

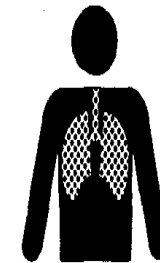
Clean Cooking in the PAHO Region: Why do we Care?

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The Environmental Health Pathway

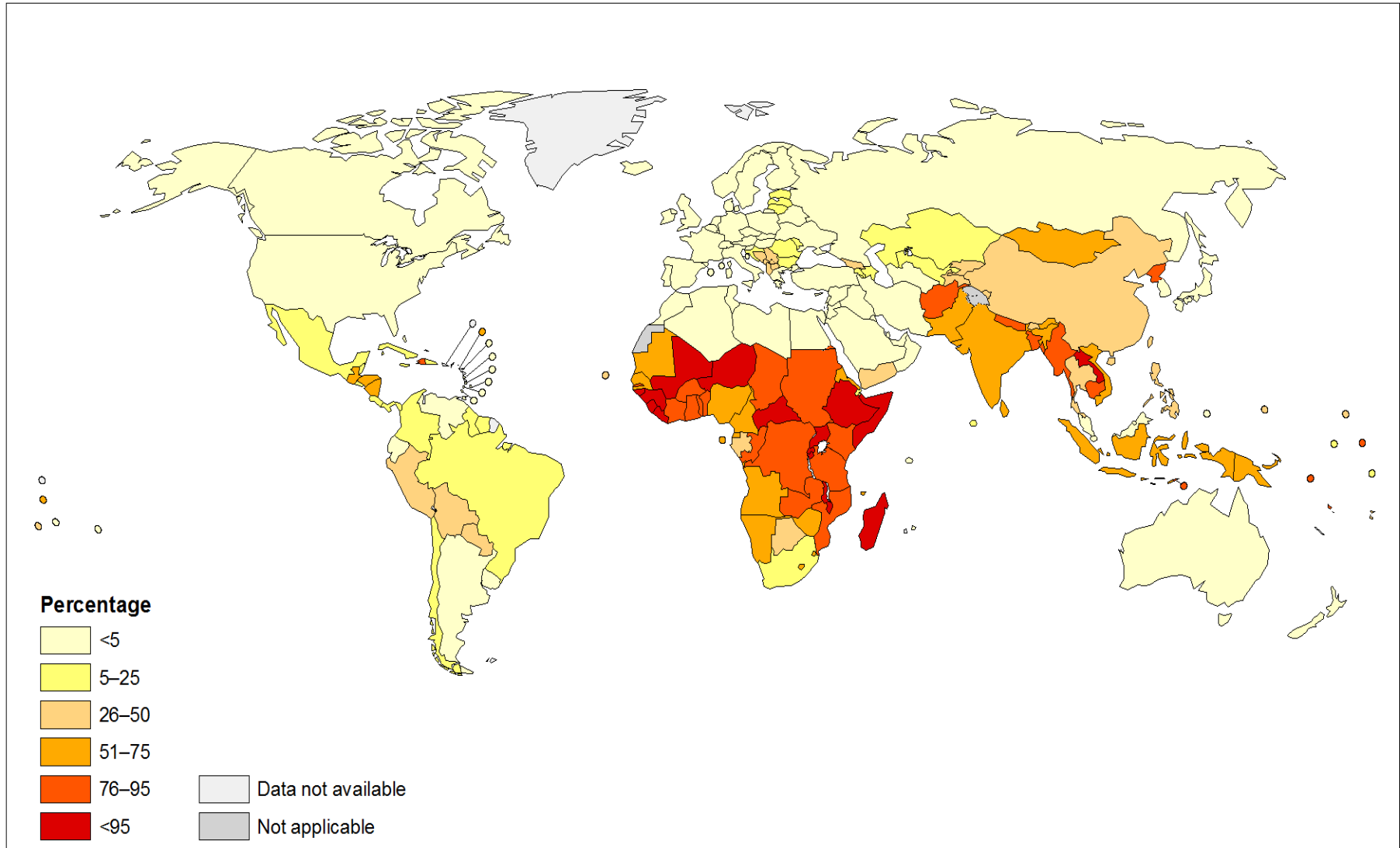
SOURCE → EMISSIONS → CONCENTRATION → EXPOSURE → DOSE → HEALTH EFFECTS



The three major solid fuels



Population Cooking with Solid Fuels in 2010 (%)



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Public Health Information
and Geographic Information Systems (GIS)
World Health Organization



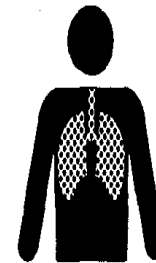
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2010 Biomass Use for Cooking in Latin America

Argentina	0 (0, 12)		
<u>Belize</u>	12 (0, 25)	Guyana	7 (0, 20)
<u>Bolivia</u>	29 (32, 58)	<u>Haiti</u>	91 (78, 100)
Brazil	6 (0, 19)	<u>Honduras</u>	51 (38, 64)
Chile	6 (0, 19)	<u>Jamaica</u>	11 (0, 24)
<u>Colombia</u>	14 (1, 27)	<u>Mexico</u>	14 (1, 27)
Costa Rica	6 (0, 19)	<u>Nicaragua</u>	54 (41, 67)
Cuba	0 (0, 22)	Panama	18 (5, 31)
Dominica	1 (0, 14)	<u>Paraguay</u>	49 (36, 62)
Domin Repub	7 (0, 20)	<u>Peru</u>	36 (24, 50)
Ecuador	2 (0, 15)	St Vinc/Grenad	3 (0, 16)
<u>El Salvador</u>	22 (9, 35)	<u>Suriname</u>	12 (0, 25)
Grenada	0 (0, 0)	Uruguay	0 (0, 13)
<u>Guatemala</u>	57 (44, 70)	Venezuela	0 (0, 8)

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Woodsmoke is natural – how can it hurt you?

Or, since wood is mainly just carbon, hydrogen, and oxygen, doesn't it just change to CO_2 and H_2O when it is combined with oxygen (burned)?



Reason: the combustion efficiency is far less than 100%

Toxic Pollutants in Wood Smoke from Simple (poor) Combustion

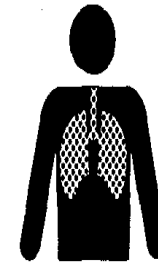
- Small particles, CO, NO₂
- Hydrocarbons
 - 20+ alkenes such as *1,3-butadiene*
 - 40+ aromatics such as *benzene* and *styrene*
 - 20+ alcohols and acids such as *methacrolein*
- Oxygenated organics
 - 20+ alcohols and acids such as *methacrolein*
 - 25+ aldehydes and ketones such as *acrolein*
 - 33+ phenols such as *catechol* & *cresol*
 - Many quinones such as *hydroquinone*
 - Semi-quinone-type and other radicals
- Chlorinated organics such as *methylene chloride* and *dioxin*

Typical wood cookfire releases 400 cigarettes per hour worth of smoke

Source: Naeher et al, *J Inhal Tox*, 2007

The Environmental Health Pathway

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Health-Damaging Air Pollutants From Typical Wood-fired Cookstove.

Wood: 1.0 kg
Per Hour
in 15 ACH
40 m³ kitchen

Typical Health-based Standards

Typical Indoor Concentrations

Carbon Monoxide:
150 mg/m³

Particles
3.3 mg/m³

Benzene
0.8 mg/m³

1,3-Butadiene
0.15 mg/m³

Formaldehyde
0.7 mg/m³

10 mg/m³

0.1 mg/m³

0.002 mg/m³

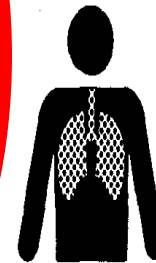
0.0003 mg/m³

0.1 mg/m³

Best single indicator

The Environmental Health Pathway

SOURCE → EMISSIONS → CONCENTRATION → EXPOSURE → DOSE → HEALTH EFFECTS



First person in human history to
have her exposure measured
doing the oldest task in human history

~5000 ug/m³
during cooking
>500 ug/m³ 24-
hour
-typical in PAHO
countries

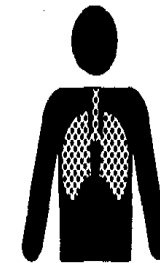
Emissions and
concentrations,
yes, but
what about
exposures?



India, 1981

The Environmental Health Pathway

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How much PM_{2.5} is unhealthy?

- WHO Air Quality Guidelines
 - 10 ug/m³ annual average
 - No public microenvironment, indoor or outdoor, should be more than 35 ug/m³
- USEPA
 - Was 15 ug/m³ until 2012: annual outdoors
 - Now 12 ug/m³
 - Same as California since ~2000

A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010

Stephen S Lim[‡], Theo Vos, Abraham D Flaxman, Goodarz Danaei, Kenji Shibuya, Heather Adair-Rohani*, Markus Amann*, H Ross Anderson*, Kathryn G Andrews*, Martin Aryee*, Charles Atkinson*, Lorraine J Bacchus*, Adil N Bahalim*, Kalpana Balakrishnan*, John Balmes*, Suzanne Barker-Collo*, Amanda Baxter*, Michelle L Bell*, Jed D Blore*, Fiona Blyth*, Carissa Bonner*, Guilherme Borges*, Rupert Bourne*, Michel Boussinesq*, Michael Brauer*, Peter Brooks*, Nigel G Bruce*, Bert Brunekreef*, Claire Bryan-Hancock*, Chiara Bucello*, Rachelle Buchbinder*, Fiona Bull*, Richard T Burnett*, Tim E Byers*, Bianca Calabria*, Jonathan Carapetis*, Emily Carnahan*, Zoe Chafe*, Fiona Charlson*, Honglei Chen*, Jian Shen Chen*, Andrew Tai-Ann Cheng*, Jennifer Christine Child*, Aaron Cohen*, K Ellicott Colson*, Benjamin C Cowie*, Sarah Darby*, Susan Darling*, Adrian Davis*, Louisa Degenhardt*, Frank Dentener*, Don C Des Jarlais*, Karen Devries*, Mukesh Dherani*, Eric L Ding*, E Ray Dorsey*, Tim Driscoll*, Karen Edmond*, Suad Eltahir Ali*, Rebecca E Engell*, Patricia J Erwin*, Saman Fahimi*, Gail Falder*, Farshad Farzadfar*,

CRA published on Dec 14, 2012
in *The Lancet*

The framing

- Household air pollution from use of solid fuels for cooking
- Not called “indoor” because stove smoke goes outdoors to exposure people in other locations around the household and village.
- And enters atmosphere to become part of general outdoor air pollution (OAP)

