

# Reducing Child Pneumonia Risks *through actions on* Household Air Pollution (HAP)



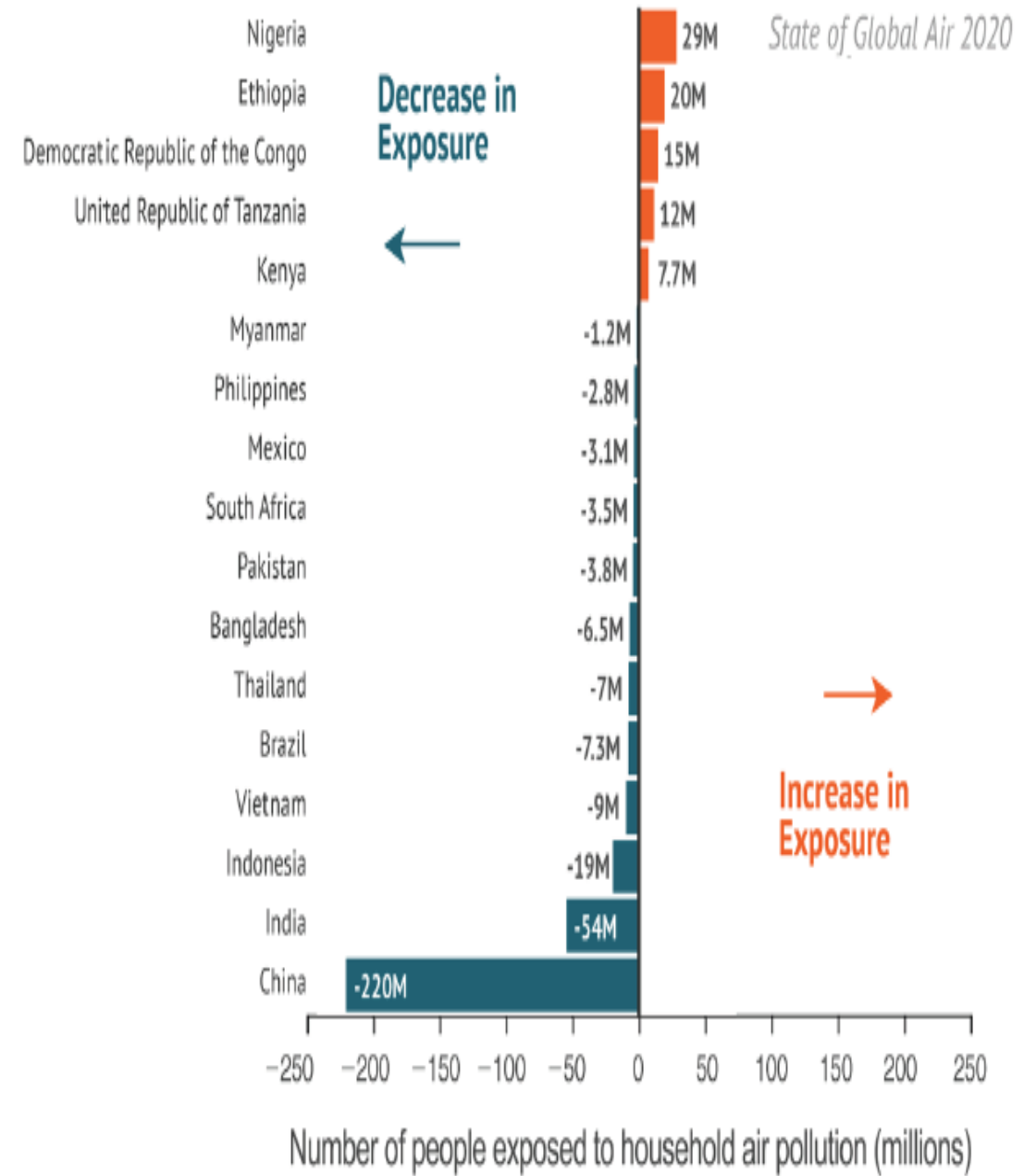
