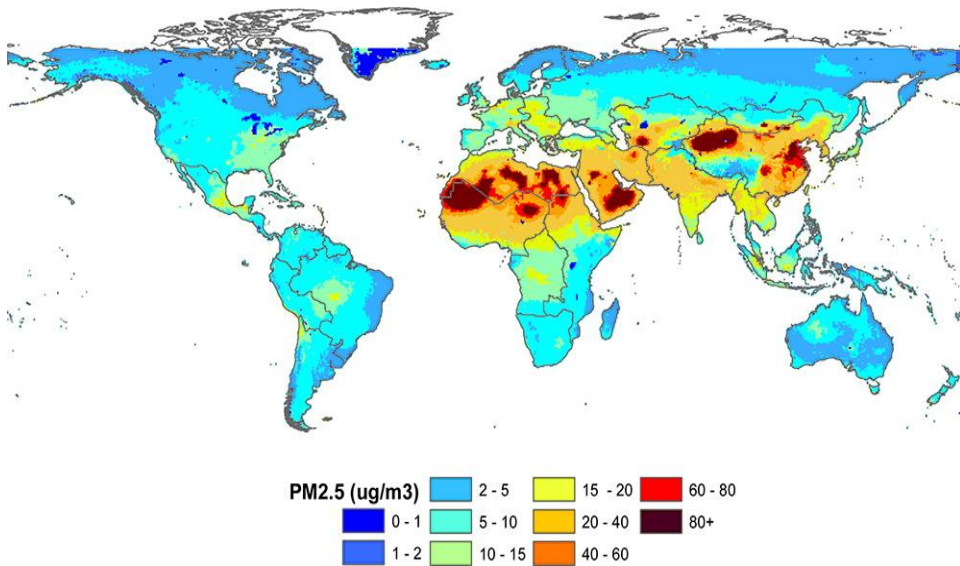


# Biomass and coal and household air pollution

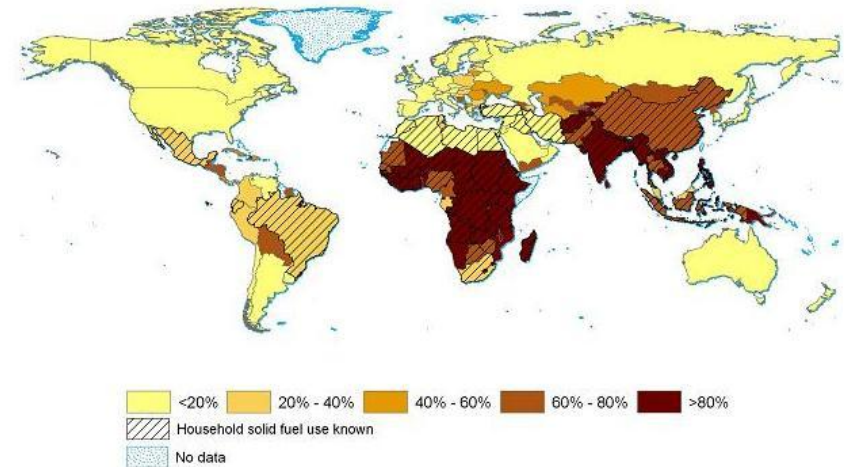


# Global distributions of urban PM pollution and household biomass/coal use

## Ambient PM pollution (2005)



## Household biomass/coal use (2000)

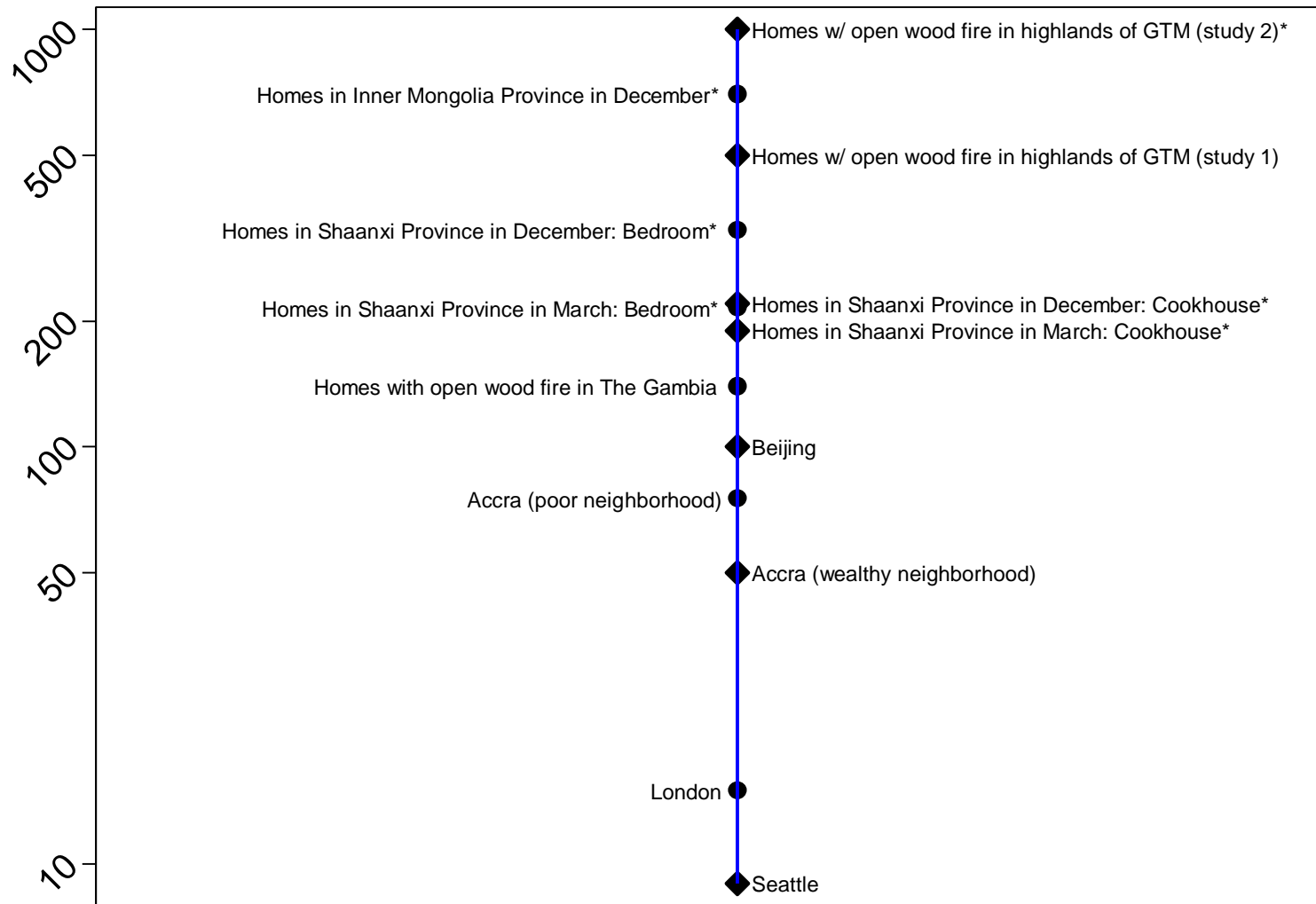




# Health effects of air pollution

- Mixture of hundreds of solid and gaseous pollutants including
  - Particulate matter (PM)
  - Carbon monoxide (CO)
  - Particle-bound or gaseous organic and inorganic compounds
- Health outcomes affected by air pollution
  - Strong or convincing evidence: pneumonia in children under five years of age, cardiovascular outcomes, COPD, lung cancer, cataracts (for biomass smoke)
  - Limited evidence: prematurity and/or IUGR, TB, (and cognition and other developmental outcomes)
- PM has been consistently, independently, and coherently related to diseases affected by air pollution

# Comparison of PM levels in different environments



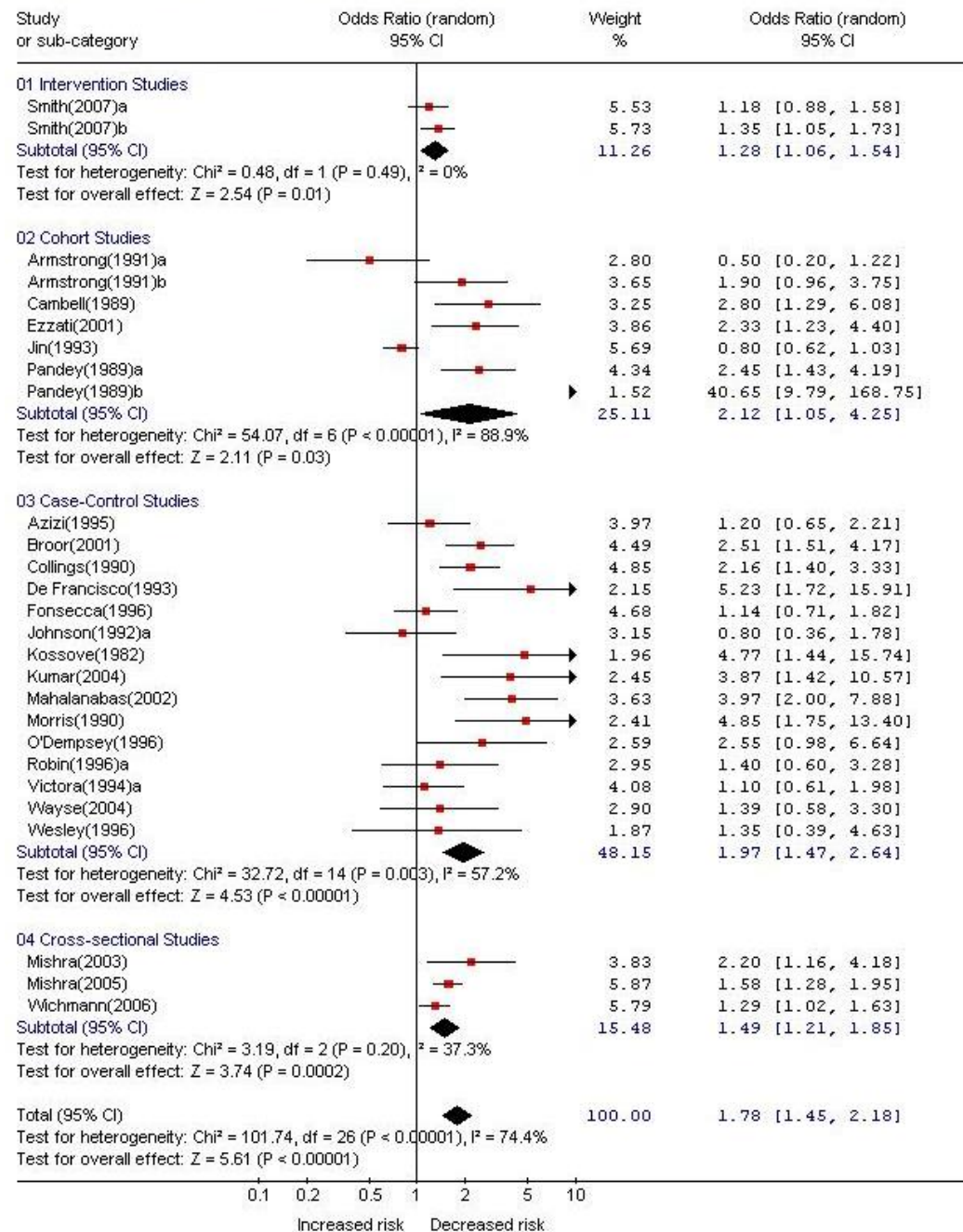
\* PM4

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# Biomass/coal smoke and pneumonia meta-analysis

- All but one study used a categorical exposure variable, e.g. type of fuel, location of cooking, or child carried on mother's back when cooking
- Comparison groups have low but not no exposure



# Effects of household air pollution from biomass fuels and coal on child LRI

Ezzati and Kammen *Lancet* 2001

ARTICLES

## **Indoor air pollution from biomass combustion and acute respiratory infections in Kenya: an exposure-response study**