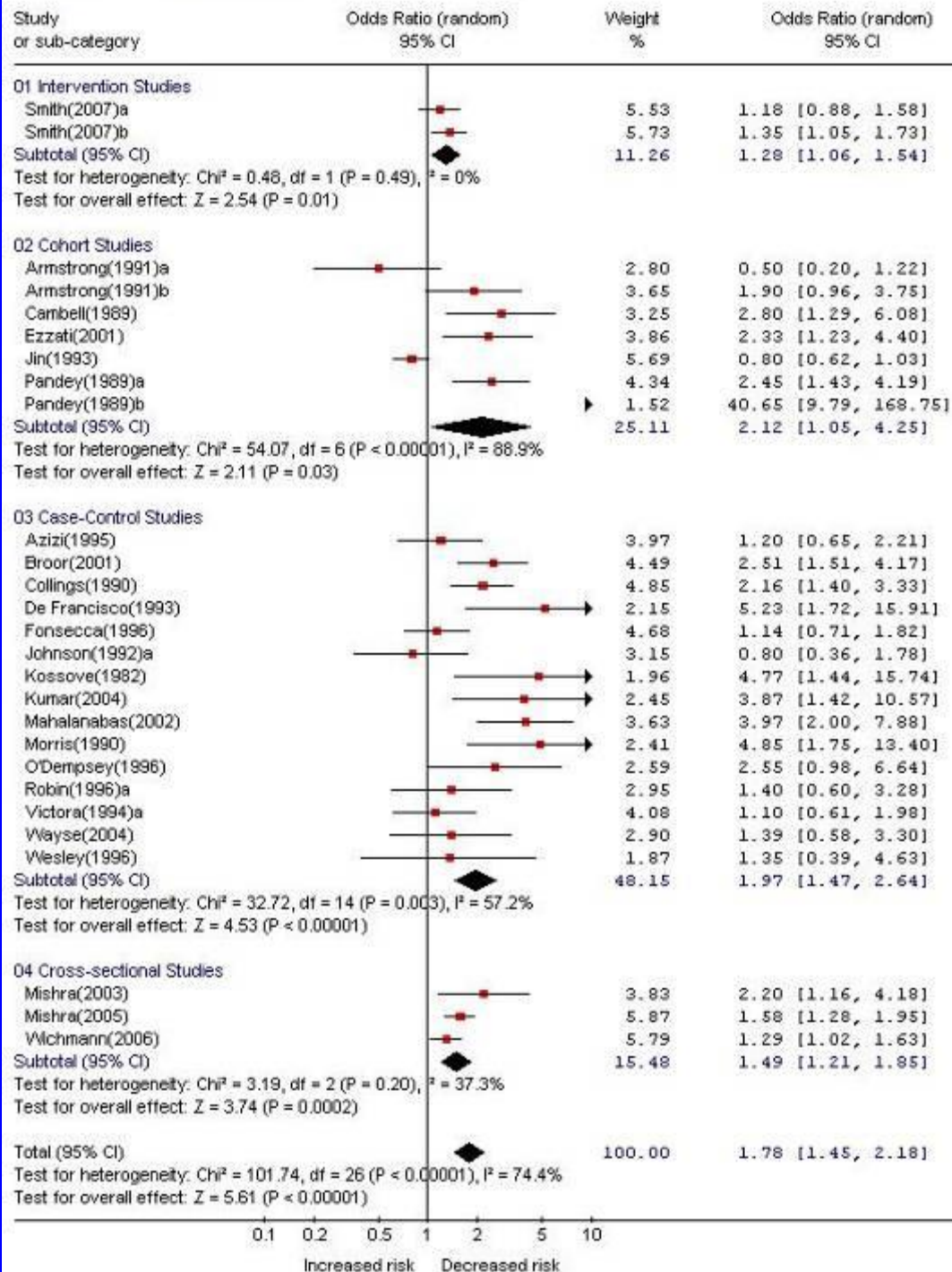
Framing, cont.

- Much effort made to make estimates consistent across the four combustion particle groups in the new GBD/CRA
- Active tobacco smoking, household air pollution, secondhand tobacco smoking, and outdoor air pollution
- HAP risks are determined in comparisons with a vented gas stove or electric cooking

Four types of direct evidence

- Hundreds of epi studies comparing health effects in households using clean fuels versus polluting fuels or various other binary exposure metrics
- Integrated Exposure-Response Curves for 5 diseases – link across 4 air pollution types
- For ALRI – based on RESPIRE in Guatemala – only ones yet published
 - Randomized controlled trial
 - Exposure-response study

Study design	N*	OR	95% CI
Intervention	2	1.28	1.06, 1.54
Cohort	7	2.12	1.06, 4.25
Case-control	15	1.97	1.47, 2.64
Cross-sectional	3	1.49	1.21, 1.85
All	26	1.78	1.45, 2.18



Growing indirect evidence

- Biomarkers of effect
 - Blood pressure
 - Heart function
 - Lung function
 - Urinary toxin levels
 - Etc.

Diseases from HAP with
Strong Evidence

ALRI/
Pneumonia

Cataracts

Heart disease
and stroke

COPD

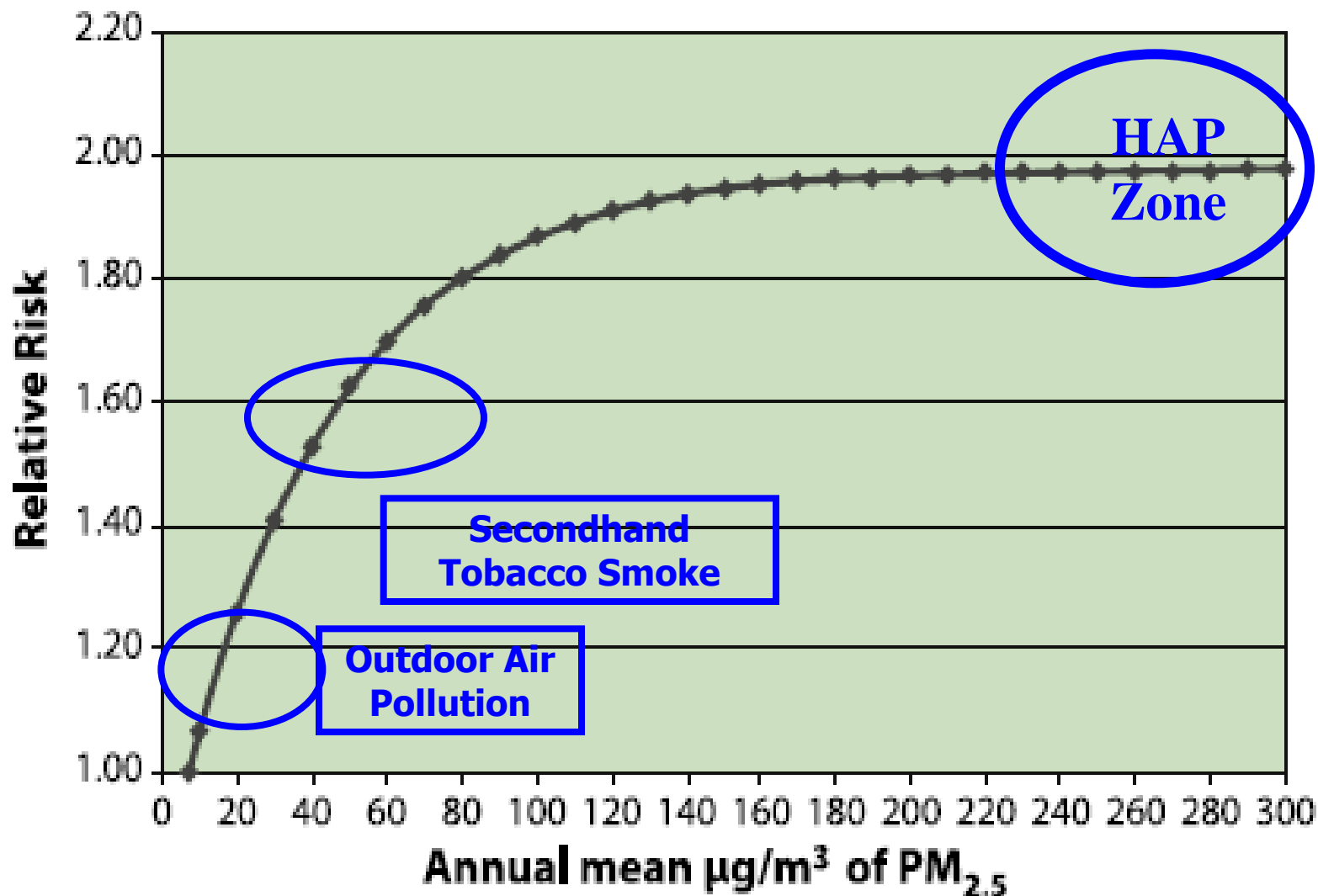
Lung cancer



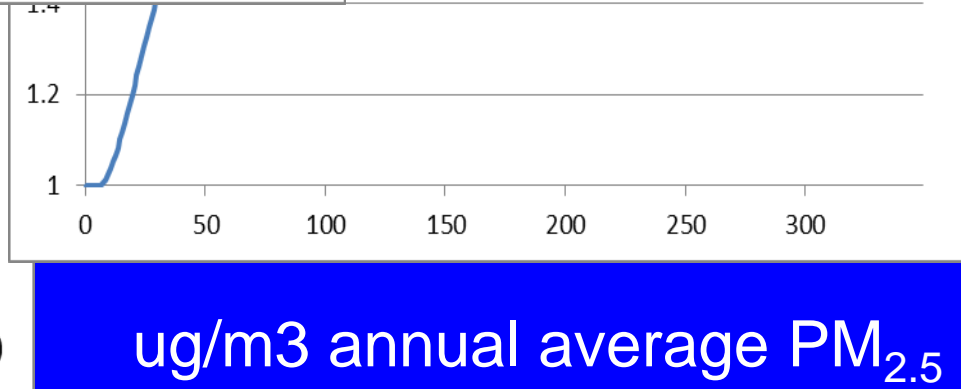
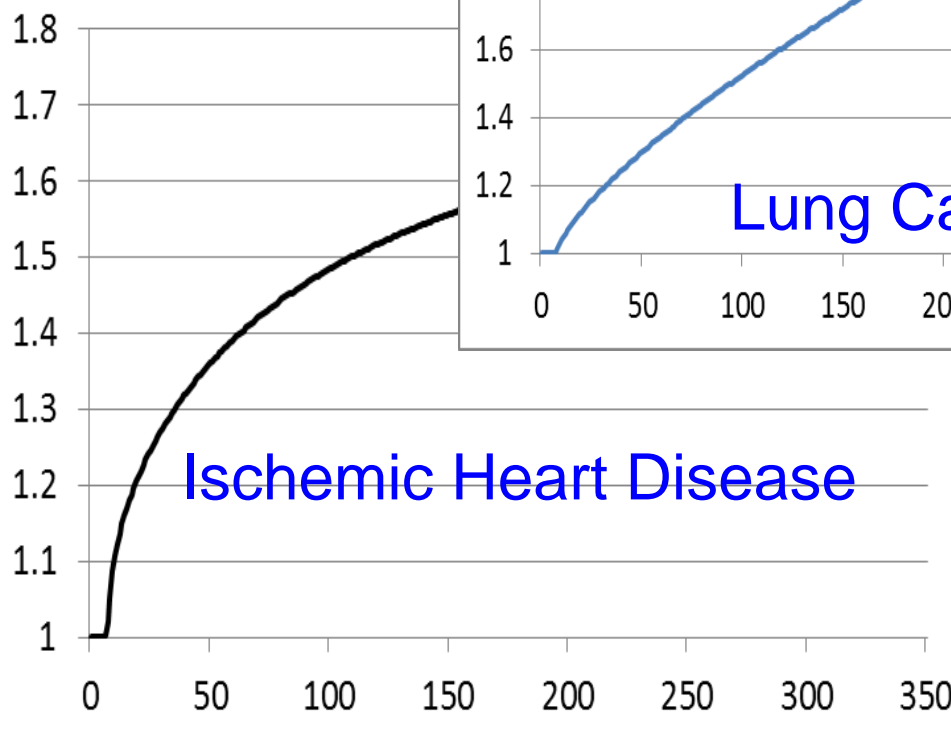
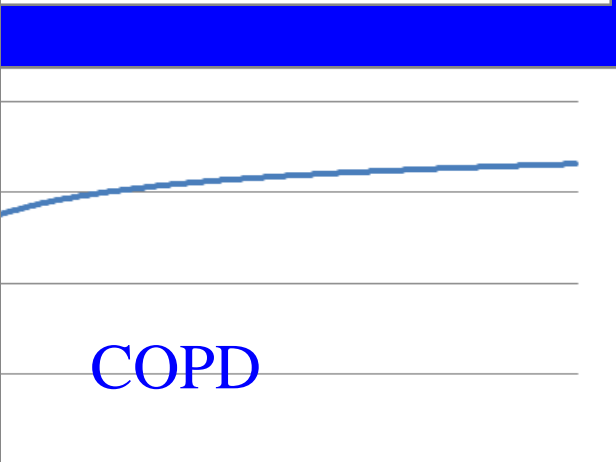
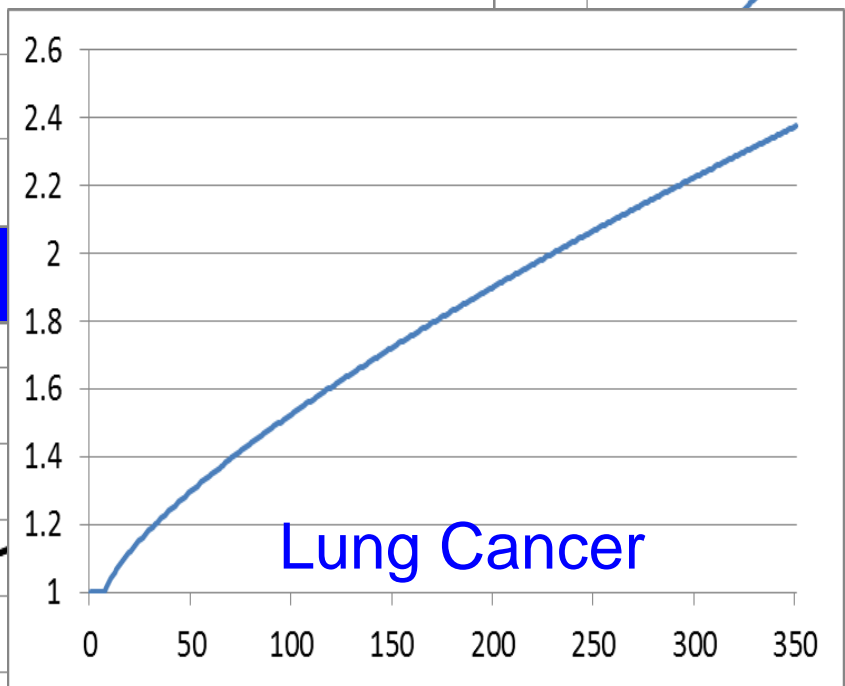
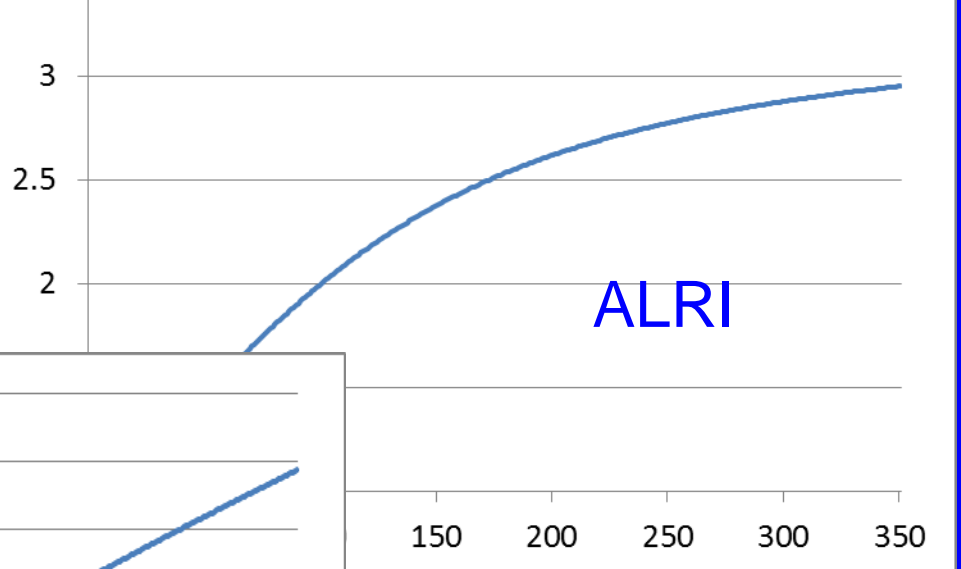
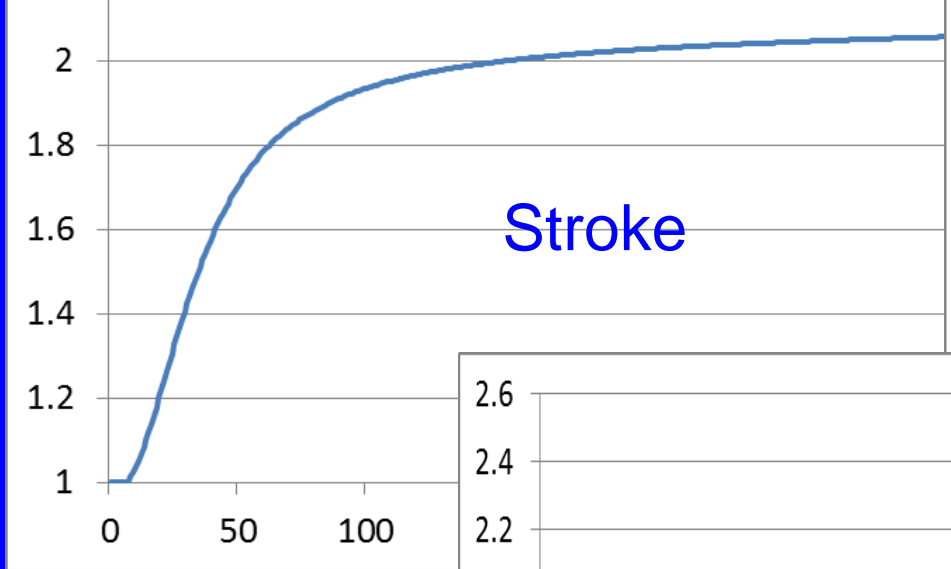
These diseases are included in the
Comparative Risk Assessment of the
Global Burden of Disease