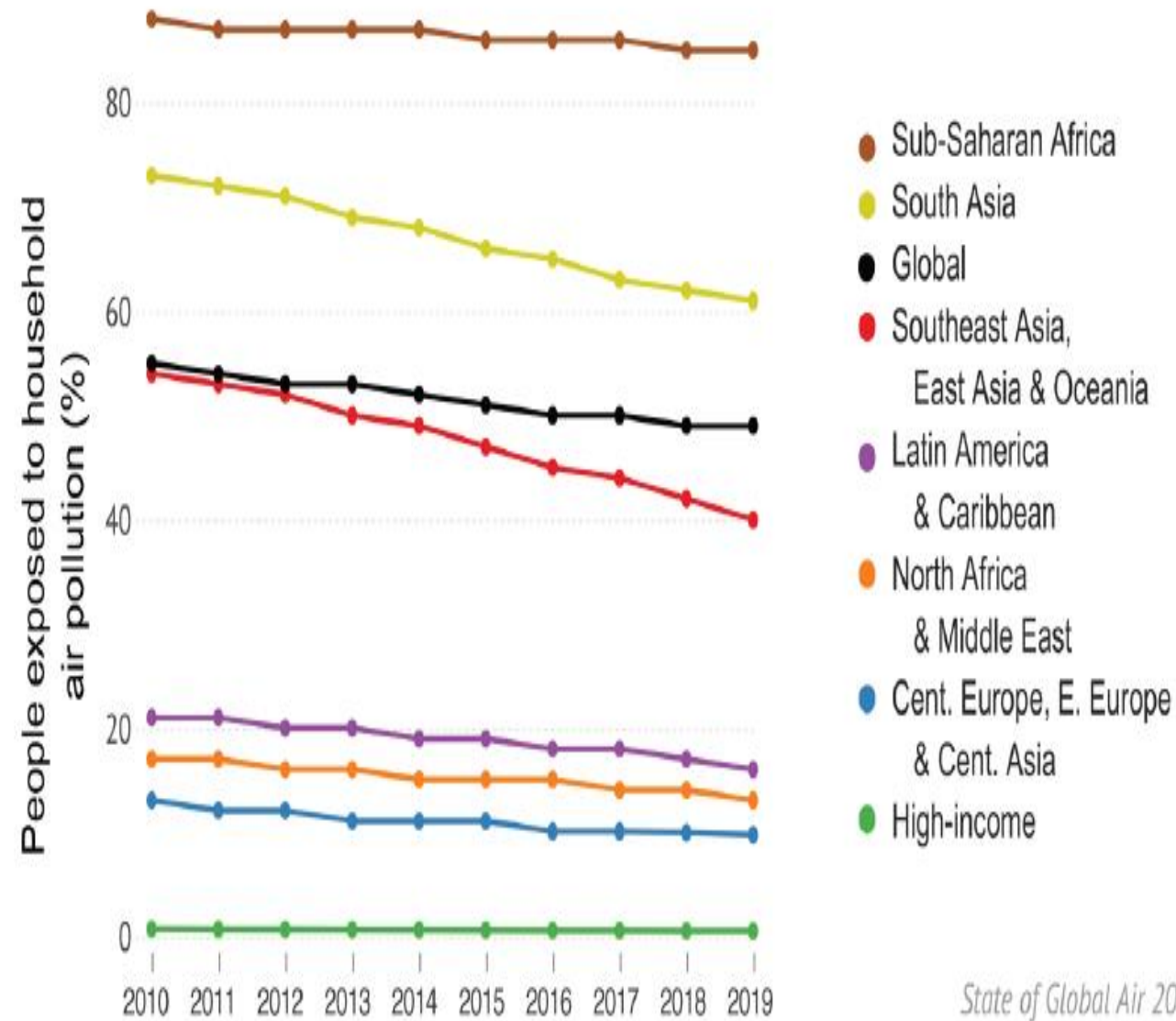
**Dr. Kalpana Balakrishnan**  
**Dean (Research)**