*Majid Ezzati, Daniel M Kammen*

Articles



Smith et al. *Lancet* 2011

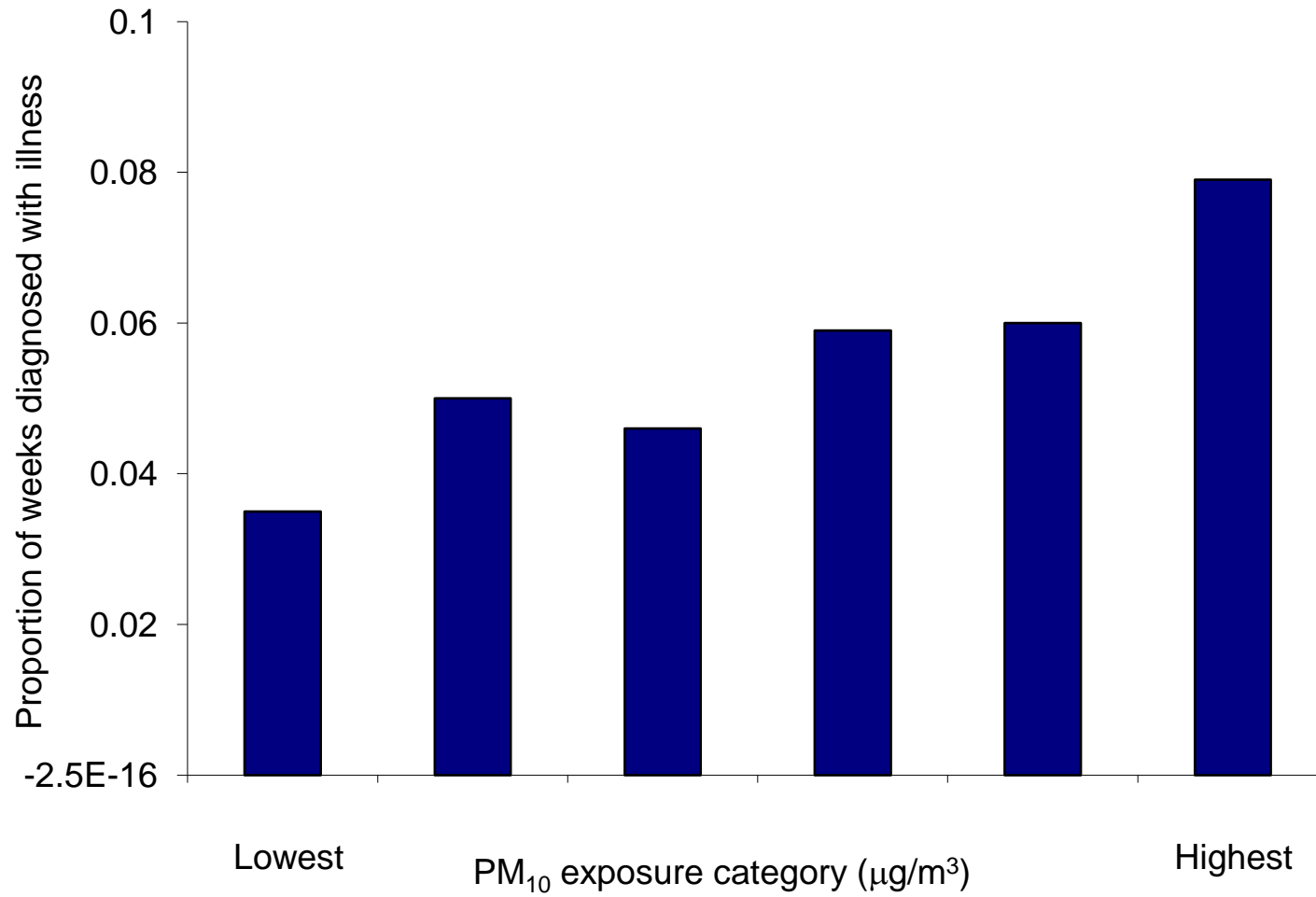
## **Effect of reduction in household air pollution on childhood pneumonia in Guatemala (RESPIRE): a randomised controlled trial**



*Kirk R Smith, John P McCracken, Martin W Weber, Alan Hubbard, Alisa Jenny, Lisa M Thompson, John Balmes, Anaité Diaz, Byron Arana, Nigel Bruce*



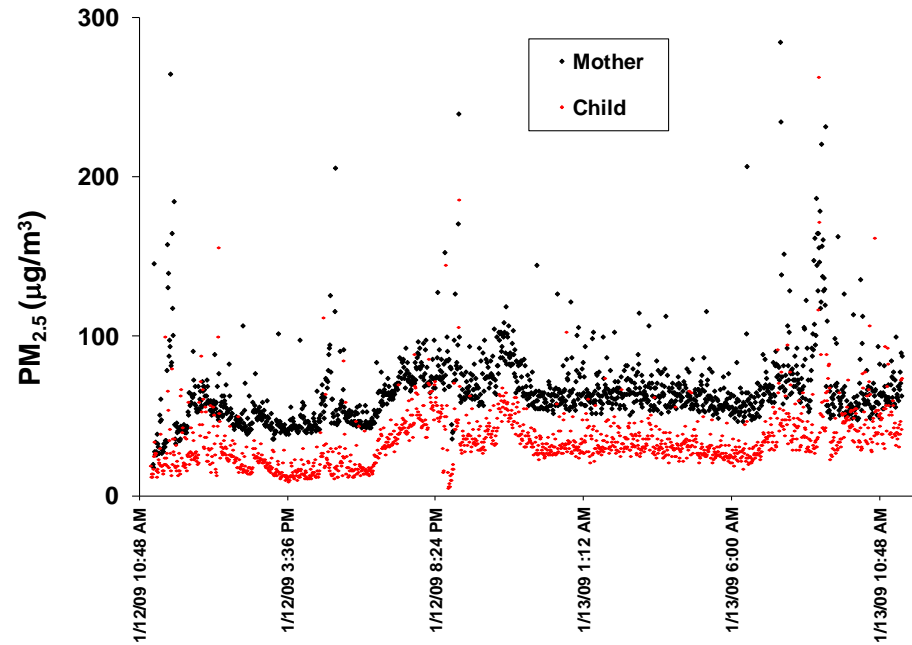
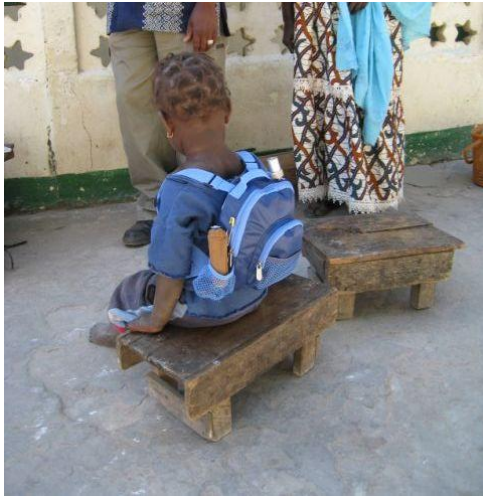
# PM<sub>10</sub> exposure and clinical diagnosis of pneumonia in children ≤ 5 years in Central Kenya



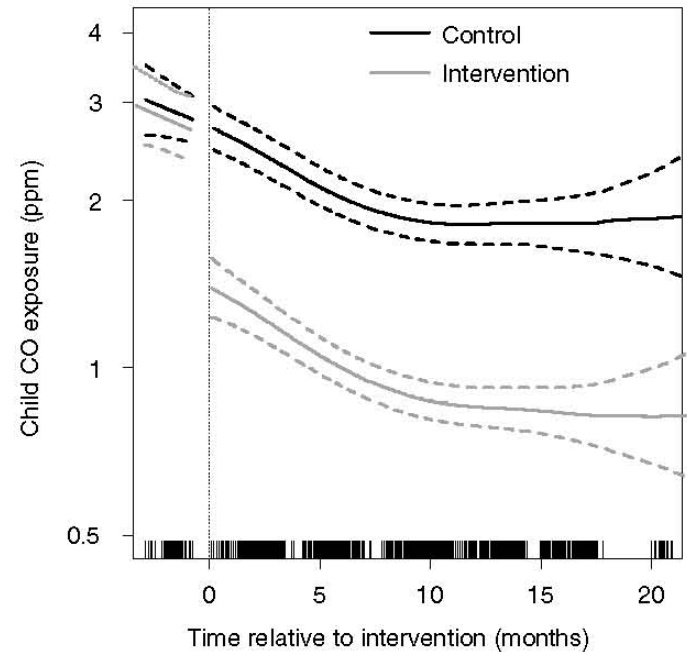
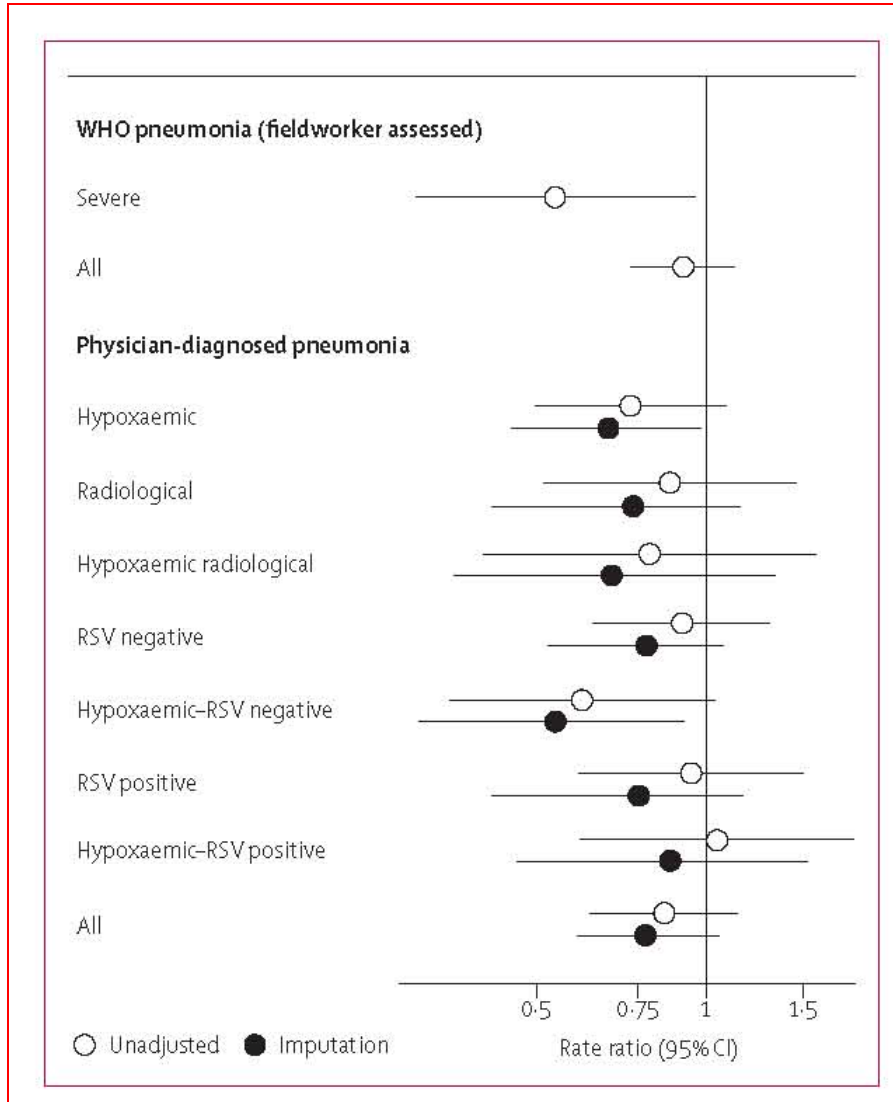
Adjusted ORs for different categories: 1.4-2.9