Integrated Exposure-Response: Outdoor Air, SHS, and Smoking and Heart Disease

Smokers →



CRA,
2012

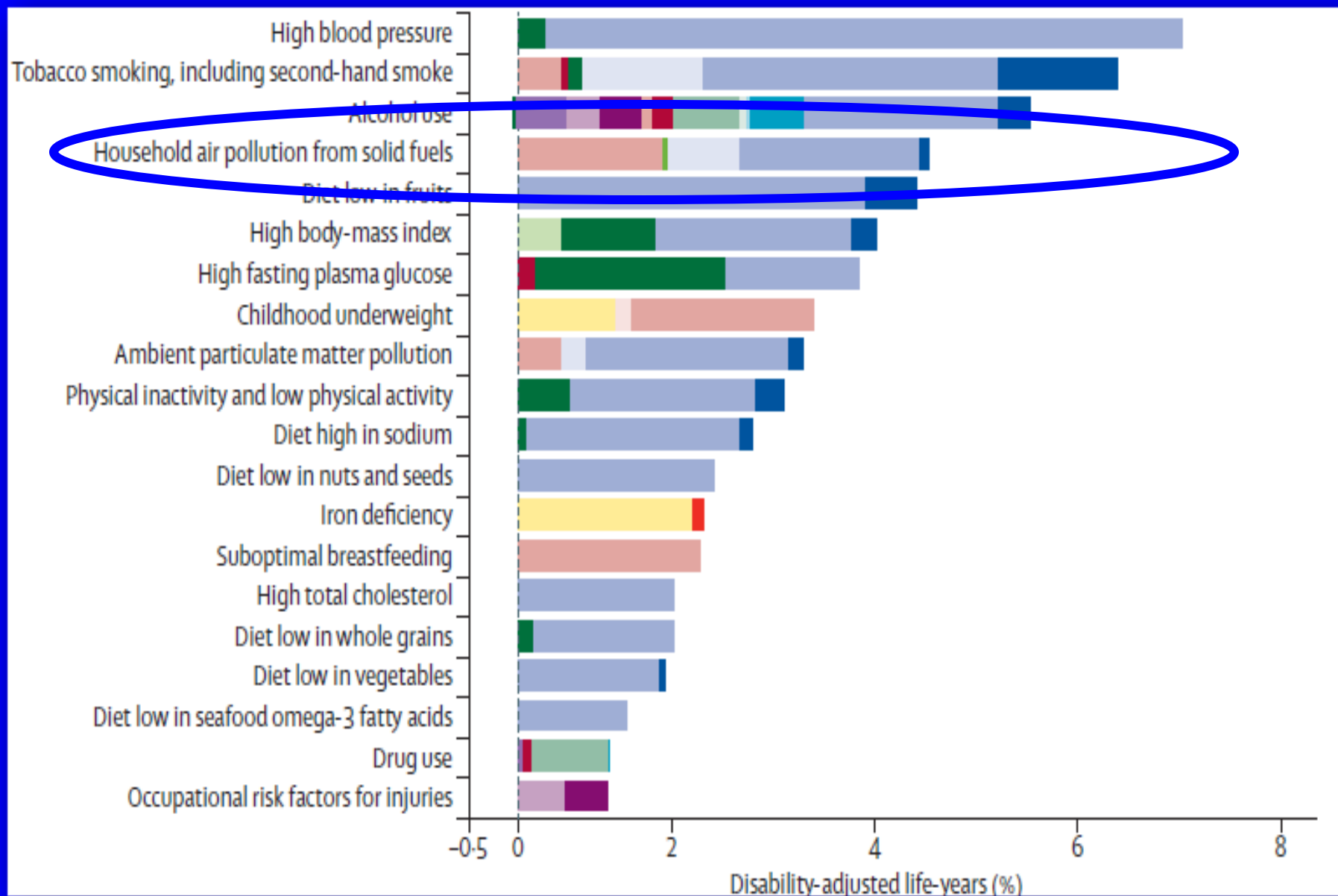


ug/m3 annual average PM_{2.5}

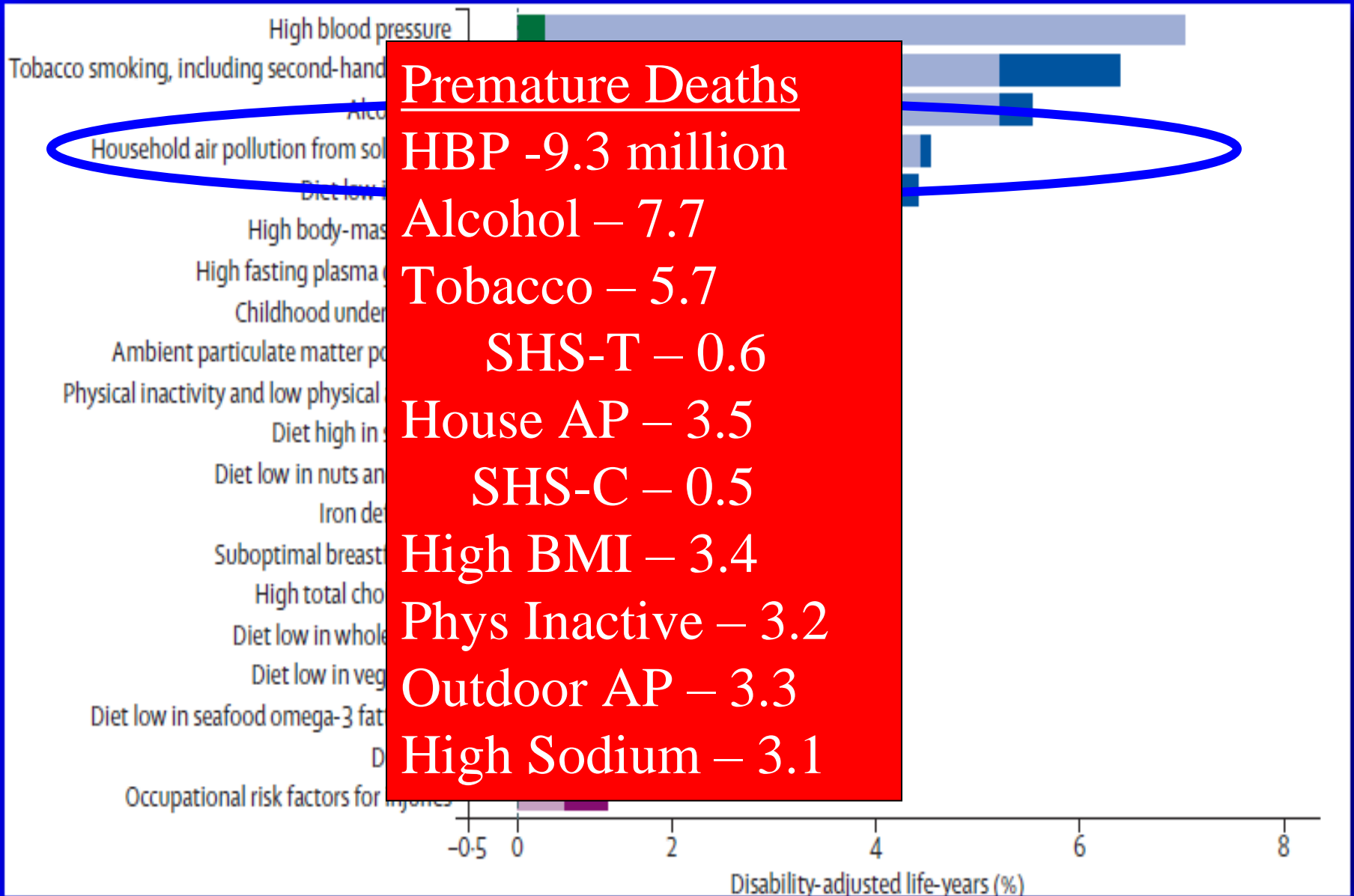
Metrics

- Mortality – important, but can be misleading as it does not take age into account or years of illness/injury
 - Death at 88 years counts same as at 18, which is not appropriate
- Disability-adjusted Life Years (DALYs) lost do account for age and illness.
- GBD 2010 compares deaths against best life expectancy in world – 86 years