Professor and Director

WHO Collaborating Center for Occupational and Environmental Health  
Sri Ramachandra Institute for Higher Education and Research  
(SRIHER)  
Chennai, India

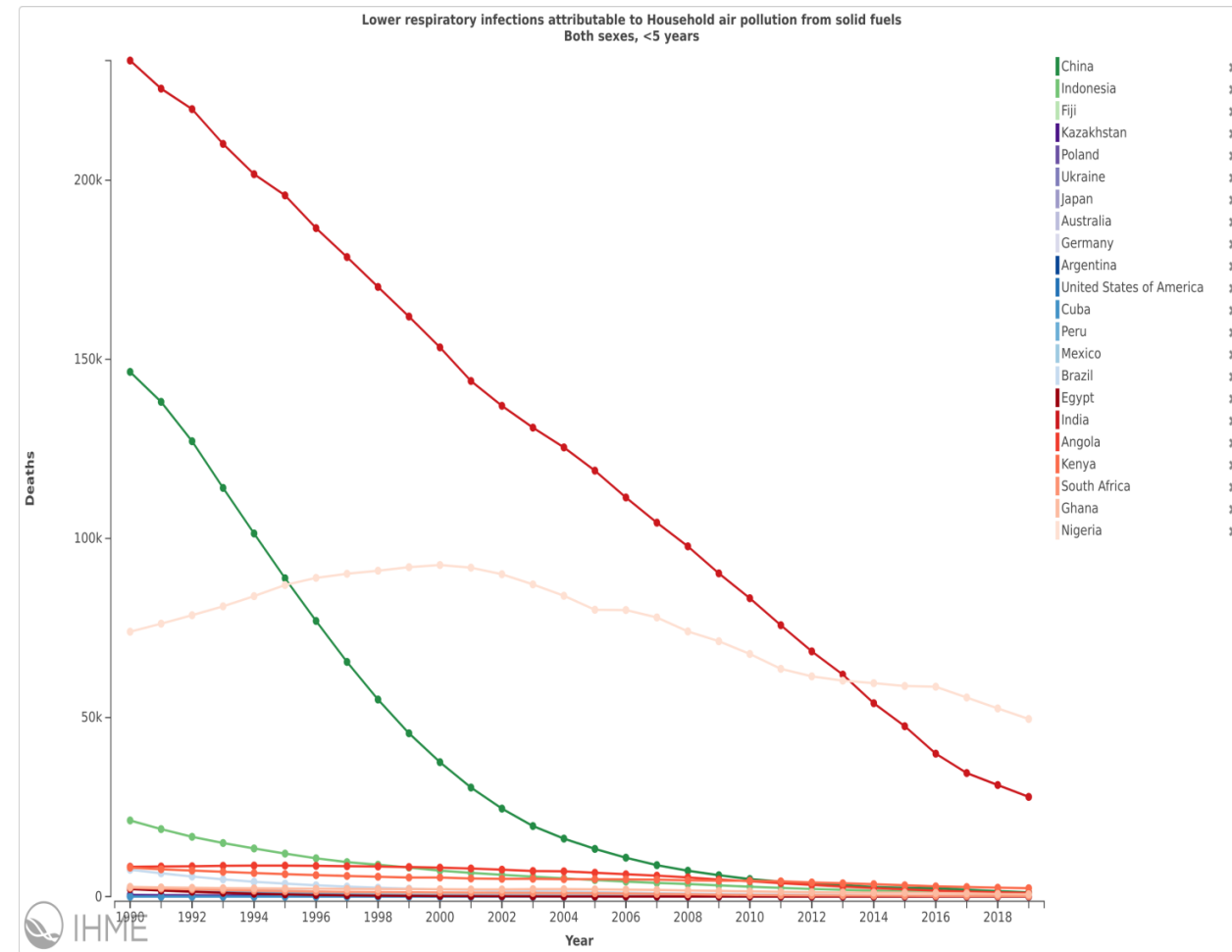
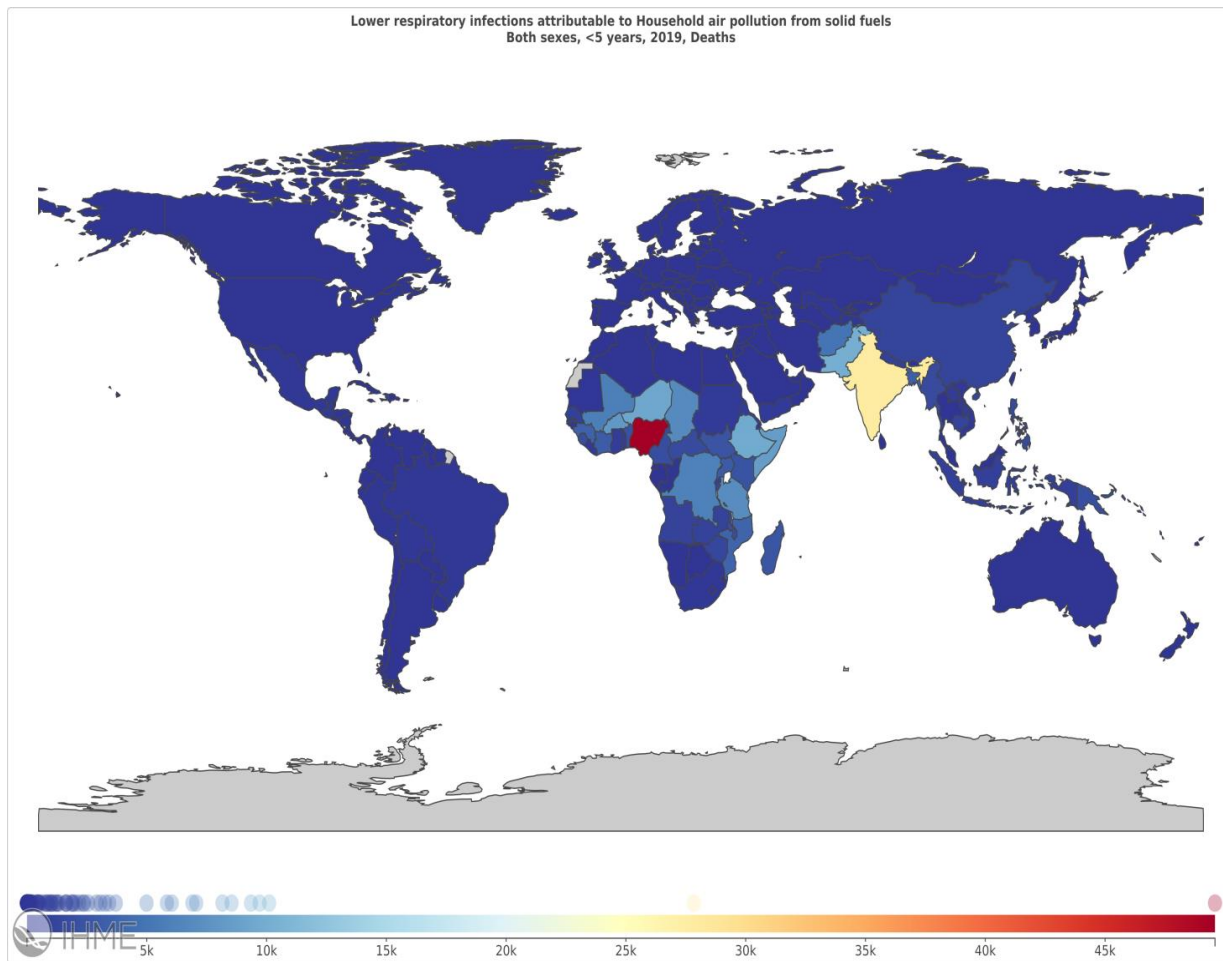
**World Pneumonia Day 2022**