The exposure-response relationship seemed steeper at lower levels

# Pilot measurement of personal PM exposure in The Gambia

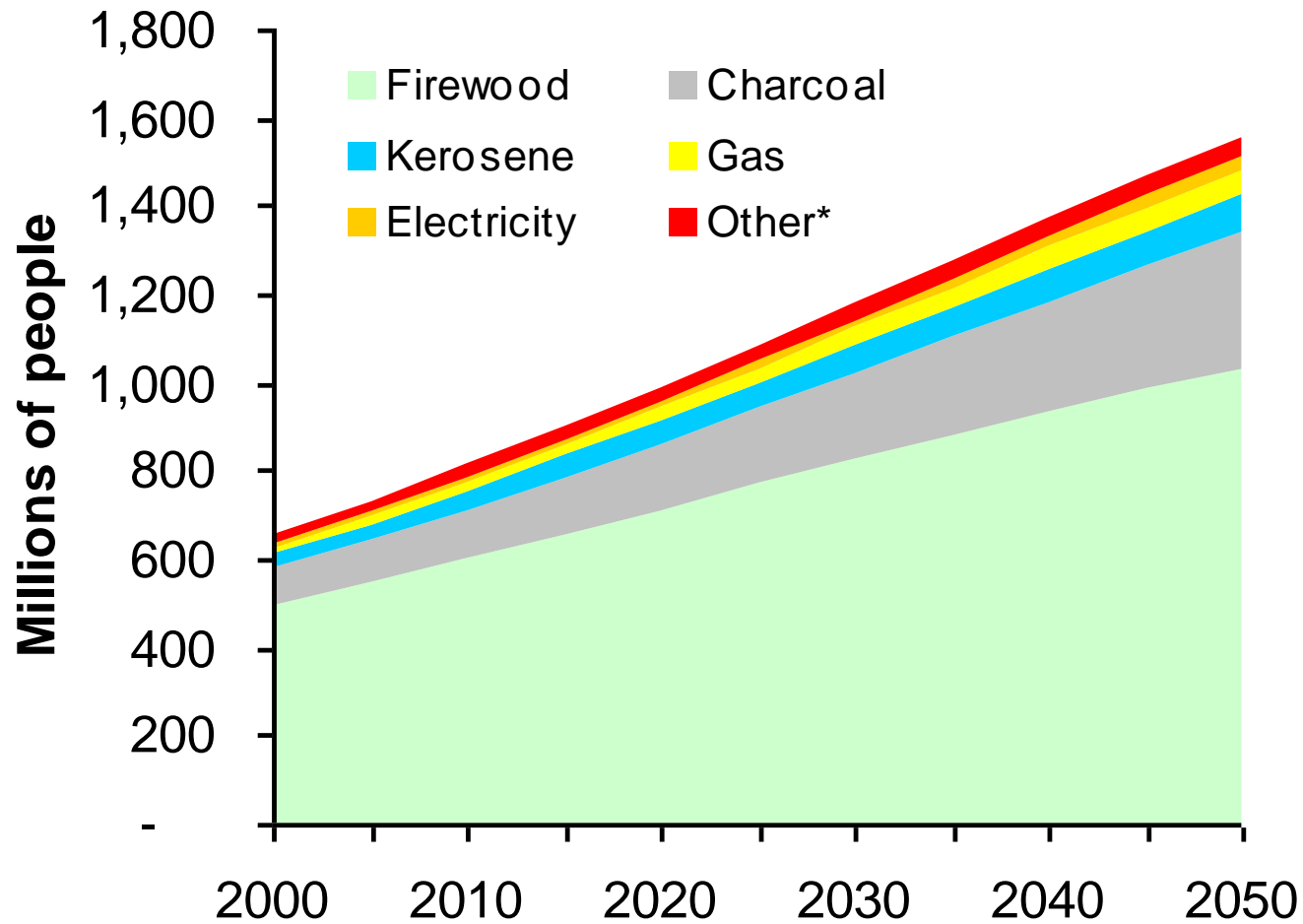


# The effect of stove intervention on child pneumonia in Guatemala

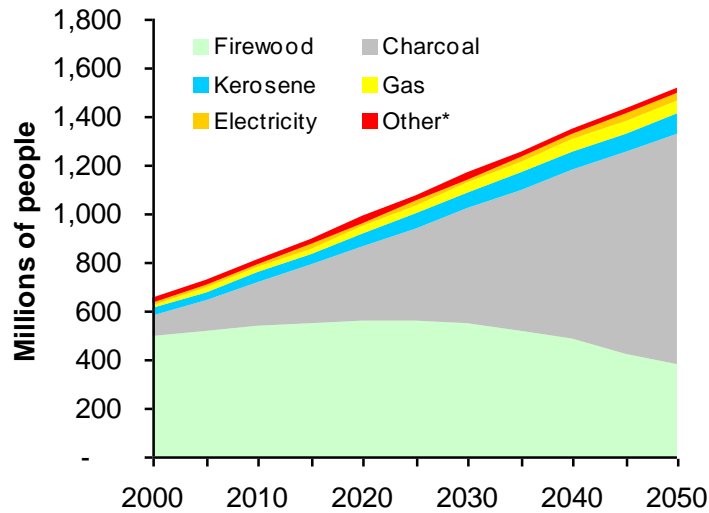


RSV: respiratory syncytial virus

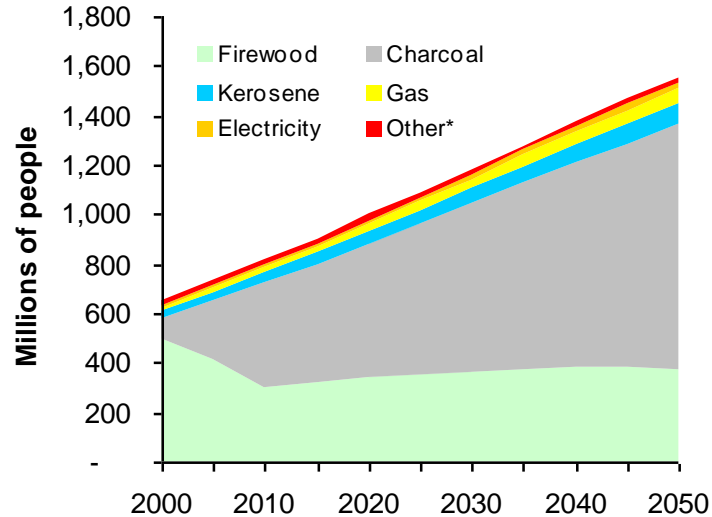
# Future fuel use in Africa (business-as-usual)



# Future fuel use in Africa (fuel transitions)

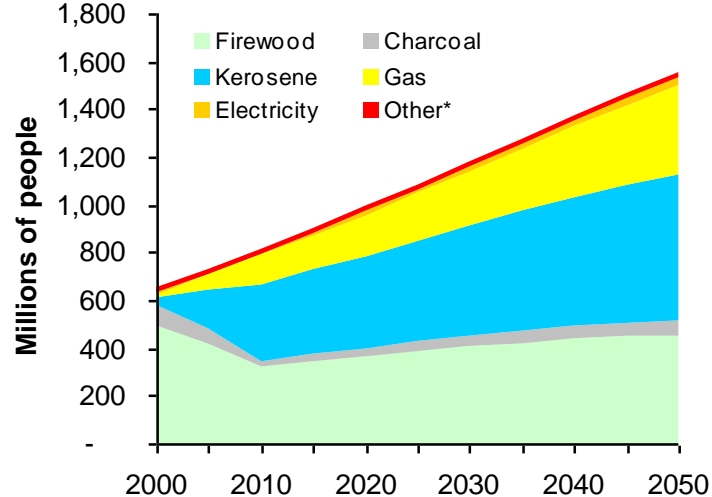
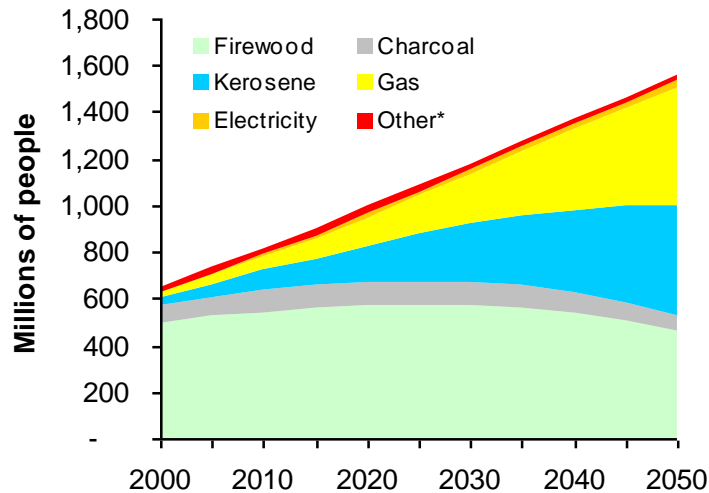