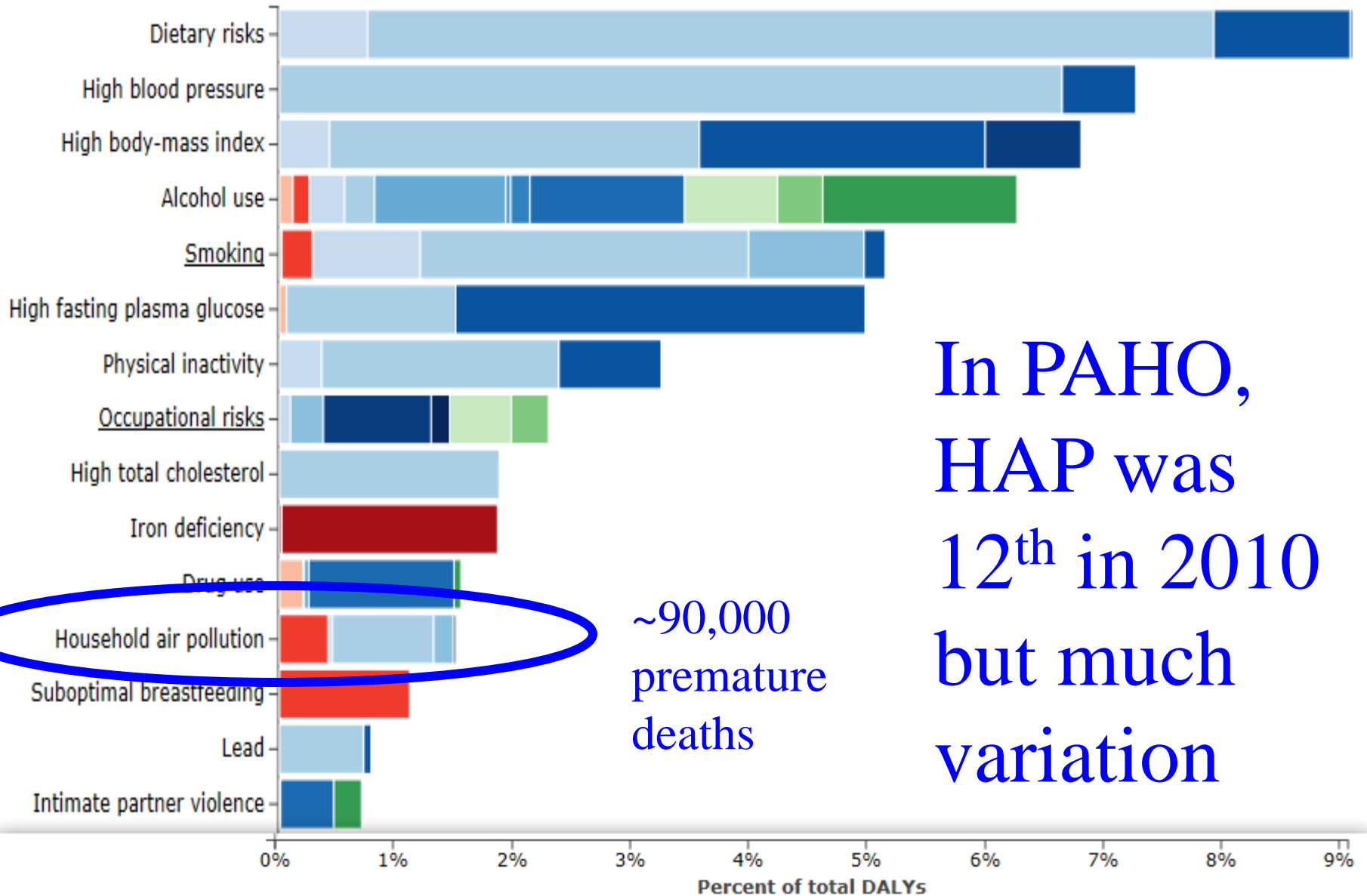
Global DALYs 2010: Top 20 Risk Factors



Global DALYs 2010: Top 20 Risk Factors

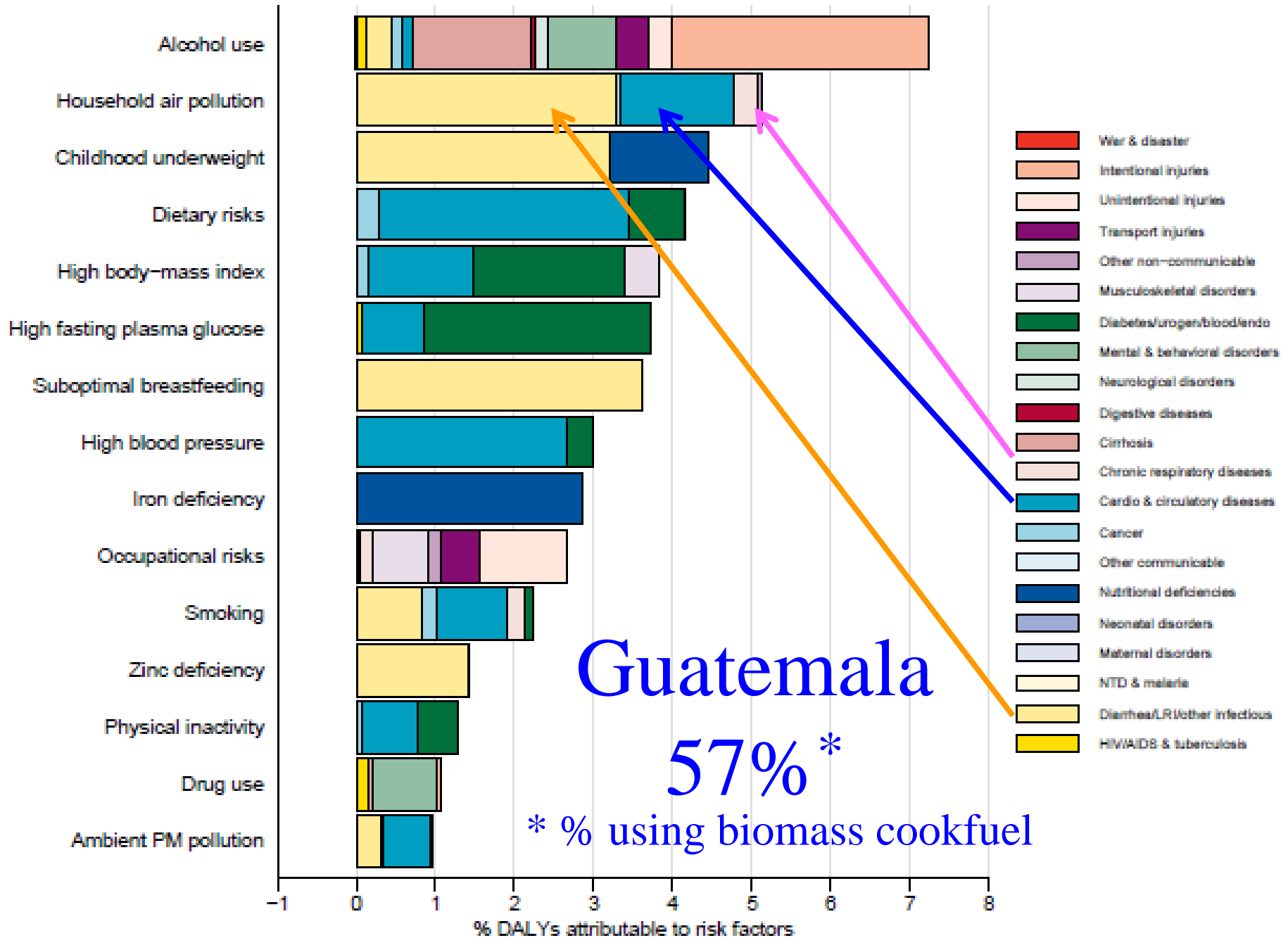


Latin America and Caribbean (World Bank), DALYs
Both sexes, All ages, 2010

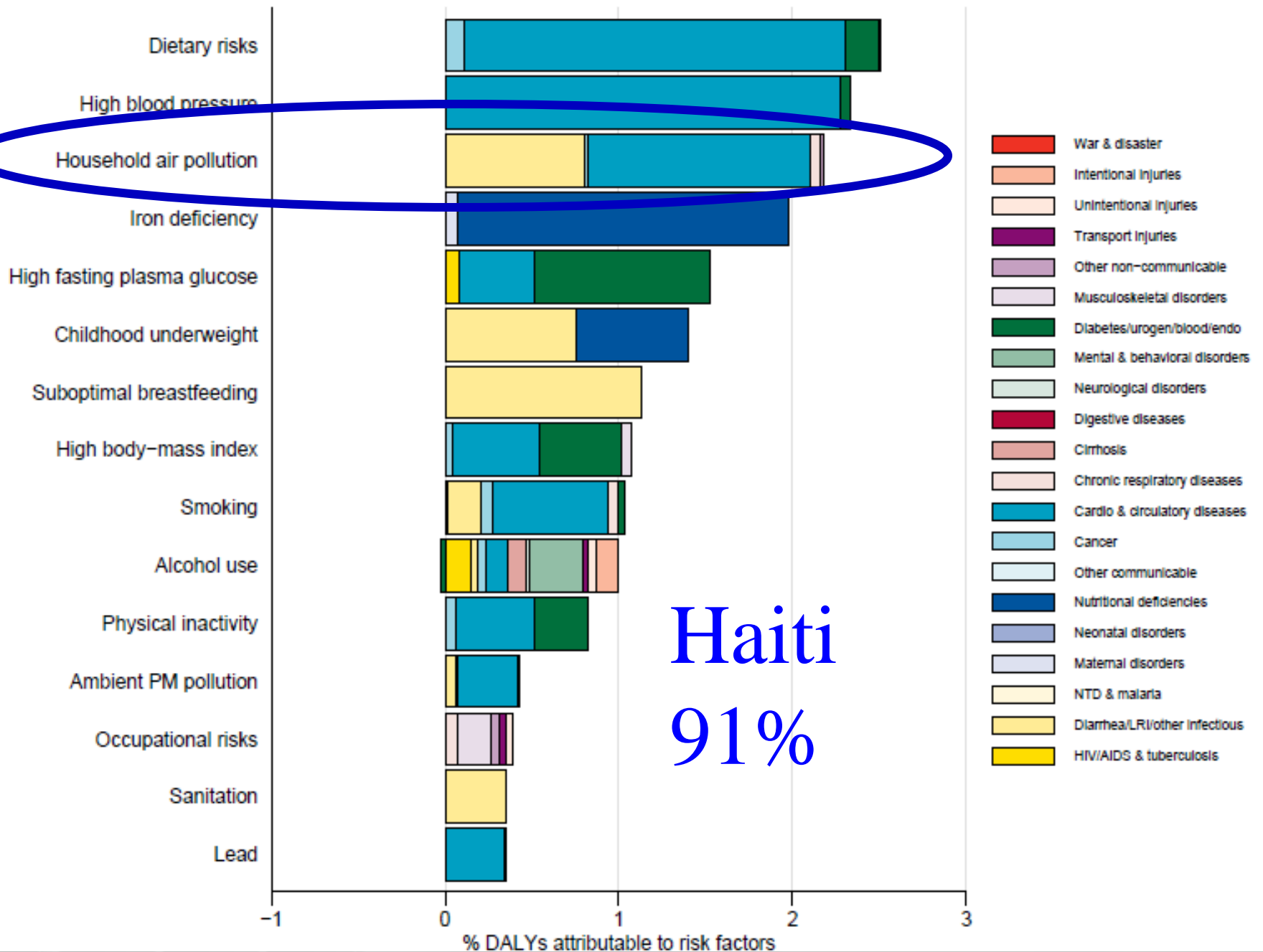


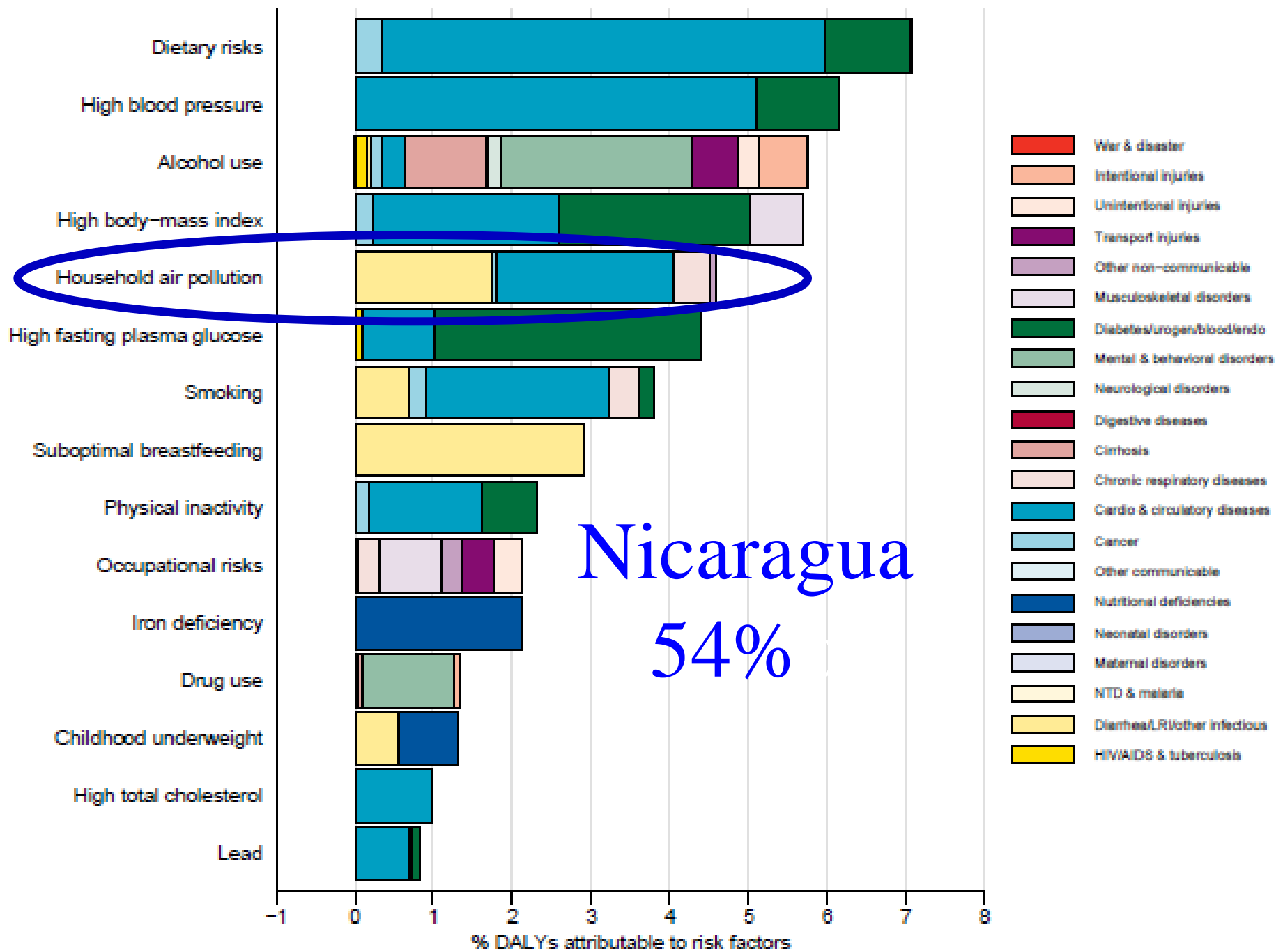
In PAHO,
HAP was