# Global distribution of HAP Exposures



India and Nigeria are currently home to the largest numbers of people experiencing HAP exposures.

# Global burden of child pneumonia deaths attributable to HAP



Just five countries were responsible for more than half of child pneumonia deaths in 2018: **Nigeria (162,000)**, **India (127,000)**, Pakistan (58,000), the Democratic Republic of Congo (40,000) and Ethiopia (32,000). **Nigeria and India** have the highest number of child pneumonia **deaths attributable to HAP**

Source: GBD 2019, IHME



# Stock-taking of Exposure-Response evidence for HAP actions

- What do we know about E-R for HAP from clinical trials and beyond?
- Where are the critical gaps?
- Do we know enough to act and sustain actions?



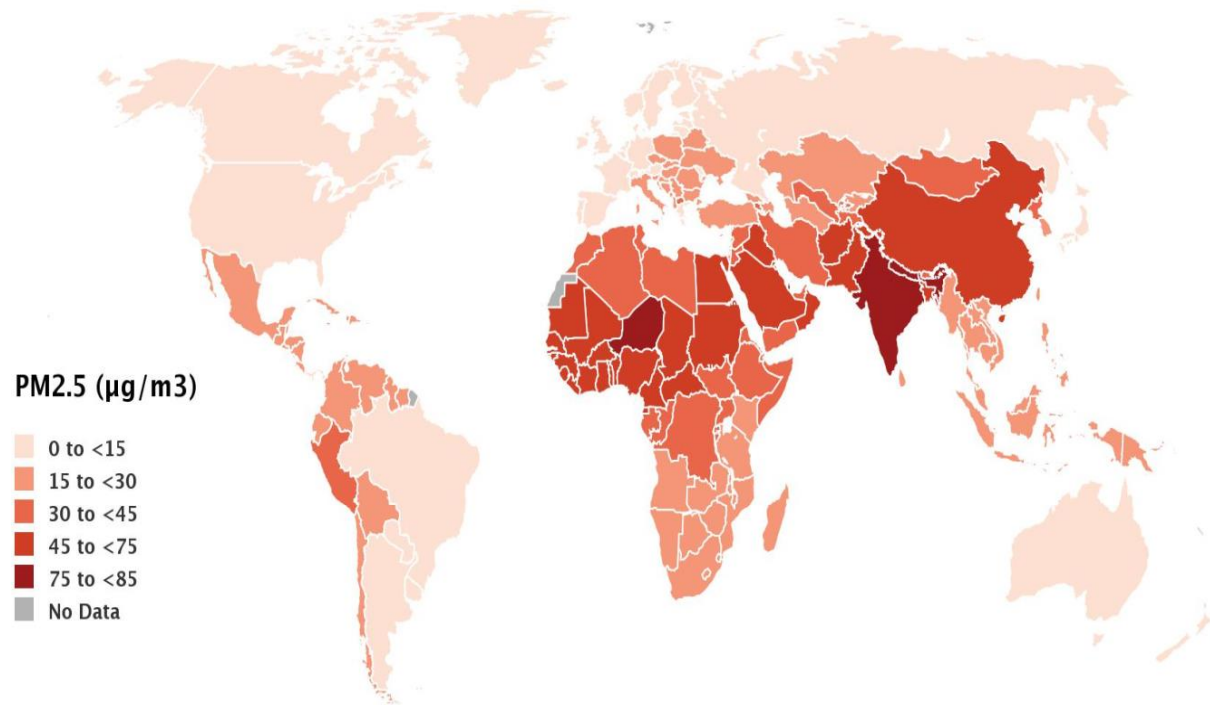
# Household solid fuel combustion generates a complex cocktail of pollutants with high intake fractions in LMICs