Gradual



More rapid

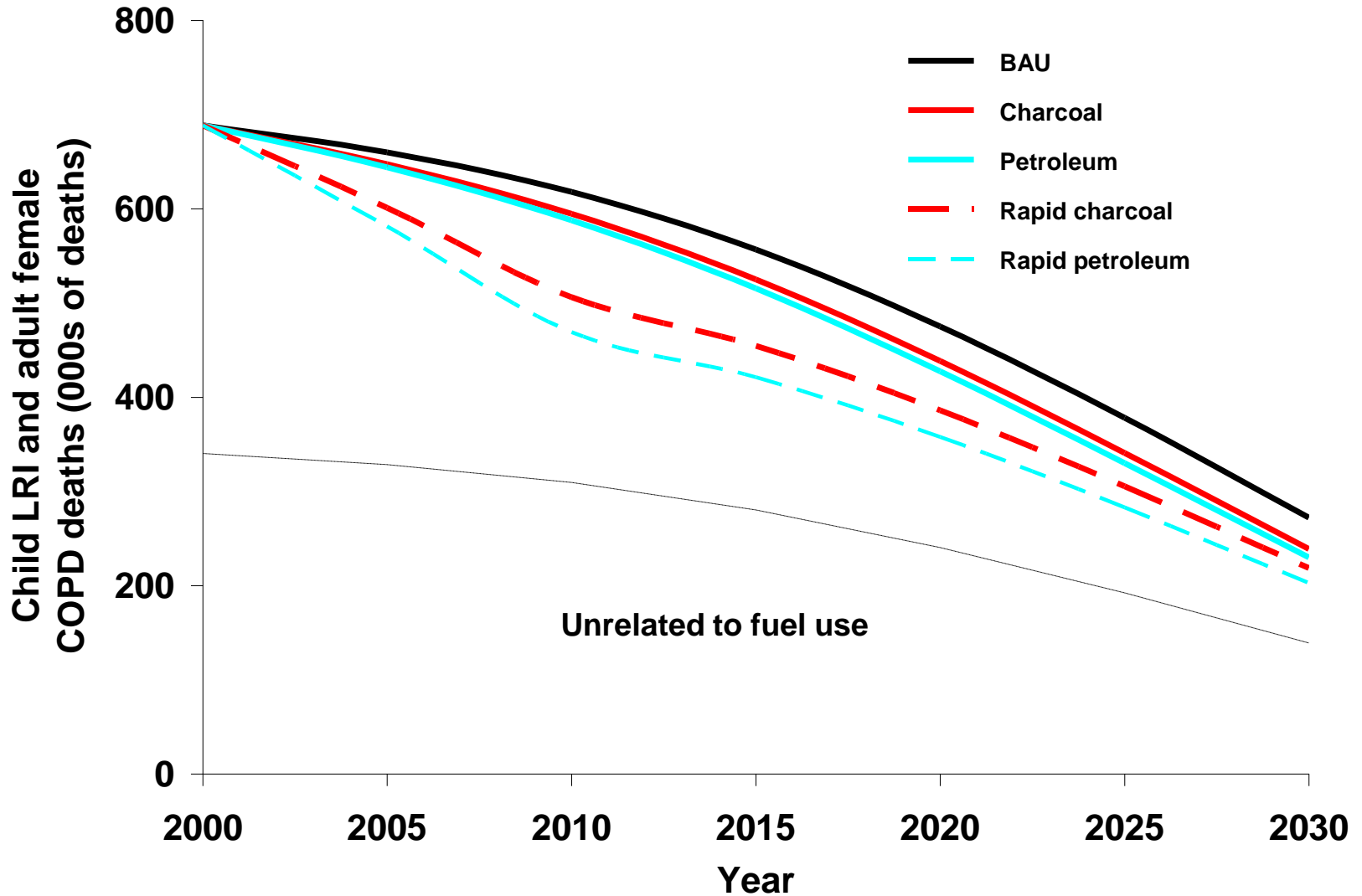
Charcoal scenarios



Petroleum scenarios



# Mortality impacts of fuel use scenarios



# Can charcoal production be sustainable?

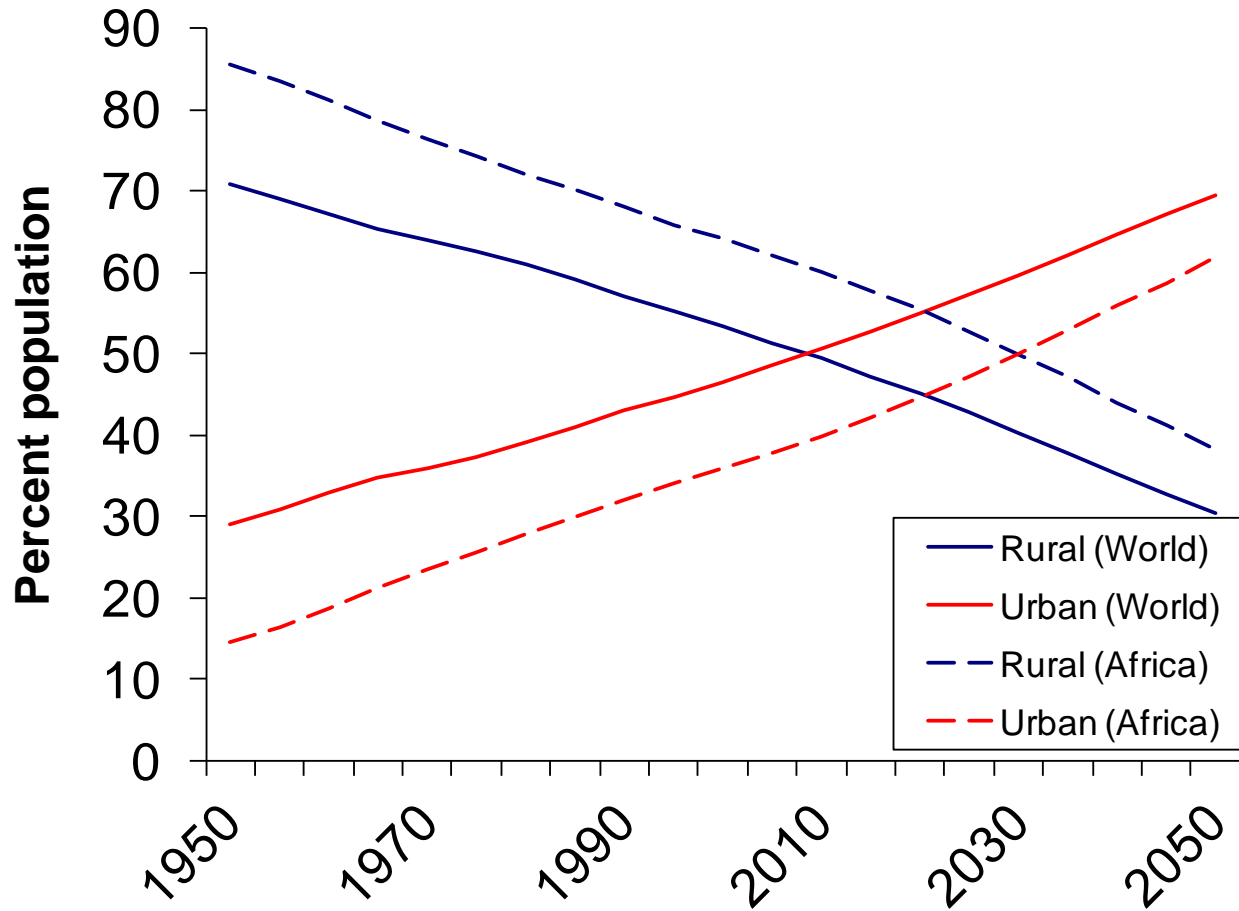


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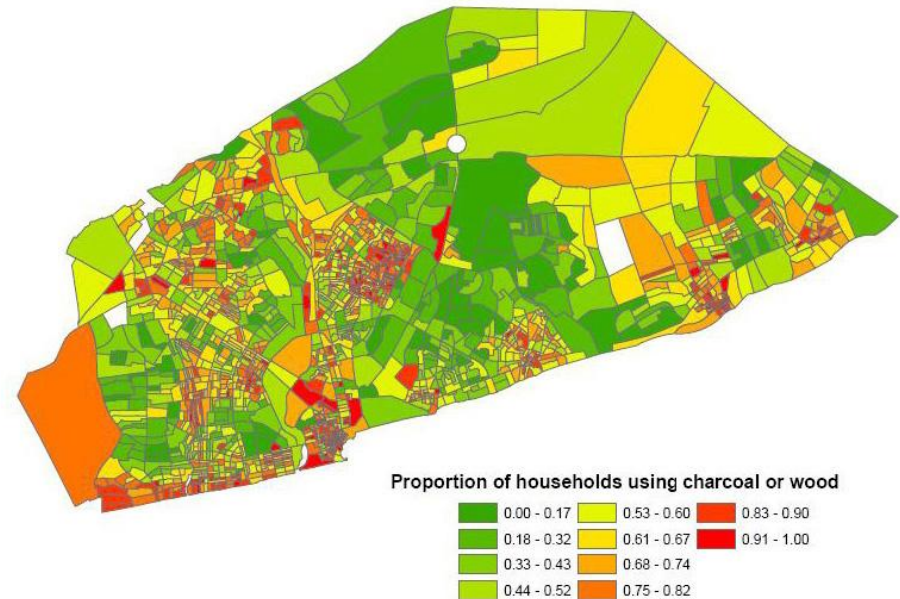
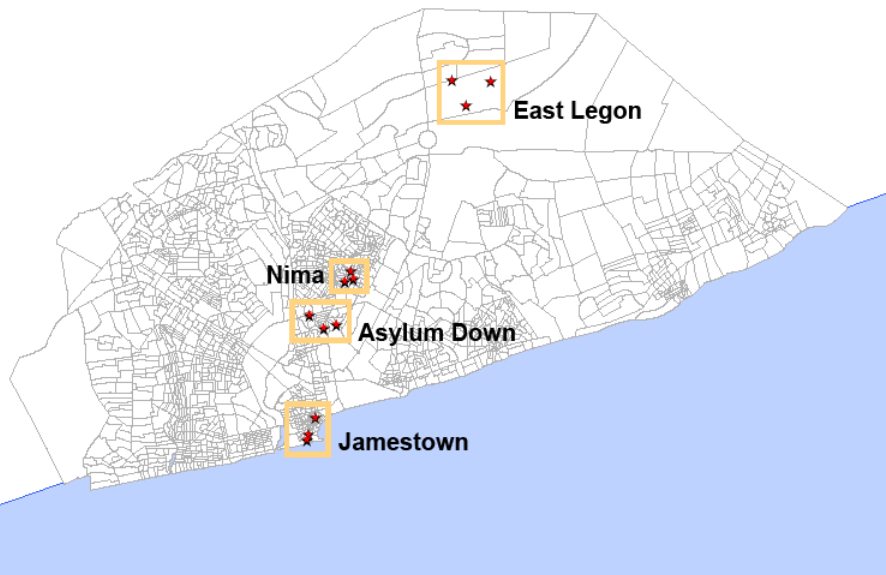
# Urbanization in sub-Saharan Africa



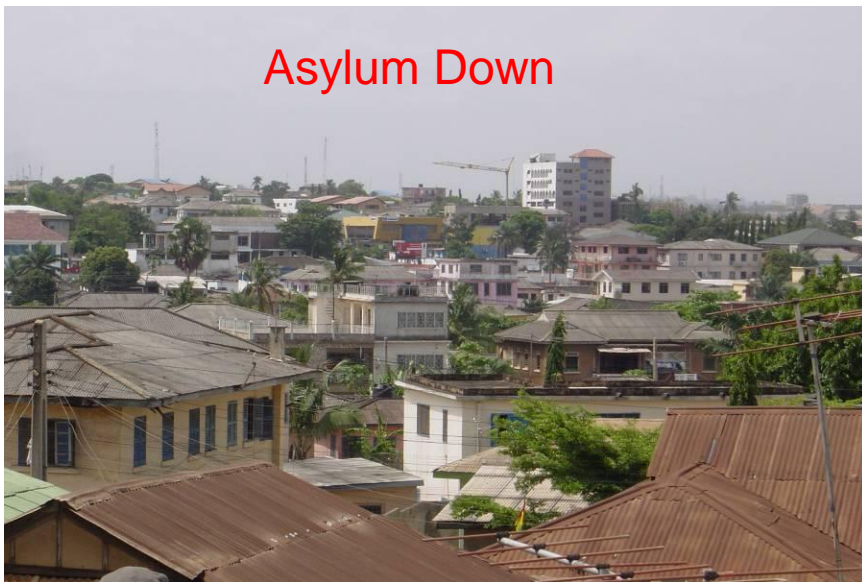
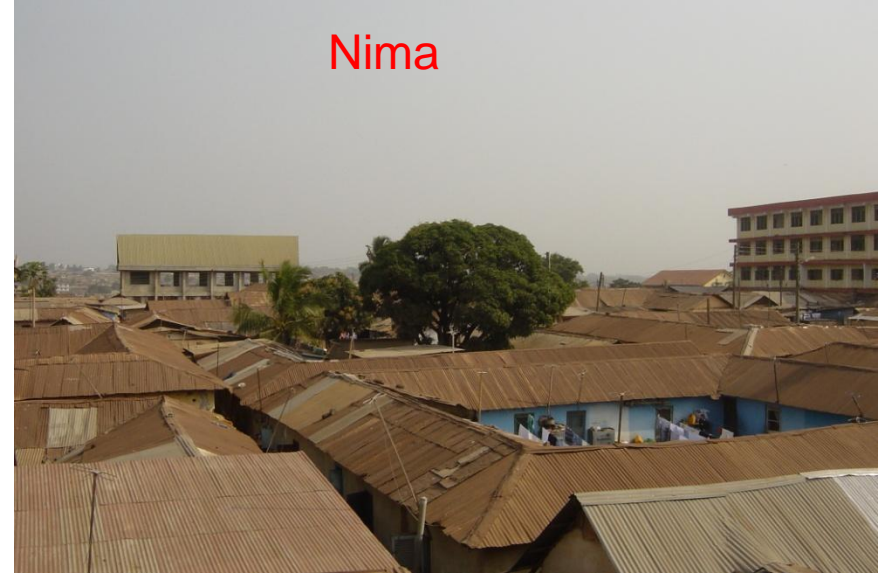
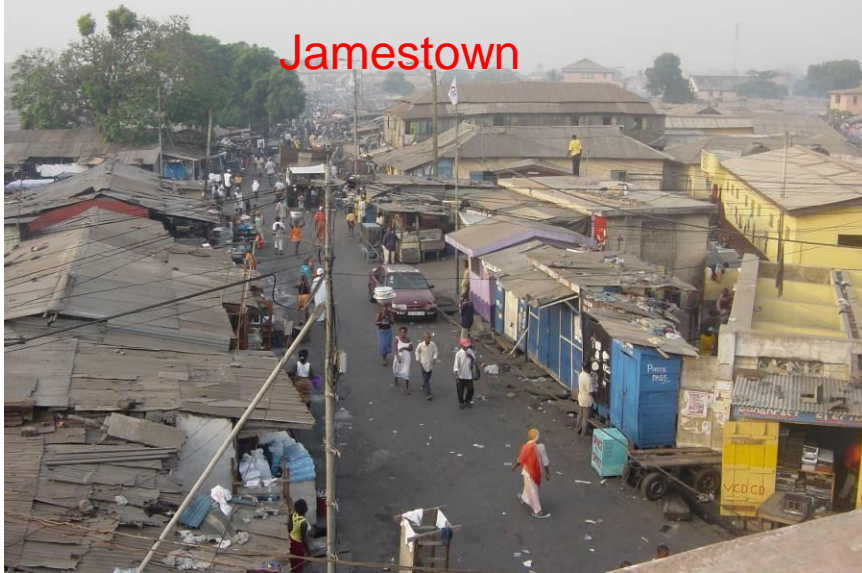