12th in 2010
but much
variation

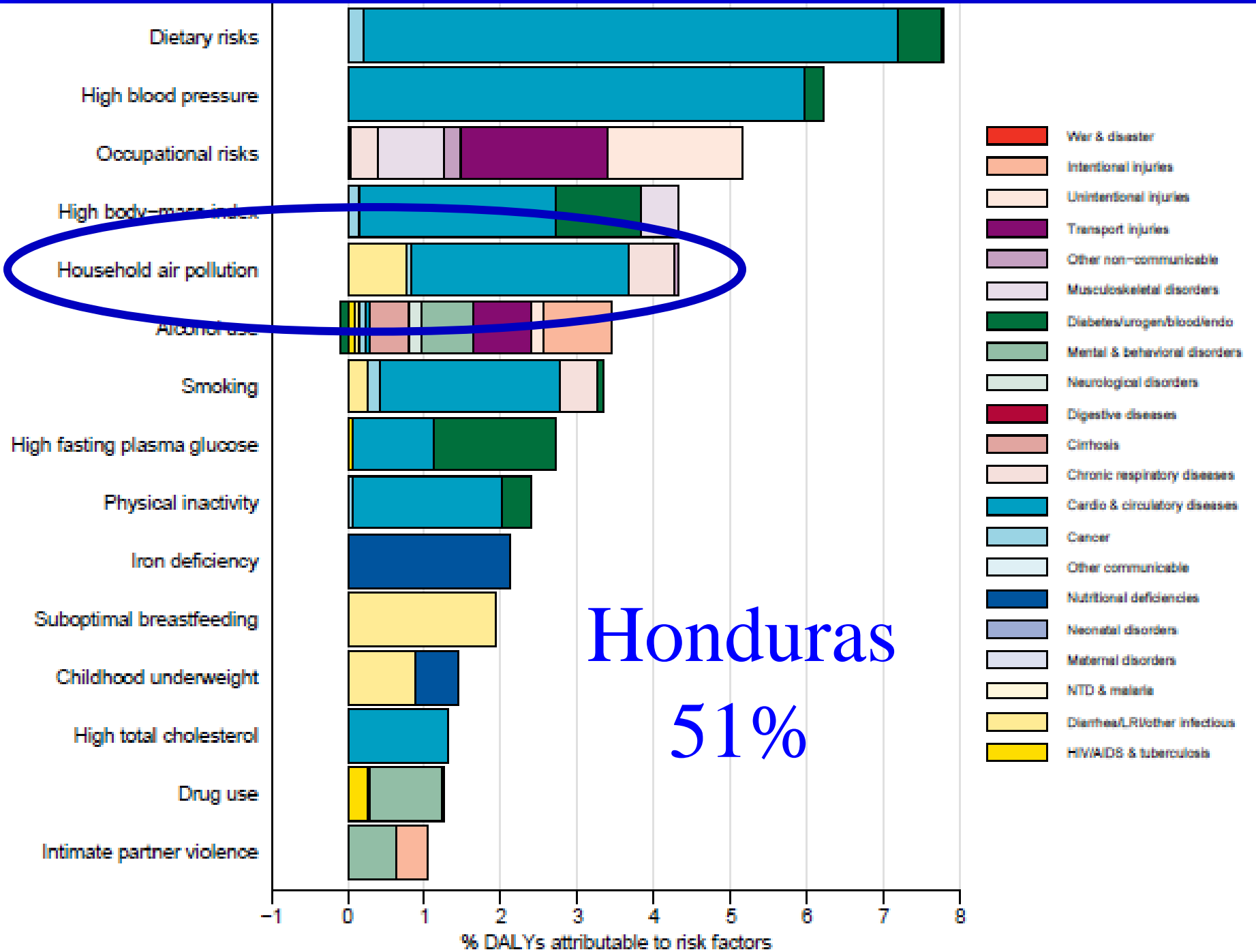
Burden of disease attributable to 15 leading risk factors in 2010, expressed as a percentage of Guatemala DALYs



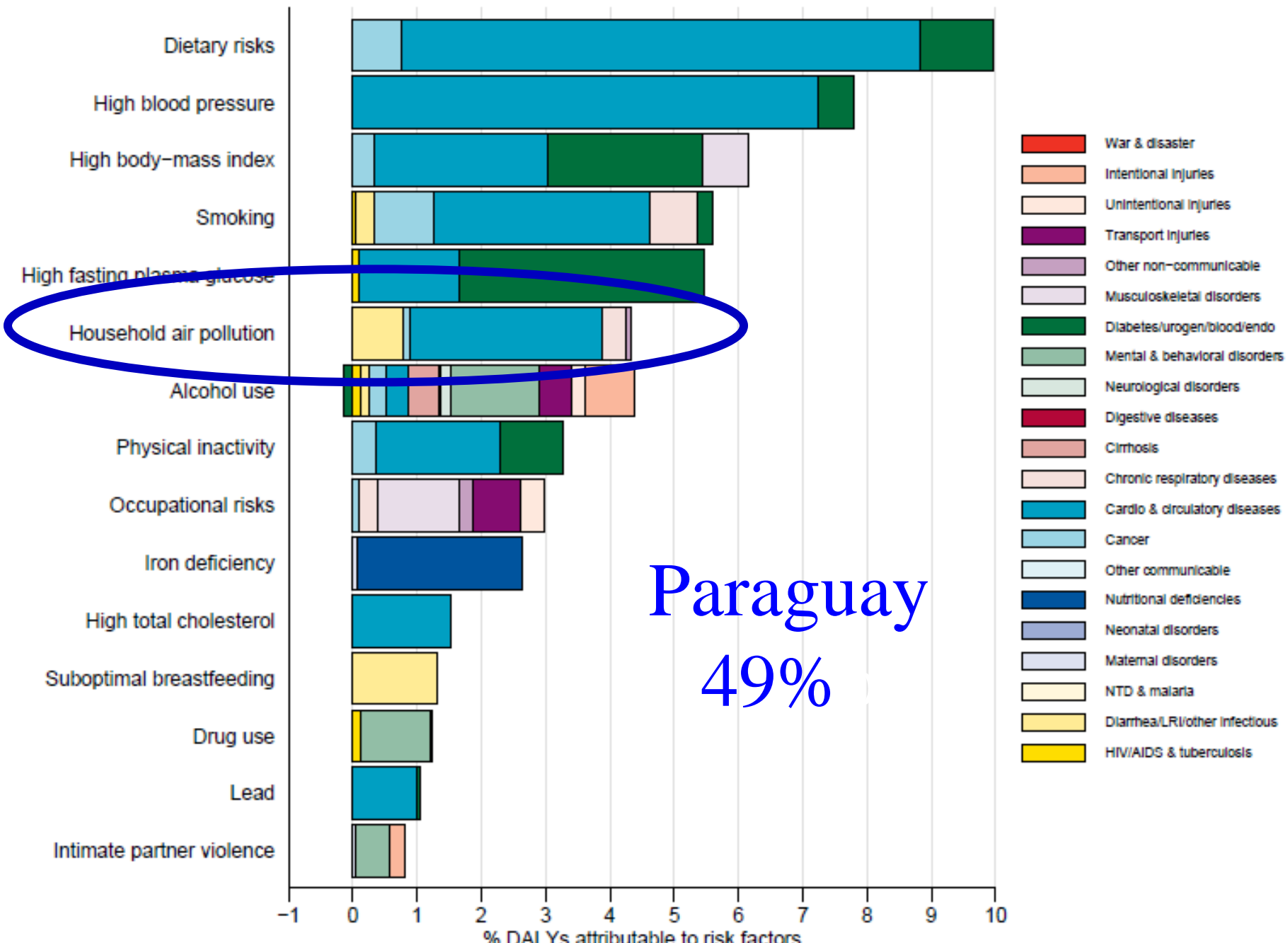
Burden of disease attributable to 15 leading risk factors in 2010, expressed as a percentage of Haiti DALYs