Art Credit: Ajay Pillarisetti, UC Berkeley

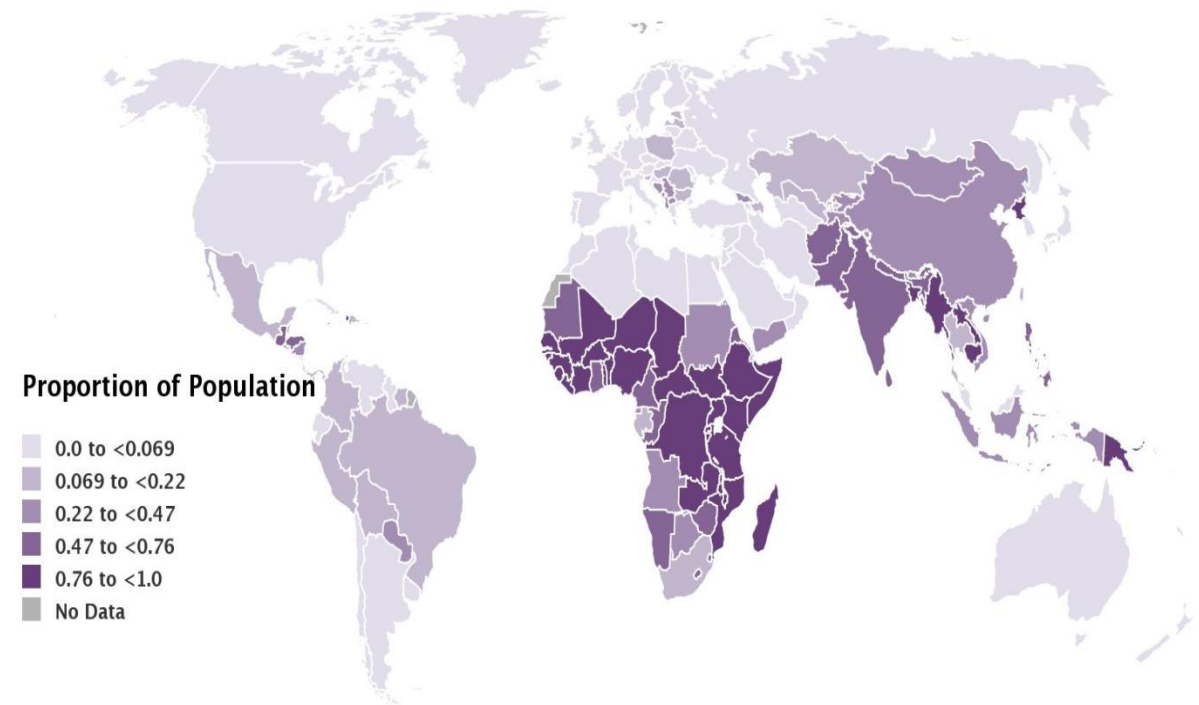
# Exposures to ambient and household air pollution co-exist in LMICs

Average Annual Population-Weighted PM2.5 Concentrations in 2019



State of Global Air

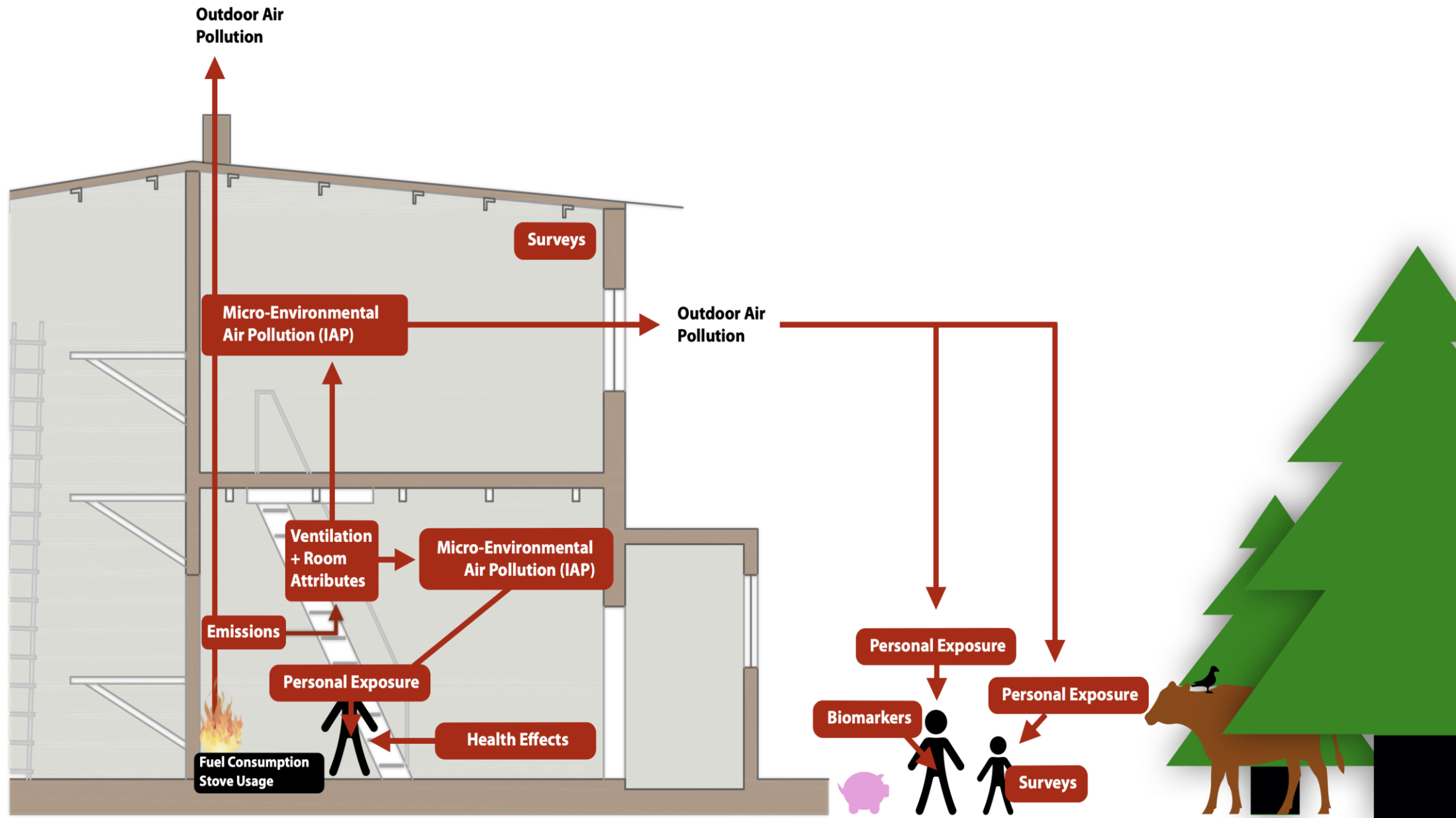
Proportion of Population Using Solid Fuels in 2019