# Accra study neighborhoods and biomass fuel use

Accra, Ghana



# Study neighborhoods

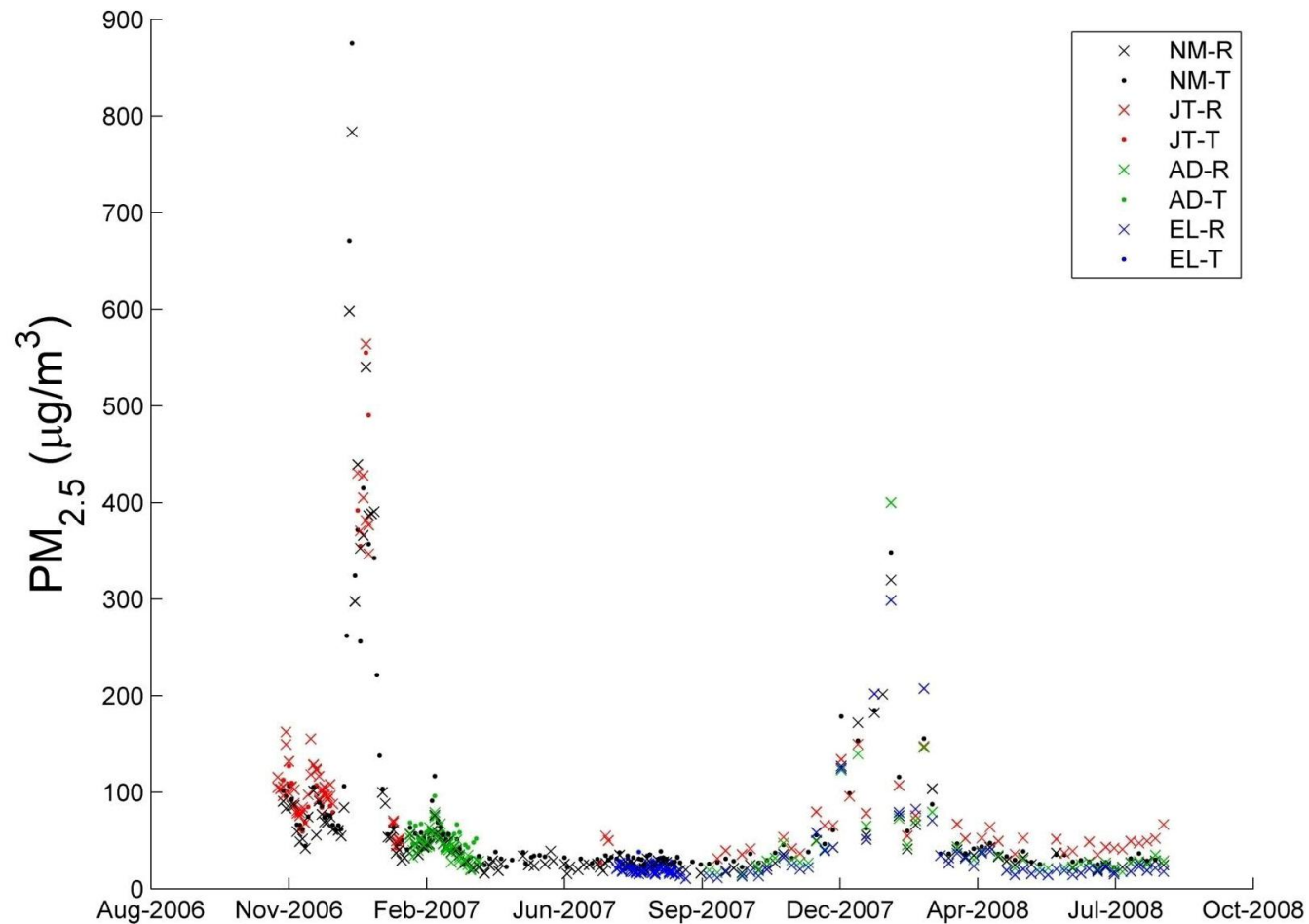




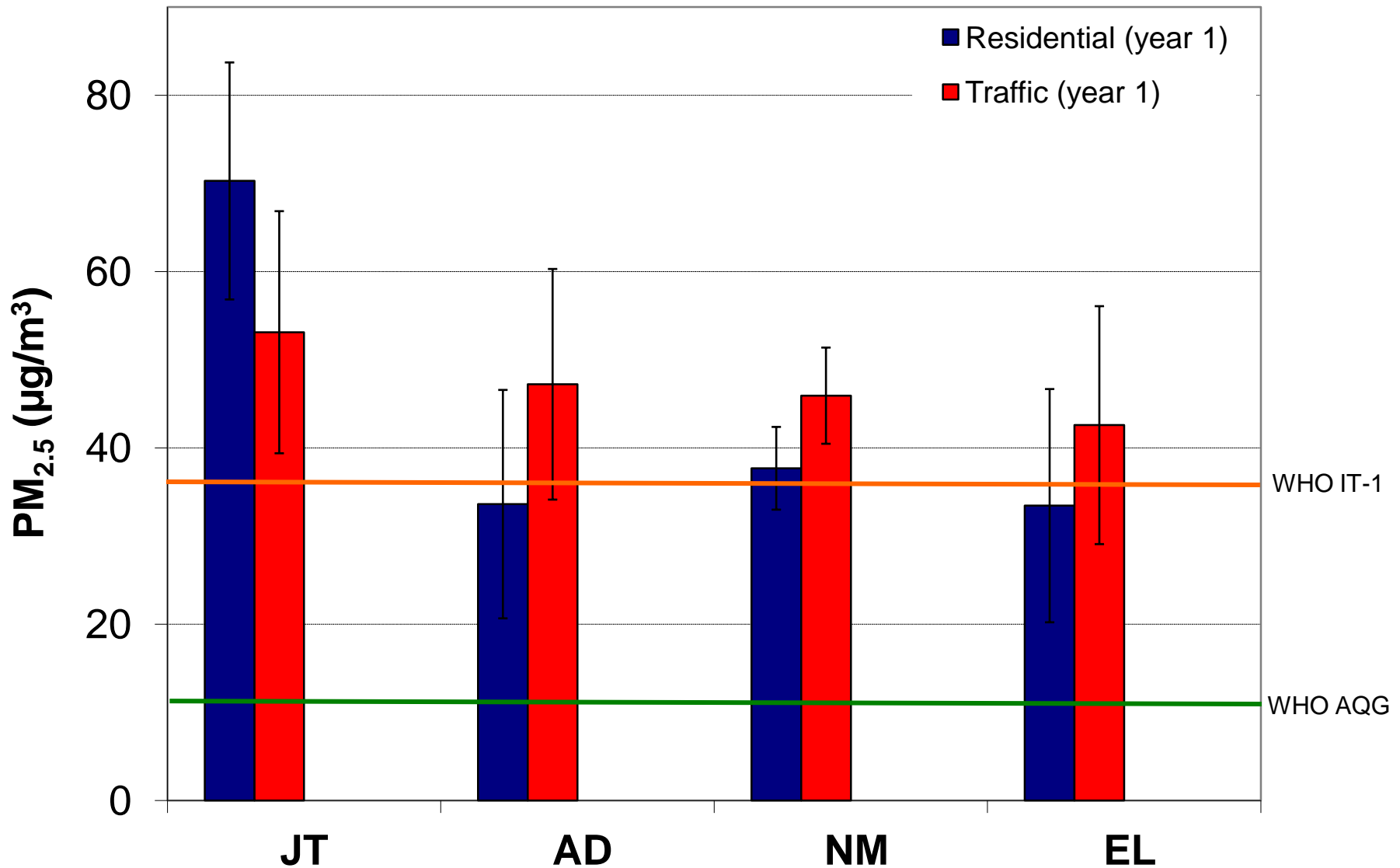
# Ambient, household and mobile measurements



# 48-hour PM<sub>2.5</sub> measurements 2006-08



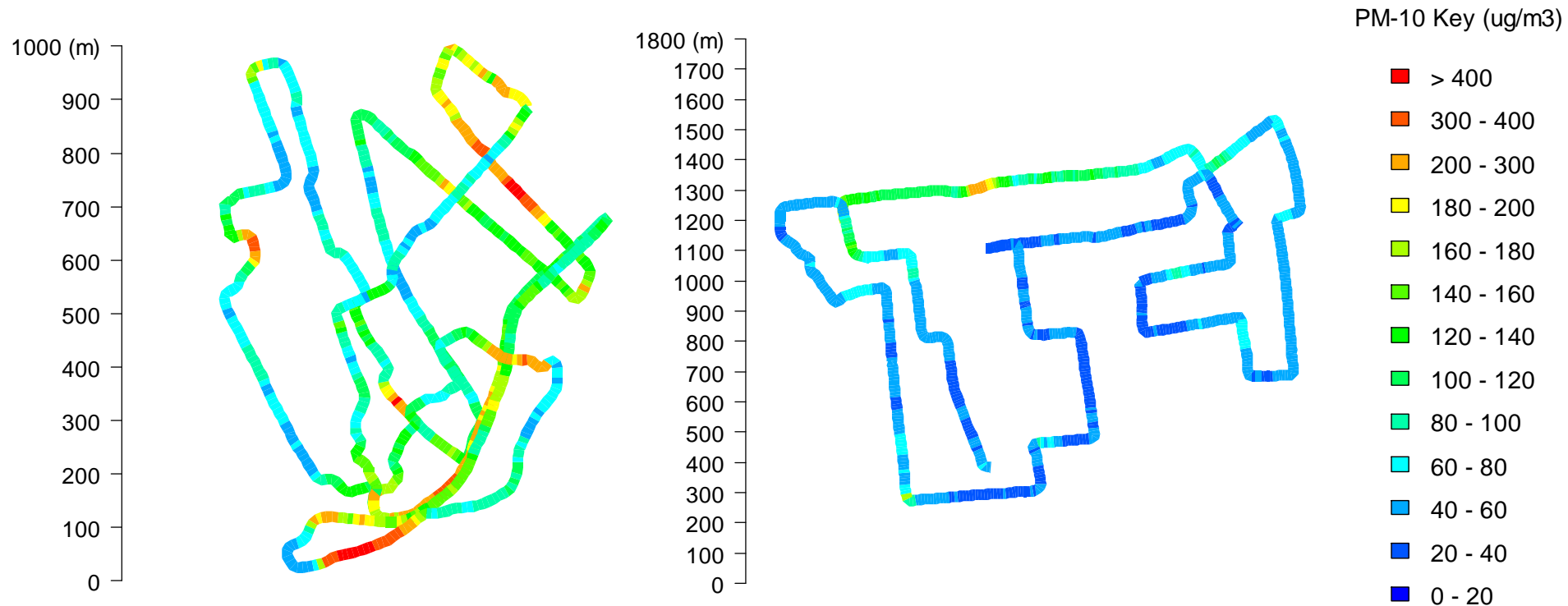
# Annual mean PM<sub>2.5</sub> (excluding Harmattan)



# PM10 concentration within neighbourhoods

## Jamestown

## East Legon



# Adjusted effect of nearby sources on local PM


	Ln(PM <sub>2.5</sub> )		Ln(PM <sub>10</sub> )	
	Coefficient	p-value	Coefficient	p-value
Distance to a main road (km)	0.044	0.76	-0.206	0.12
<b>Trash burning</b>	<b>0.465</b>	<b>0.009</b>	<b>0.189</b>	<b>0.25</b>
No traffic	0.0		0.0	
Idling vehicle	-0.214	0.24	-0.126	0.44
Light; < 2 cars per minute	0.097	0.09	0.112	0.03
Medium; < 10 cars per minute	0.174	0.007	0.247	< 0.001
Heavy moving	0.339	< 0.001	0.383	< 0.001
<b>Congested/stopped heavy traffic</b>	<b>0.496</b>	<b>&lt; 0.001</b>	<b>0.528</b>	<b>&lt; 0.001</b>
No stove	0.0		0.0	
Single charcoal stove	0.155	0.01	0.104	0.06
Multiple charcoal stoves	0.313	< 0.001	0.243	0.001
Single wood stove	0.365	0.004	0.287	0.02
<b>Multiple wood stoves</b>	<b>1.089</b>	<b>&lt; 0.001</b>	<b>0.818</b>	<b>&lt; 0.001</b>
Paved	0.0		0.0	
Paved broken	0.161	0.08	0.243	0.005
Packed dirt	0.029	0.60	0.036	0.47
<b>Loose dirt</b>	<b>0.384</b>	<b>&lt; 0.001</b>	<b>0.264</b>	<b>0.001</b>