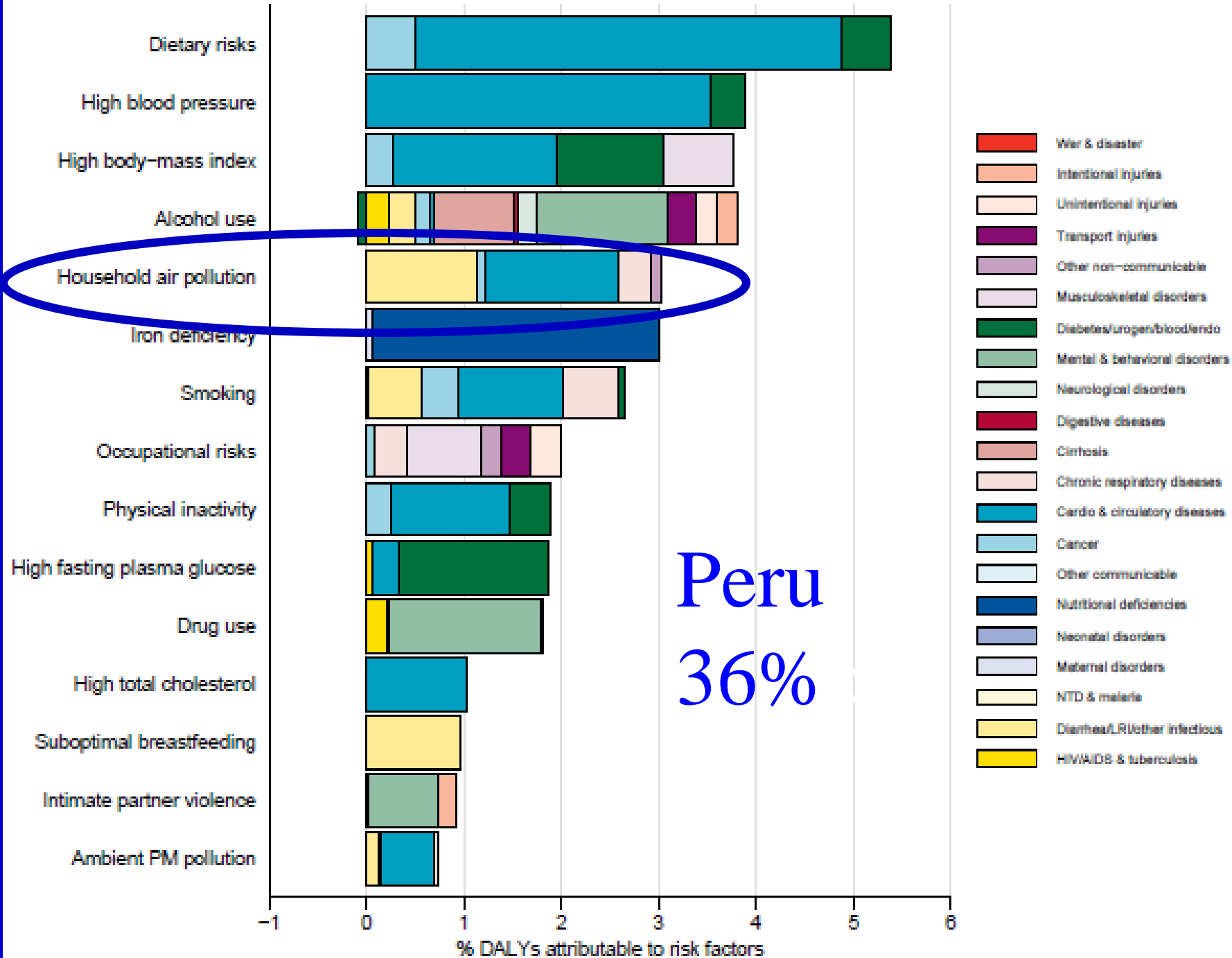






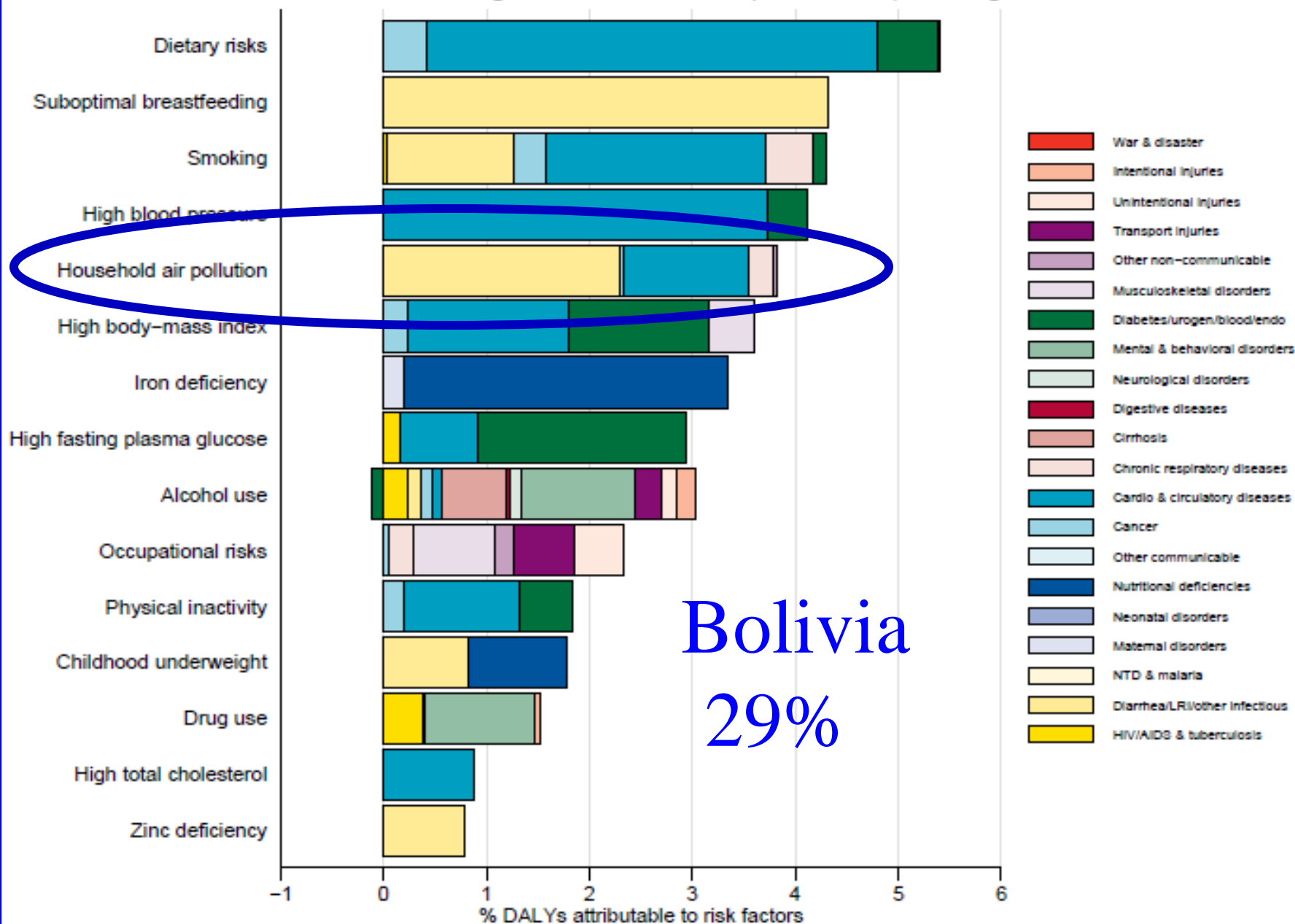
Burden of disease attributable to 15 leading risk factors in 2010, expressed as a percentage of Paraguay DALYs