State of Global Air



# What are we now able to measure in rural households?



Art Credit: Ajay Pillarisetti, UC Berkeley

# Exposure-response associations for household air pollution

## HAP RCTs/Observational Studies

- Acute Lower Respiratory Infections
- Lung function
- Birthweight
- Child growth and development
- Blood Pressure
- Biomarkers
- All cause/CVD mortality(?)

## GBD IERs

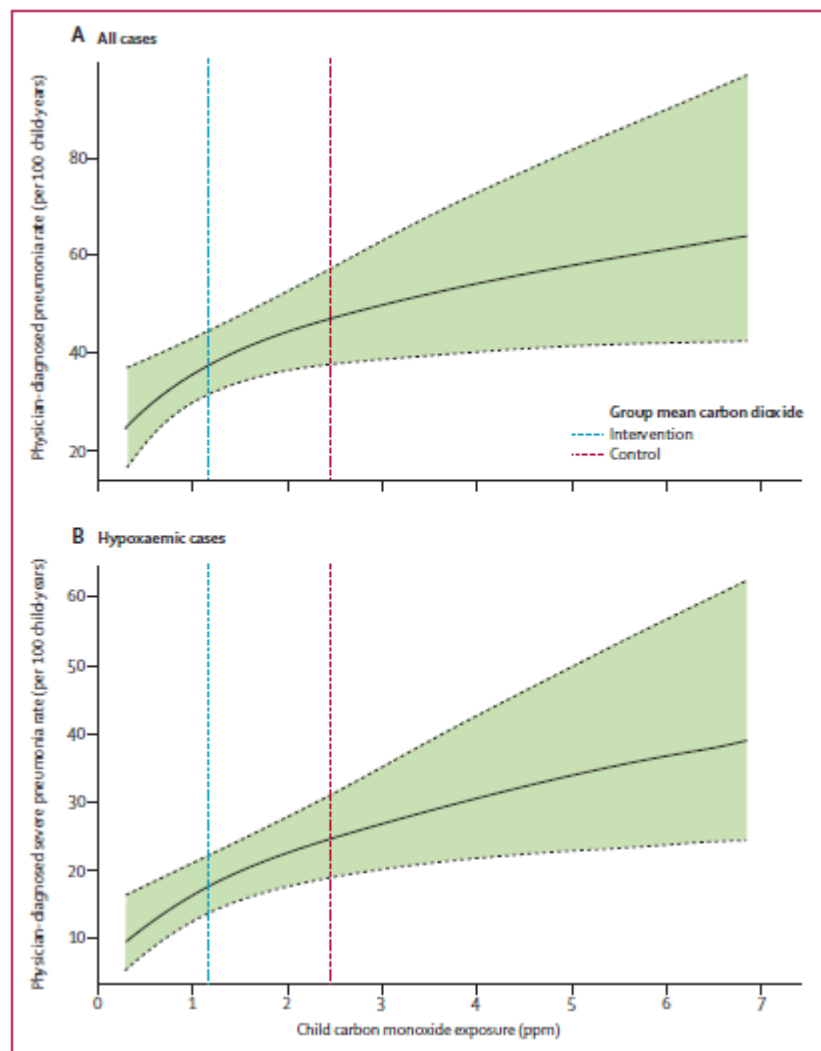
- Acute Lower Respiratory Infections
- COPD
- Lung Cancer
- Stroke/IHD
- Diabetes
- Birth weight