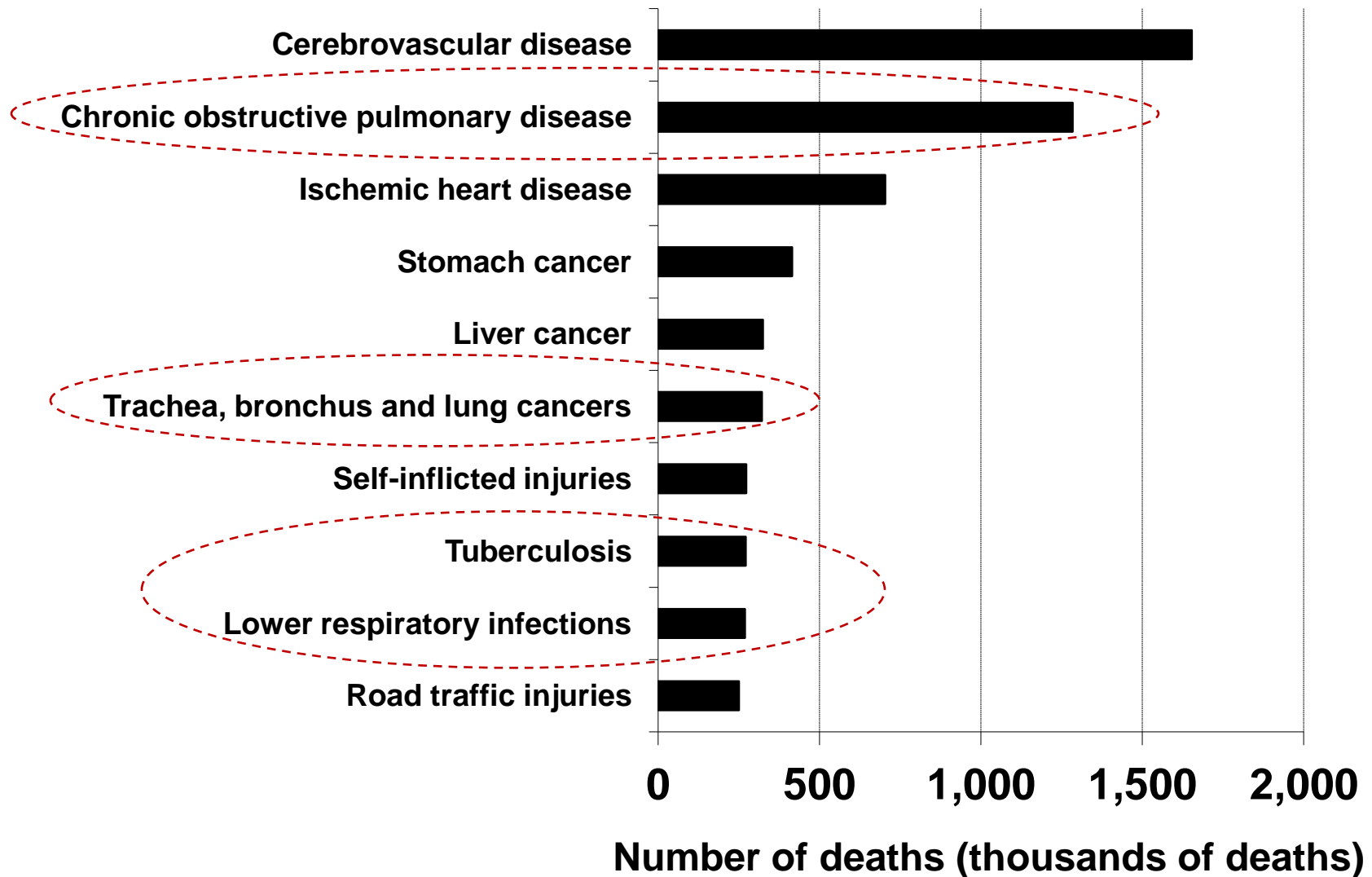
# Sources of local air pollution in Accra



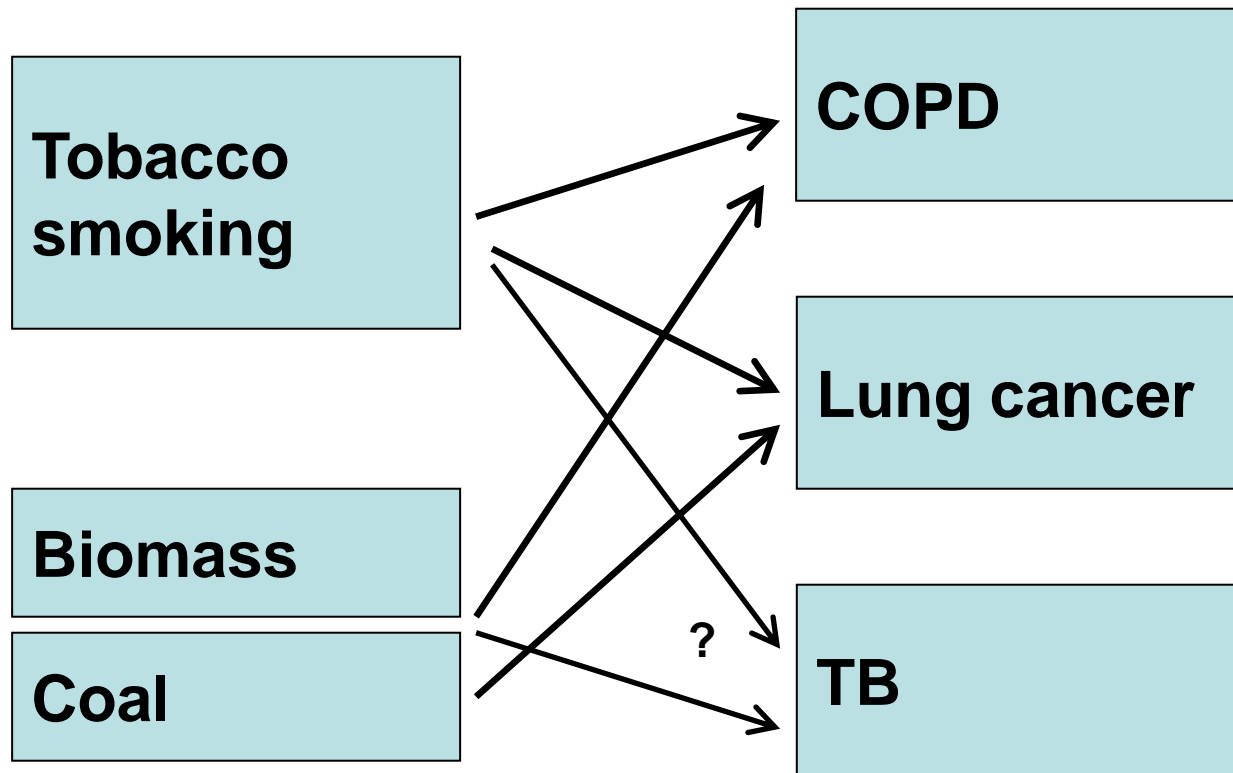
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# Leading causes of death in China in 2002



# Respirable pollutants from major combustion sources and lung diseases (excluding LRI)



# Tobacco Smoke, Indoor Air Pollution and Tuberculosis: A Systematic Review and Meta-Analysis

Hsien-Ho Lin<sup>1</sup>, Majid Ezzati<sup>2</sup>, Megan Murray<sup>1,3,4\*</sup>

1 Department of Epidemiology, Harvard School of Public Health, Boston, Massachusetts, United States of America, 2 Department of Population and International Health and Department of Environmental Health, Harvard School of Public Health, Boston, Massachusetts, United States of America, 3 Division of Social Medicine and Health Inequalities, Brigham and Women's Hospital, Boston, Massachusetts, United States of America, 4 Infectious Disease Unit, Massachusetts General Hospital, Boston, Massachusetts, United States of America

## REVIEW ARTICLE

# Risk of Tuberculosis From Exposure to Tobacco Smoke

*A Systematic Review and Meta-analysis*

Michael N. Bates, PhD; Asheena Khalakdina, PhD; Madhukar Pai, MD, PhD;  
Lisa Chang, MPH; Fernanda Lessa, MD, MPH; Kirk R. Smith, PhD

INT J TUBERC LUNG DIS 11(10):1049–1061  
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## REVIEW ARTICLE

# Tobacco and tuberculosis: a qualitative systematic review and meta-analysis

K. Slama,\* C-Y. Chiang,\* D. A. Enarson,\* K. Hassmiller,† A. Fanning,‡ P. Gupta,§ C. Ray§

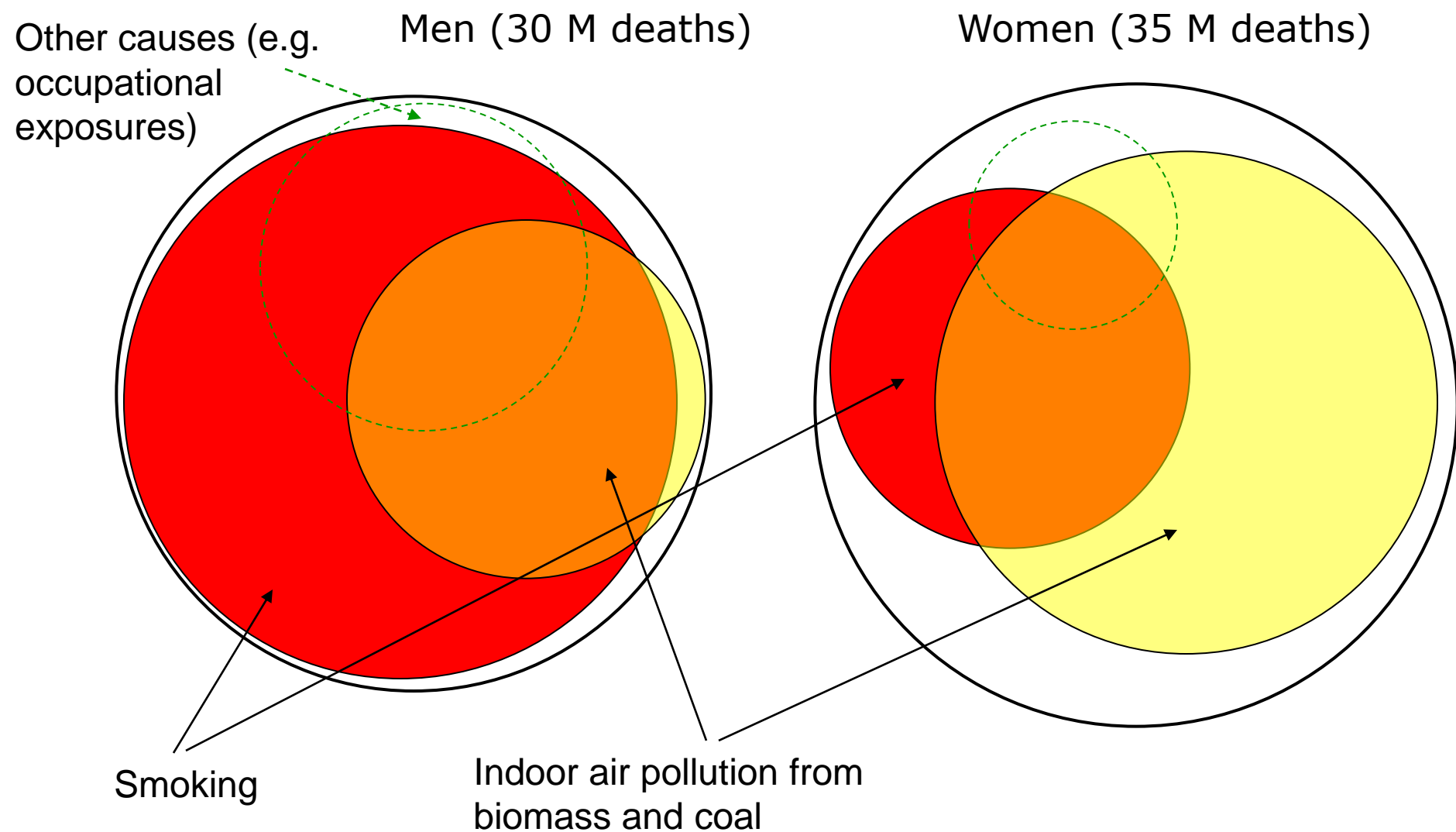
\* The International Union Against Tuberculosis and Lung Disease, Paris, France; † The University of Michigan/ University of North Carolina, Hillsborough, North Carolina, USA; ‡ University of Alberta, Edmonton, Alberta, Canada; § Healis Institute, New Delhi, India