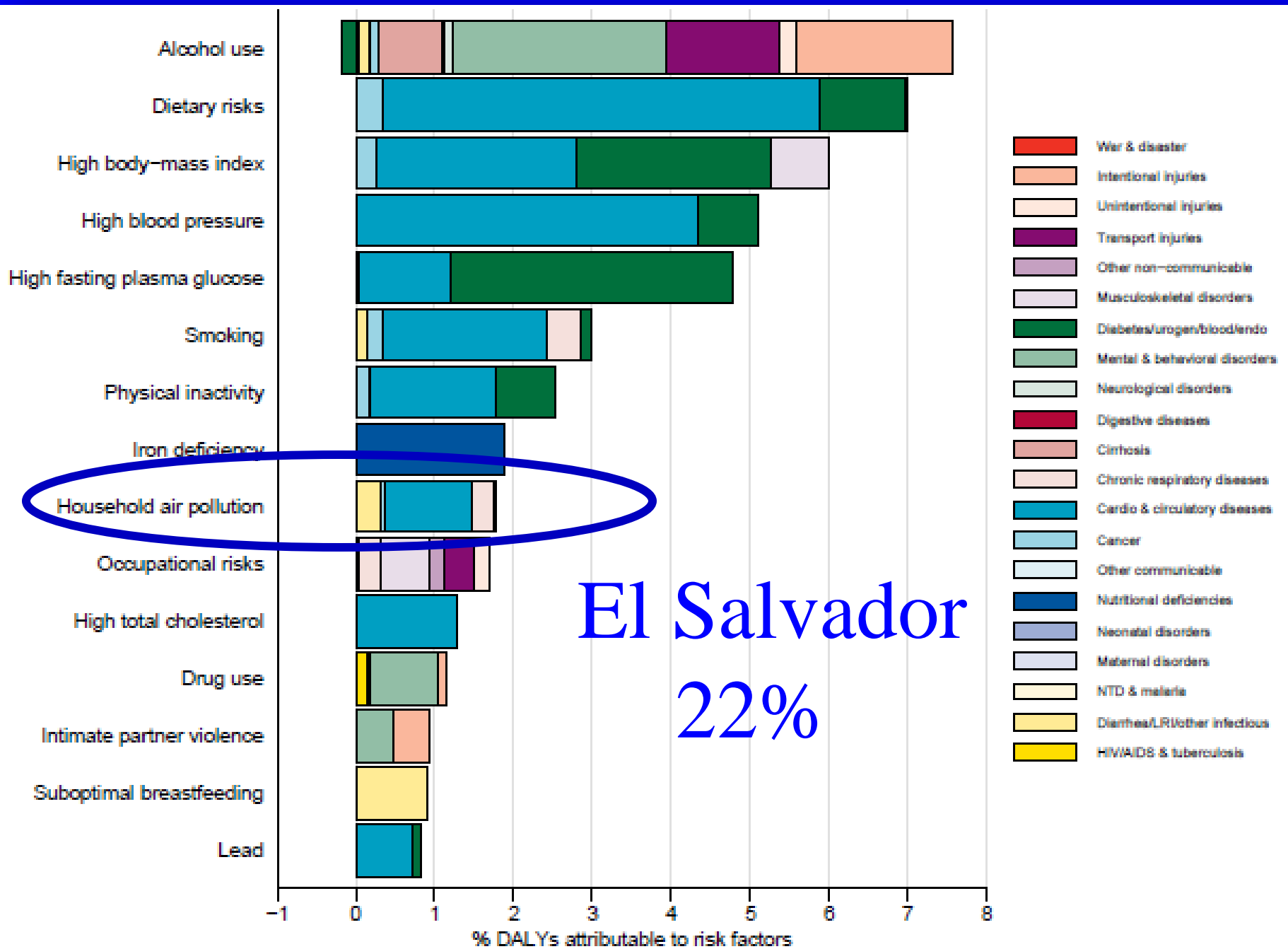


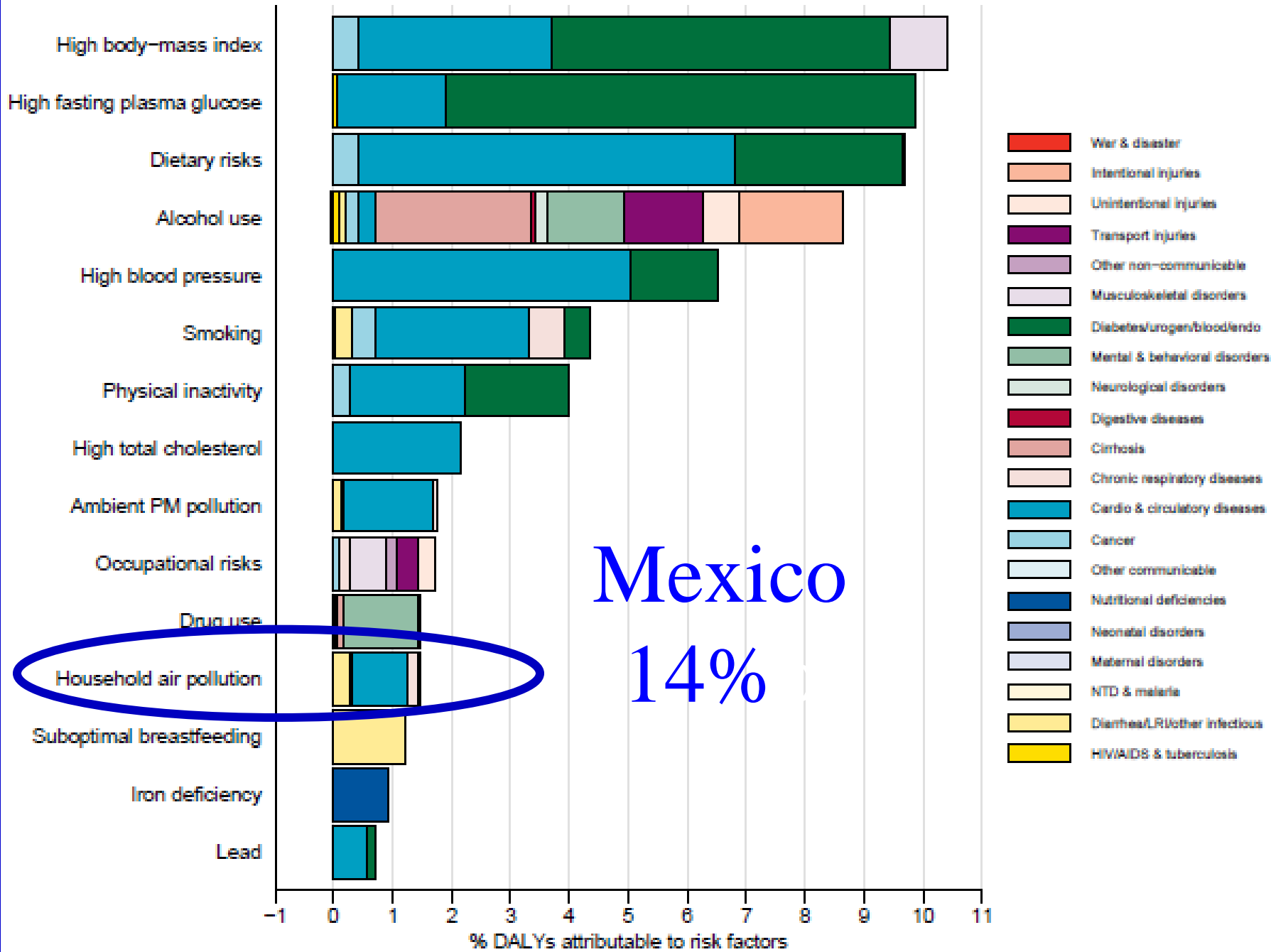


- War & disaster
- Intentional injuries
- Unintentional injuries
- Transport injuries
- Other non-communicable
- Musculoskeletal disorders
- Diabetes/urogen/blood/endo
- Mental & behavioral disorders
- Neurological disorders
- Digestive diseases
- Cirrhosis
- Chronic respiratory diseases
- Cardio & circulatory diseases
- Cancer
- Other communicable
- Nutritional deficiencies
- Neonatal disorders
- Maternal disorders
- NTD & malaria
- Diarthra/LRI/other infectious
- HIV/AIDS & tuberculosis

Burden of disease attributable to 15 leading risk factors in 2010, expressed as a percentage of Bolivia DALYs

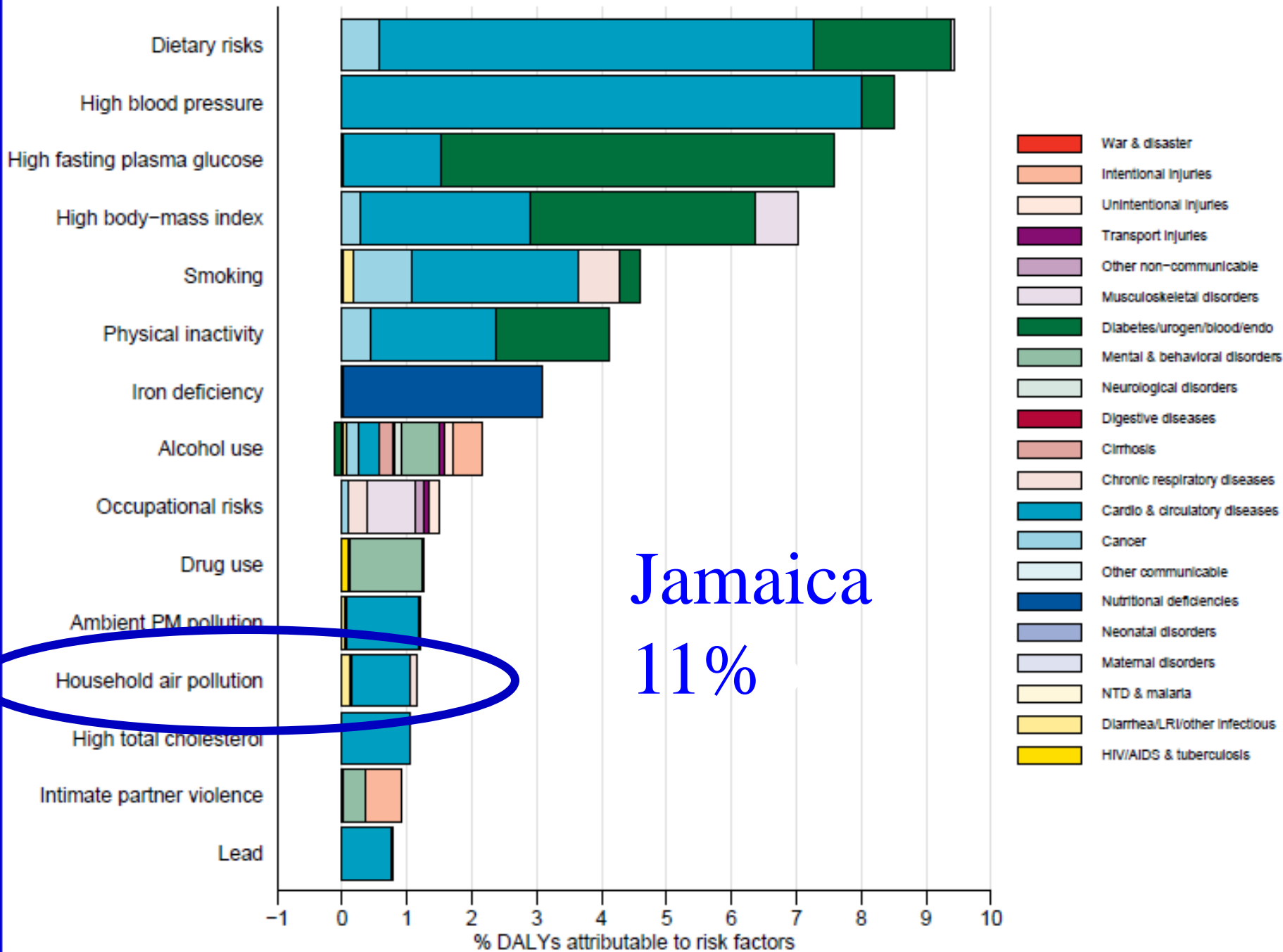






- War & disaster
- Intentional injuries
- Unintentional injuries
- Transport injuries
- Other non-communicable
- Musculoskeletal disorders
- Diabetes/urogen/blood/endo
- Mental & behavioral disorders
- Neurological disorders
- Digestive diseases
- Cirrhosis
- Chronic respiratory diseases
- Cardio & circulatory diseases
- Cancer
- Other communicable
- Nutritional deficiencies
- Neonatal disorders
- Maternal disorders
- NTD & malaria
- Diarhea/LR/other infectious
- HIV/AIDS & tuberculosis

Burden of disease attributable to 15 leading risk factors in 2010, expressed as a percentage of Jamaica DALYs



Summary of CRA

- One of the top risk factors in the world for ill-health.
- Most important environmental risk factor among all examined
- Biggest impact in adults --3 million premature deaths (two-thirds the DALYs)
- Still important for children ~500,000 deaths (one-third the DALYs)
- Important source of outdoor air pollution

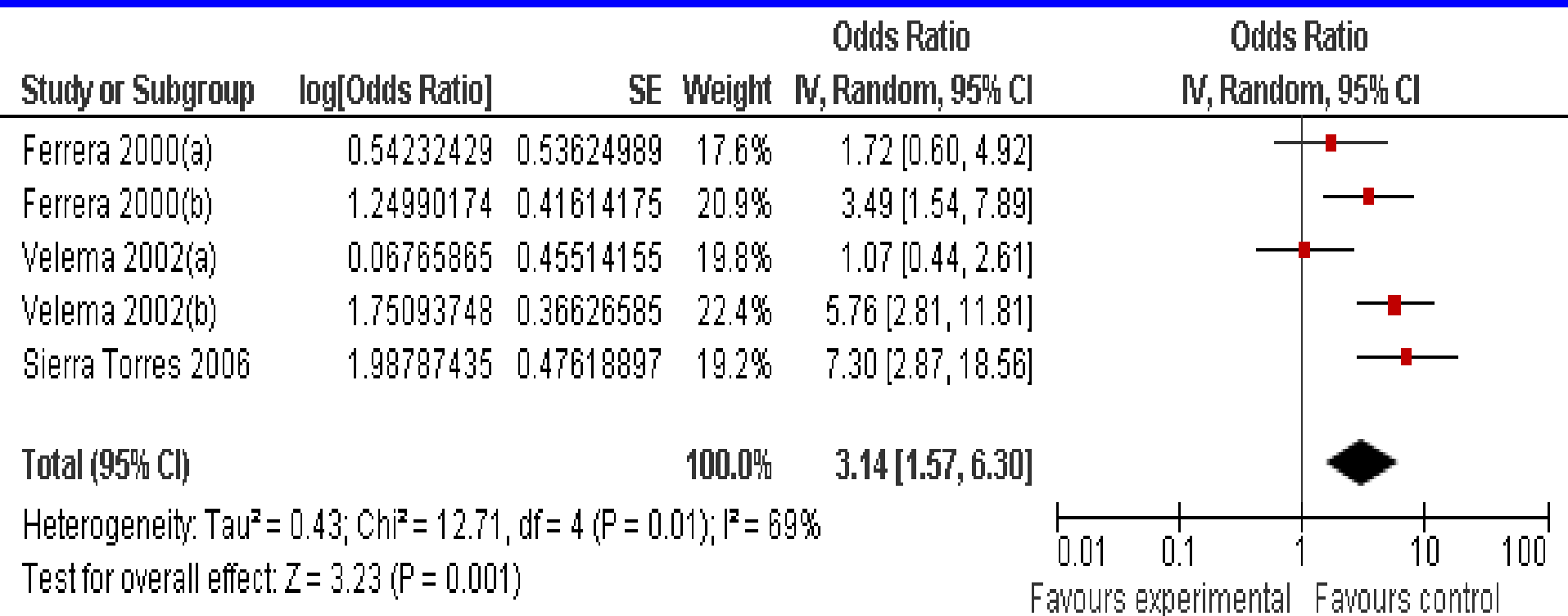
Not all diseases included

- Many with some evidence not included yet
 - Low birth weight and prematurity
 - TB
 - Other cancers – cervical, upper respiratory, etc
 - Cognitive effects
 - Pneumonia in adults
- Can expect that HAP effects, over time, will be found for nearly all the many dozen diseases found for smoking.
- But at lower risk levels

Evidence from Latin America

- Oldest and most productive HAP research site in the world – RESPIRE in Guatemala
 - Pneumonia in children
 - Low birth weight
 - Impaired cognitive ability
 - Chronic lung disease in women
 - 50+ scientific publications
- Several studies of cervical cancer in Honduras and Columbia

Cervical Cancer and Household Air Pollution



Three papers; two done in Honduras with four groups,
 one in Columbia

First randomized controlled trial in air pollution history

THELANCET-D-09-06268R3

S0140-6736(11)60921-5

Embargo: [add date when known]