# Exposure-response: HAP- Pneumonia

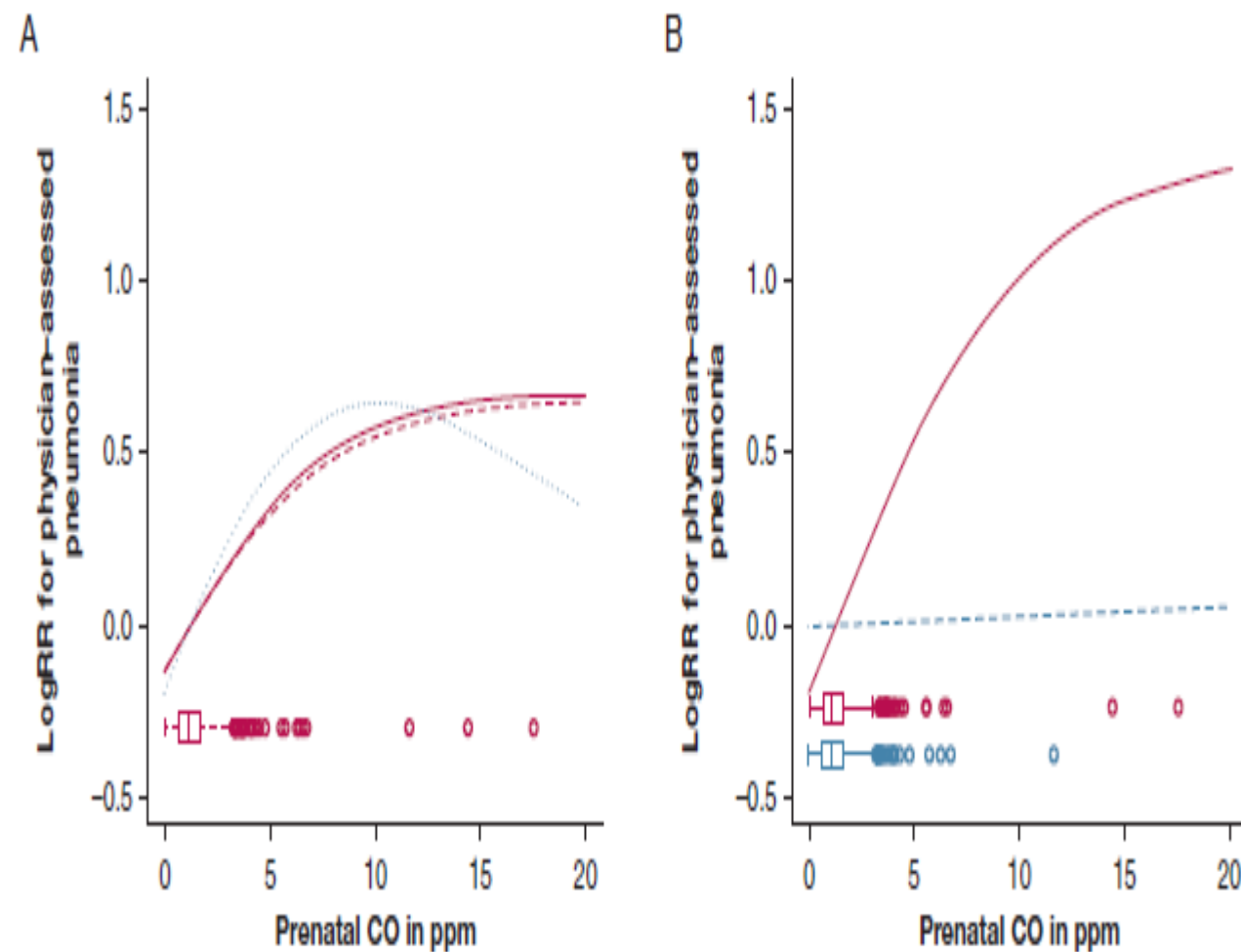
RESPIRE Trial in Guatemala, GRAPHS Trial in Ghana