# Modeling integrated management of lung disease in China

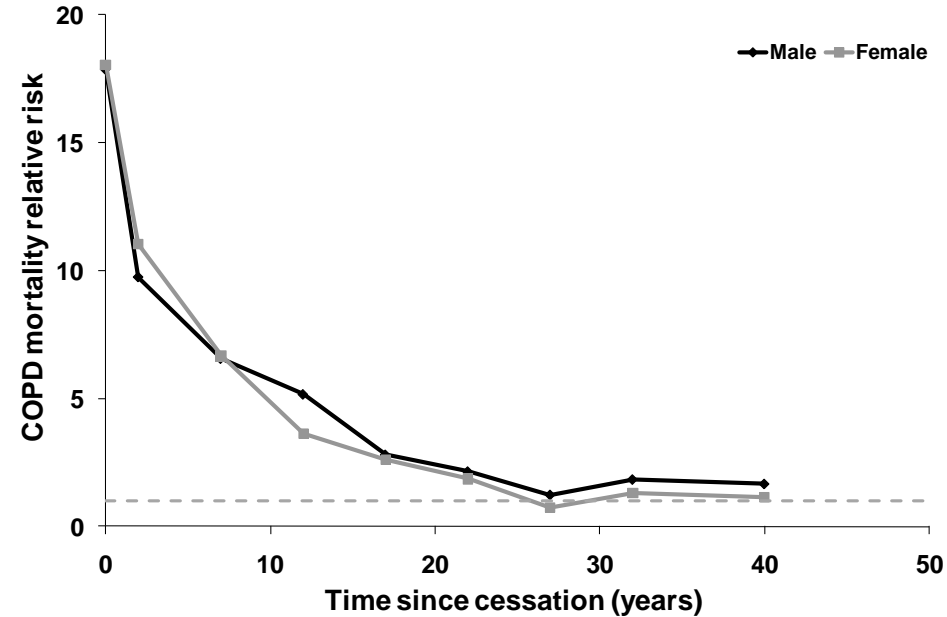
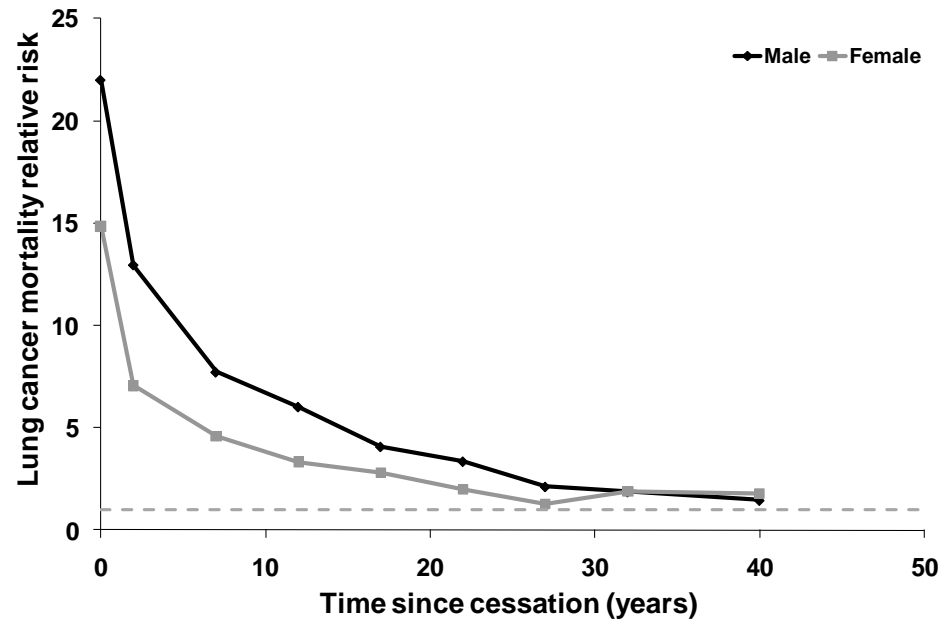
- Objective: To quantify the potential benefits of smoking and biomass/coal use reduction scenarios on chronic and communicable lung diseases in China, over time
  - Chronic disease models to incorporate multi-causality and time-dependent effects (time-dependant proportional multi-risk model)