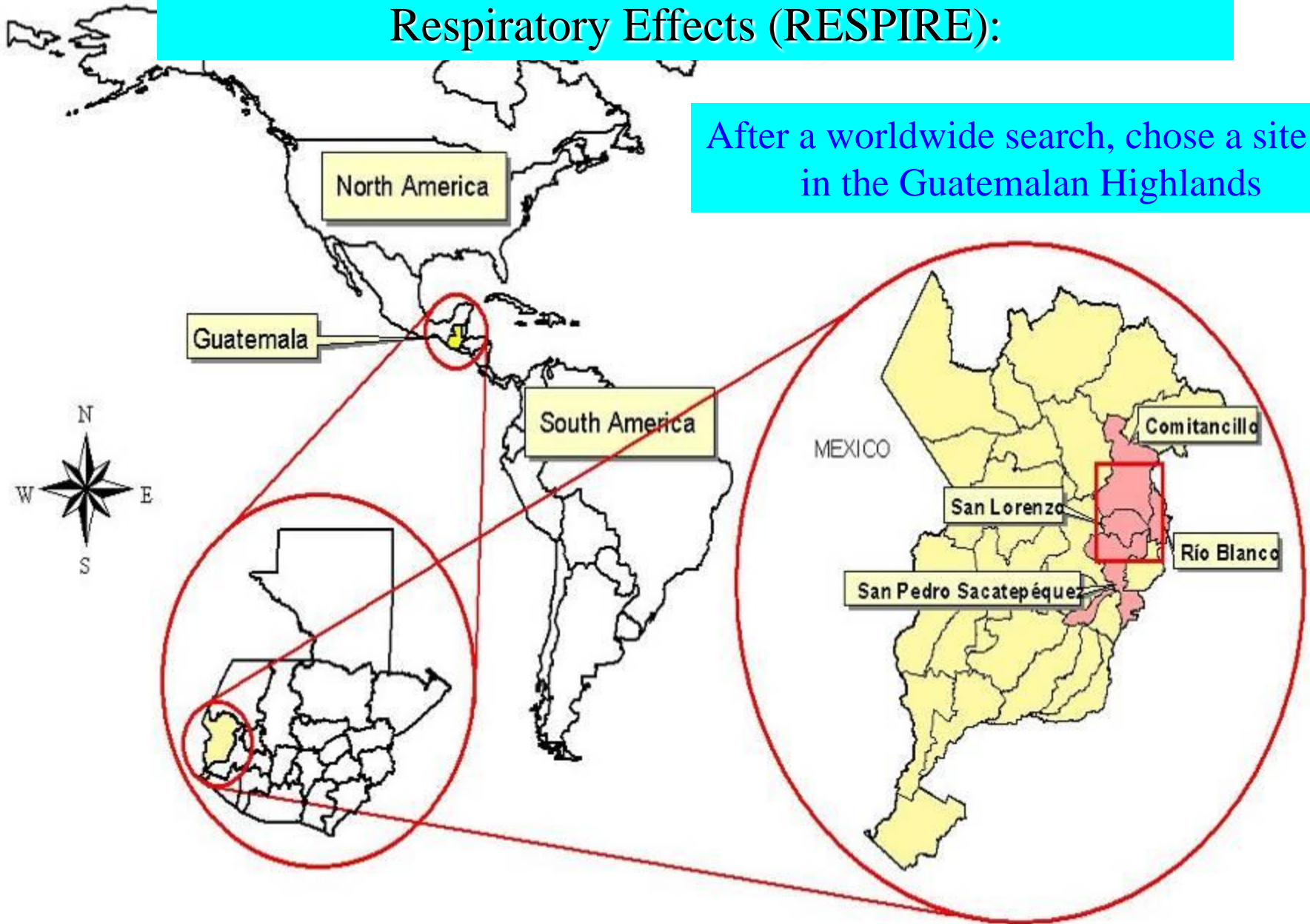
Effect of reduction in household air pollution on childhood pneumonia in Guatemala (RESPIRE): a randomised controlled trial

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

Published Nov 2011

Randomized Exposure Study of Pollution Indoors and Respiratory Effects (RESPIRE):

After a worldwide search, chose a site in
in the Guatemalan Highlands



RESPIRE

Impact on pneumonia up to 18 months of age



Traditional open 3-stone fire:



Chimney woodstove, locally made and popular with households

The Plancha

Physician-assessed outcomes (ITT)

(blind to intervention status)

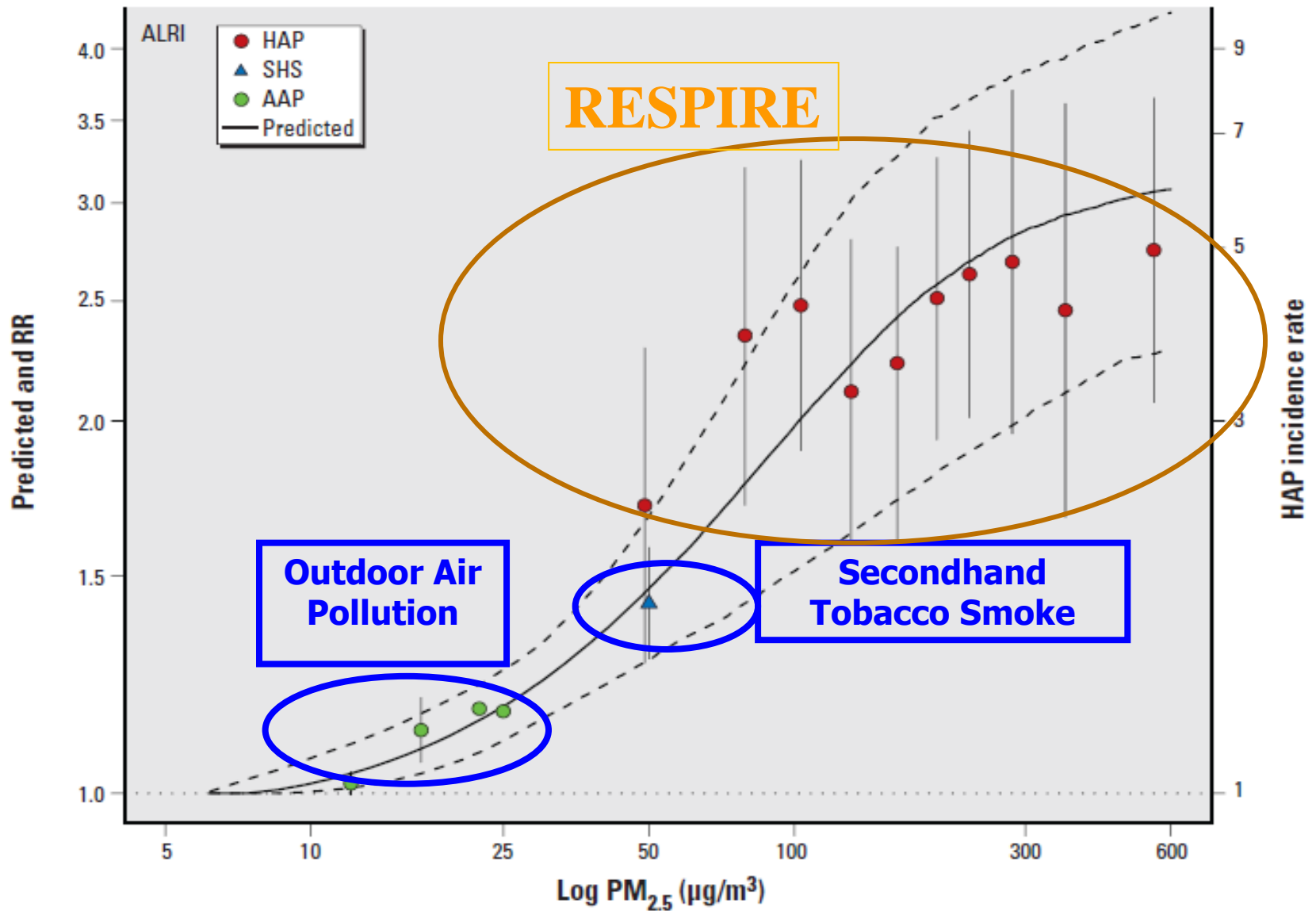
Case finding	Outcome	adj RR (95% CI)	P-value
Physician diagnosed pneumonia	All	0.78 (0.59, 1.06)	0.095
	Severe (low oxygen)	0.67 (0.45, 0.98)	0.042
<u>Investigations:</u> - Pulse oximetry - RSV direct antigen test	RS Virus	0.76 (0.42, 1.16)	0.275
	Severe	0.87 (0.46, 1.51)	0.633
	No RSV*	0.79 (0.53, 1.07)	0.192
	Severe	0.54 (0.31, 0.91)	0.026

*Likely bacterial pneumonia

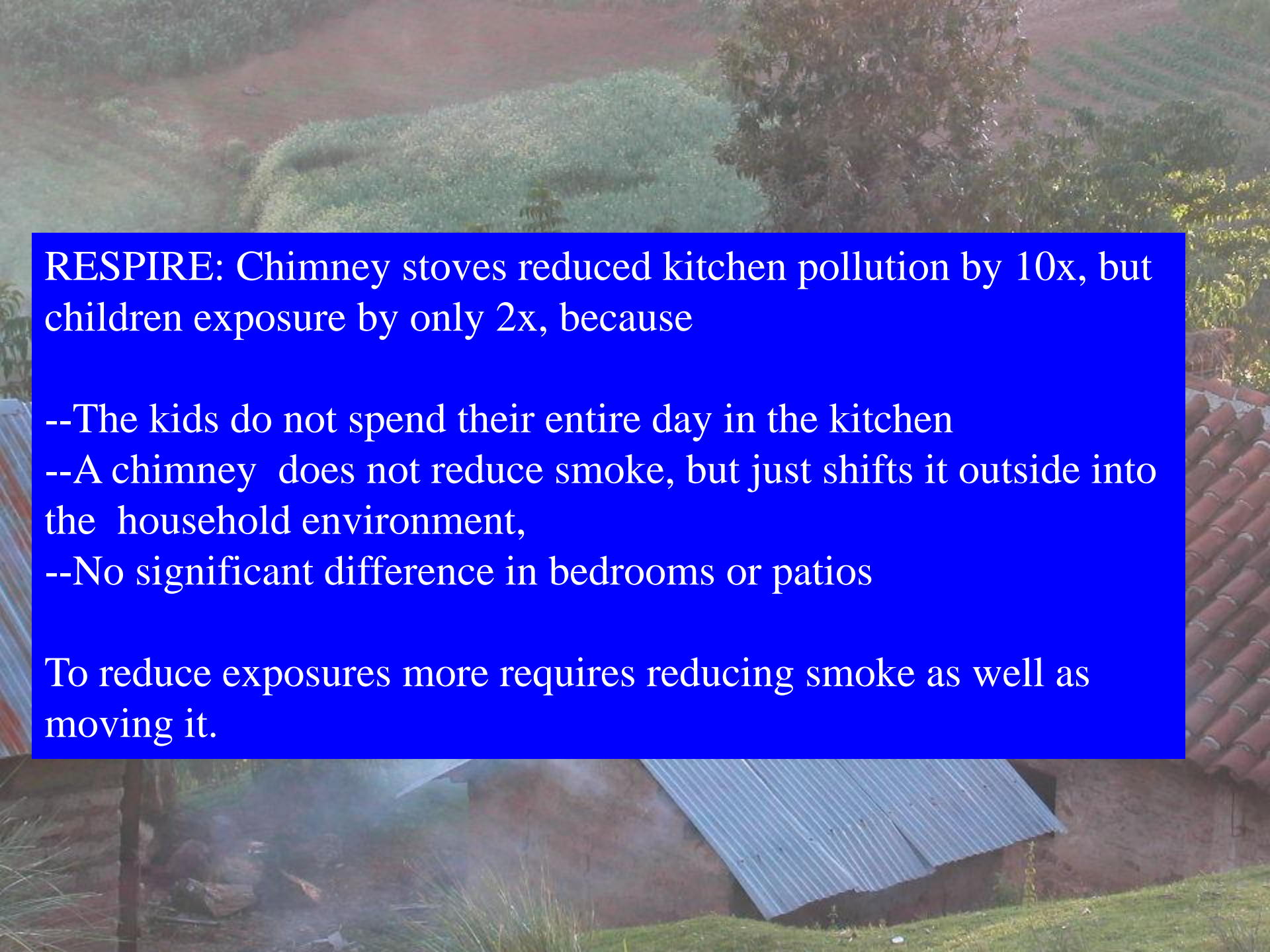


CO monitor

CO monitor



Burnett et al., EHP. 2014, Integrated Exposure-Response Functions



RESPIRE: Chimney stoves reduced kitchen pollution by 10x, but children exposure by only 2x, because

--The kids do not spend their entire day in the kitchen

--A chimney does not reduce smoke, but just shifts it outside into the household environment,

--No significant difference in bedrooms or patios

To reduce exposures more requires reducing smoke as well as moving it.

Important!

- Implied health benefit from HAP reduction only potentially achieved by shifting to clean cooking – gas & electricity
- Not achievable with a chimney alone
- Must be very clean combustion
- Can we do this with biomass fuels?
- The big question!

Many thanks

Publications and
presentations on website
– easiest to just
“google” Kirk R. Smith