# Multi-causality and multiple risk factors for projected COPD deaths in China, 2003-33



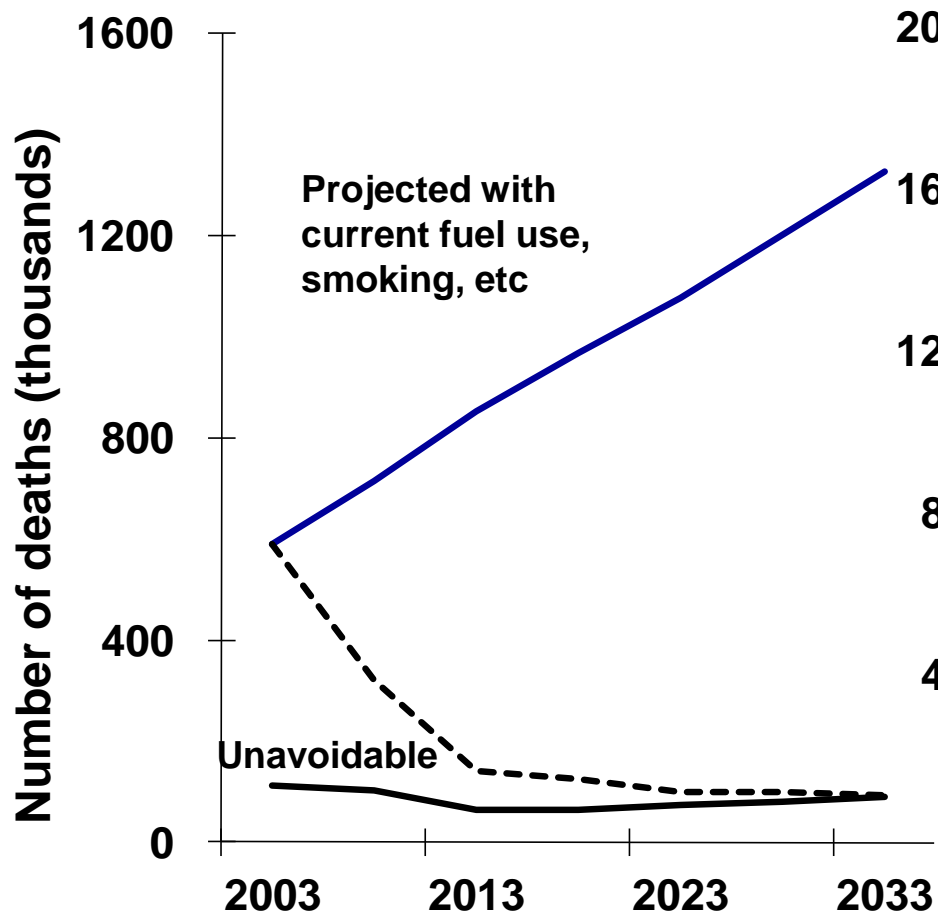


# Relative risk of dying from lung cancer and COPD among current and former smokers

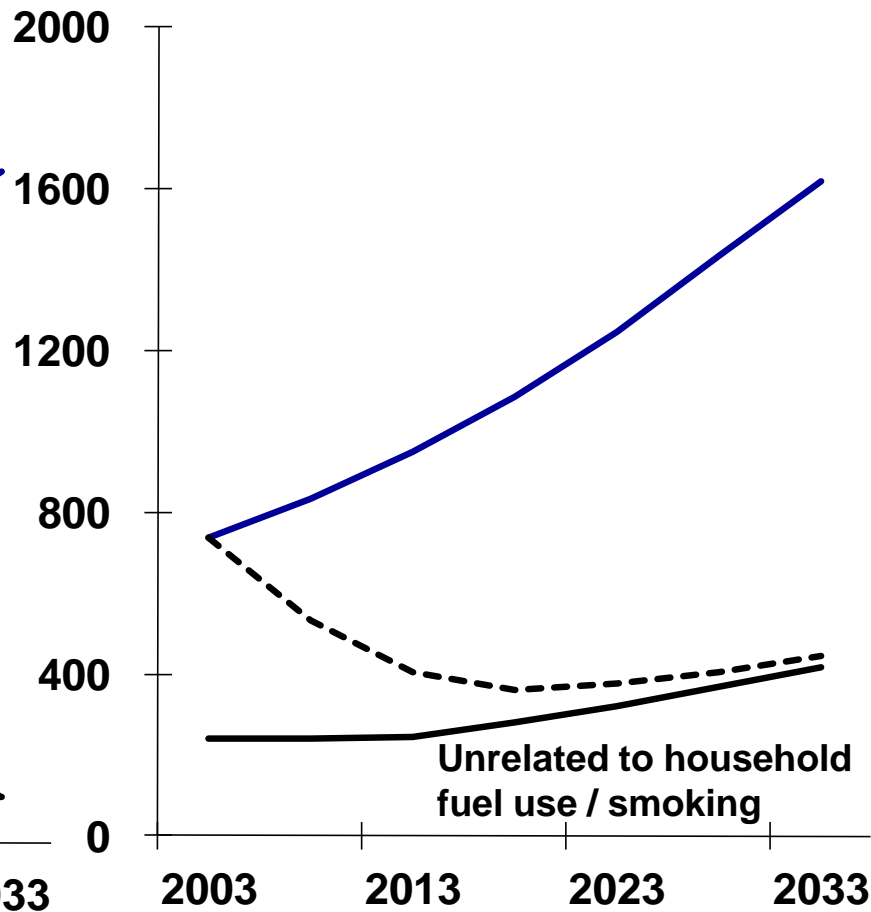


# Annual COPD deaths under scenarios of smoking and solid fuel use

## Men



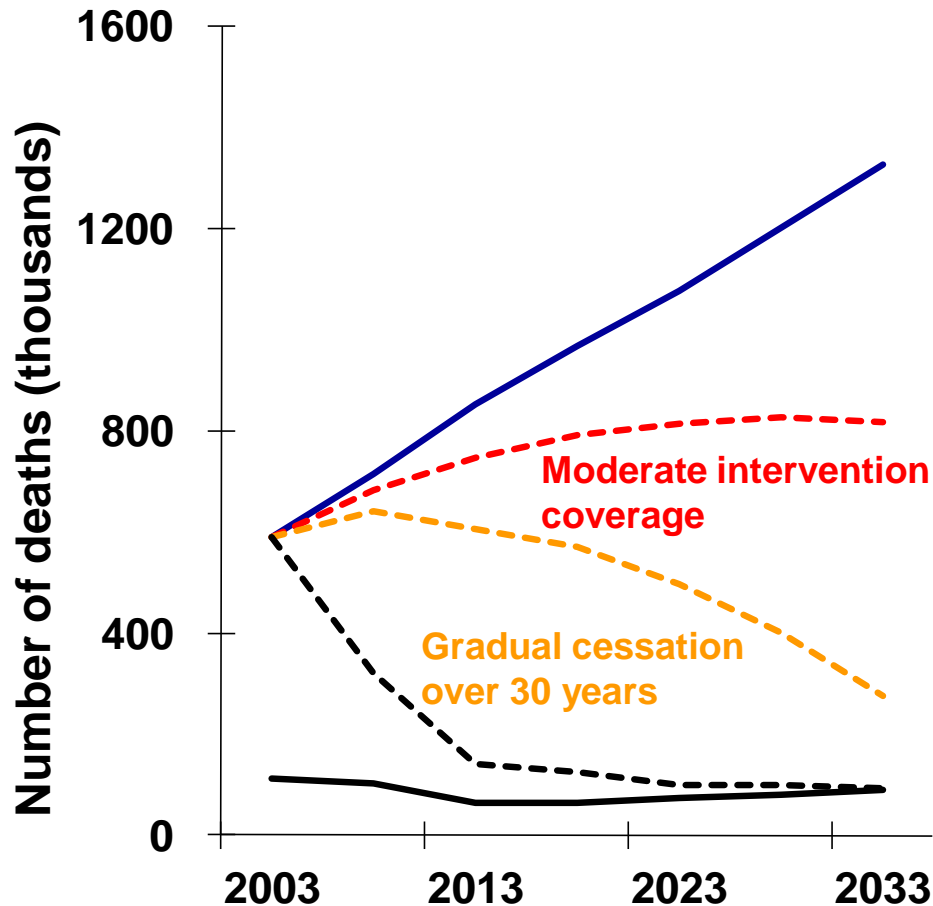
## Women



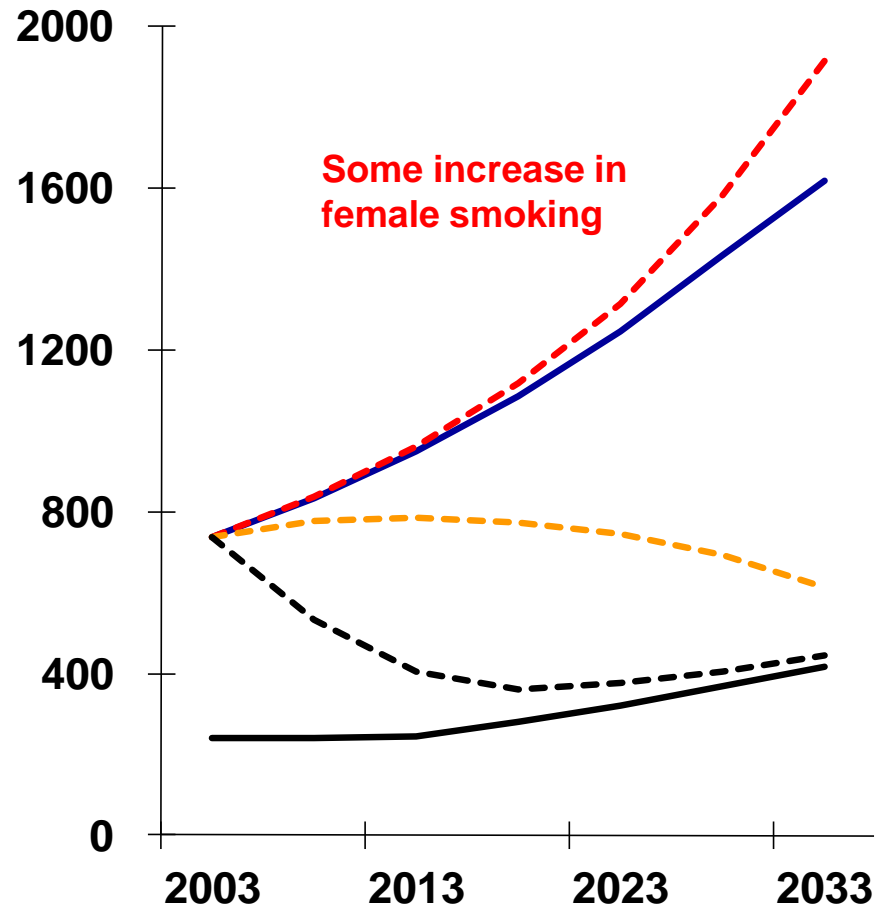
Year

# Annual COPD deaths under scenarios of smoking and solid fuel use

## Men



## Women

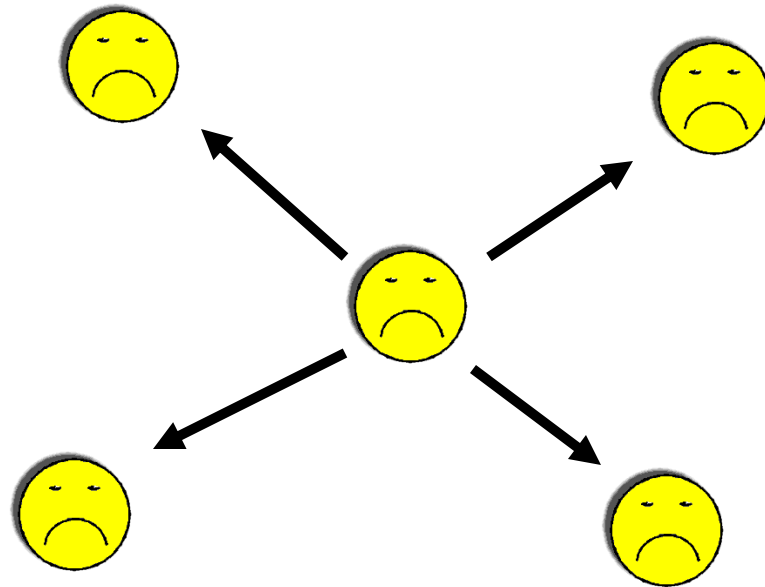


Year

# Modeling integrated management of lung disease in China

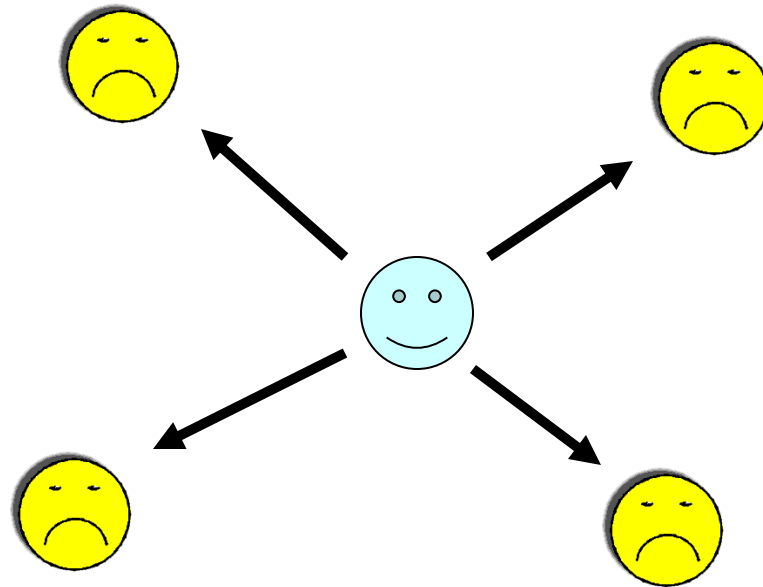
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  - Chronic disease models to incorporate multi-causality and time-dependent effects (time-dependant proportional multi-risk model)
  - TB model to incorporate indirect effect through transmission from source cases

# Dependence of TB infection



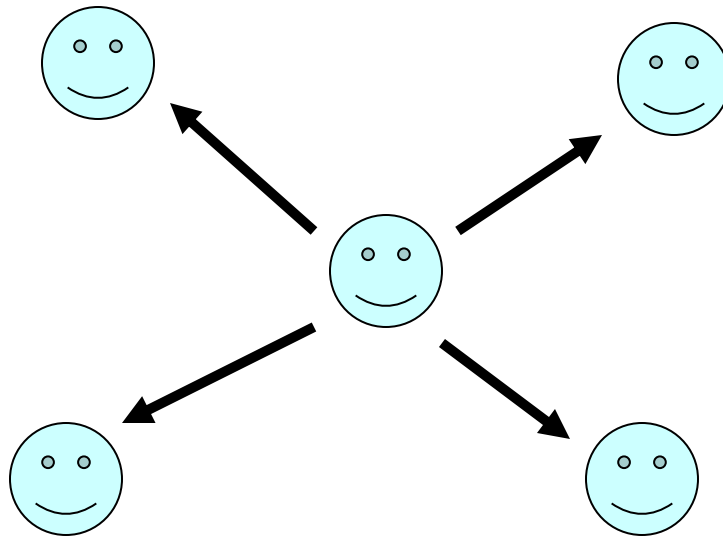
# Dependence of TB infection/intervention

Direct effect



# Dependence of TB infection/intervention

Indirect effect



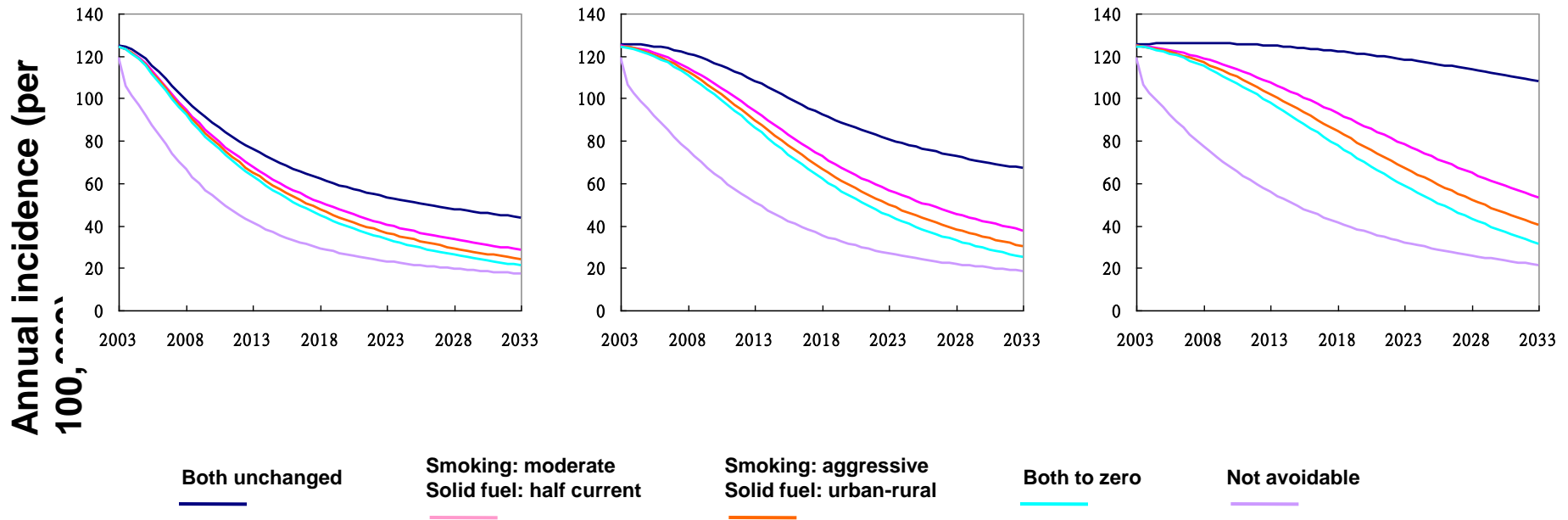


# Annual incidence of infectious TB under different scenarios of smoking, solid fuel use, and DOTS (Guizhou province)

**Optimal DOTS**

**Moderate DOTS**

**Minimal DOTS**



# Potential interventions for indoor air pollution

- Cleaner fuels
  - Petroleum and electricity: limited by cost and especially by delivery infrastructure
  - Pre-processed biomass/coal (charcoal, pellets, liquid/gaseous fuels)
- Alternative (ventilated) stoves
  - High-quality stoves are relatively costly
  - Performance of low-cost stoves highly program- and user-dependent
  - Benefits would be substantially less in urban or densely populated areas

# Does electrification reduce the use of biomass and coal fuels? (Inner Mongolia)



# Does electrification reduce the use of biomass and coal fuels? (Inner Mongolia)





# Non-fuel options for reducing household air pollution – do they work?



**Traditional stove**



**Biomass pellet  
gasifier stove for  
cooking &  
heating**



# Potential interventions for indoor air pollution

- Behavior change
  - Limited options for cooking/heating behaviors
  - Some options for childcare behaviors
  - Can be effective in combination with fuel/stove interventions
- Housing change
  - Benefits will vary based on whether cooking or heating is the main use of fuel; particularly relevant where heating is an important use of energy
  - May be very costly but the benefits can be large and permanent
  - Opportunities where there is large change in housing stock
- Local / regional packages of interventions will be needed