Guatemala



Smith et al 2011

Ghana

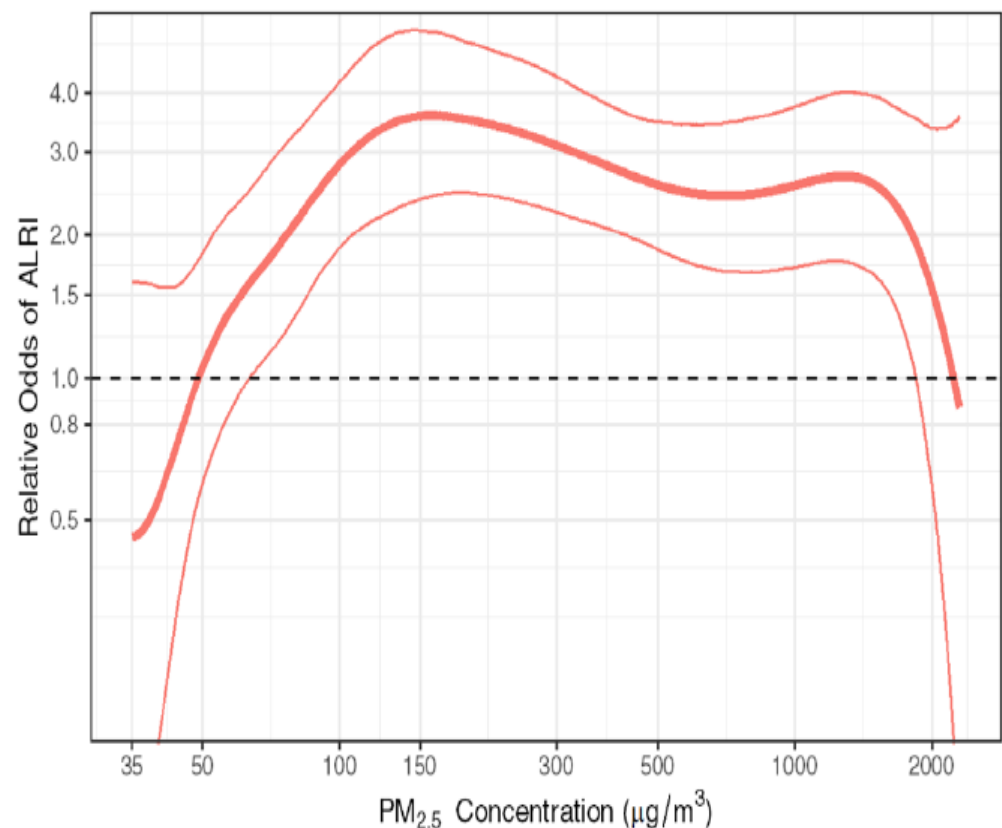


Kinney et al, 2021

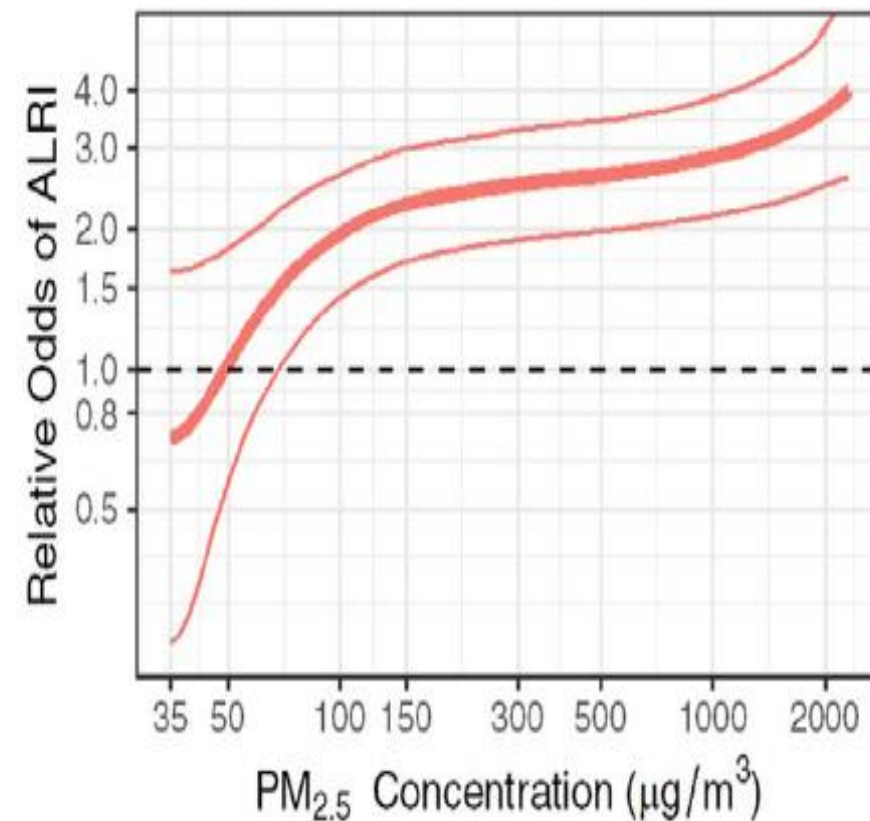
# Exposure-response: HAP- Pneumonia

*Combining multiple studies in Nepal*

*Nepal*



**Figure 6.** Estimated exposure-response curve (posterior mean with pointwise 95% credible intervals) for the relationship between exposure to PM<sub>2.5</sub> and ALRI in children, for all three studies combined.



**Figure 7.** Estimated exposure-response curve (posterior mean with pointwise 95% credible intervals) for the relationship between exposure to PM<sub>2.5</sub> and ALRI in children, for all three studies combined in a model that restricts the curve to be nondecreasing.

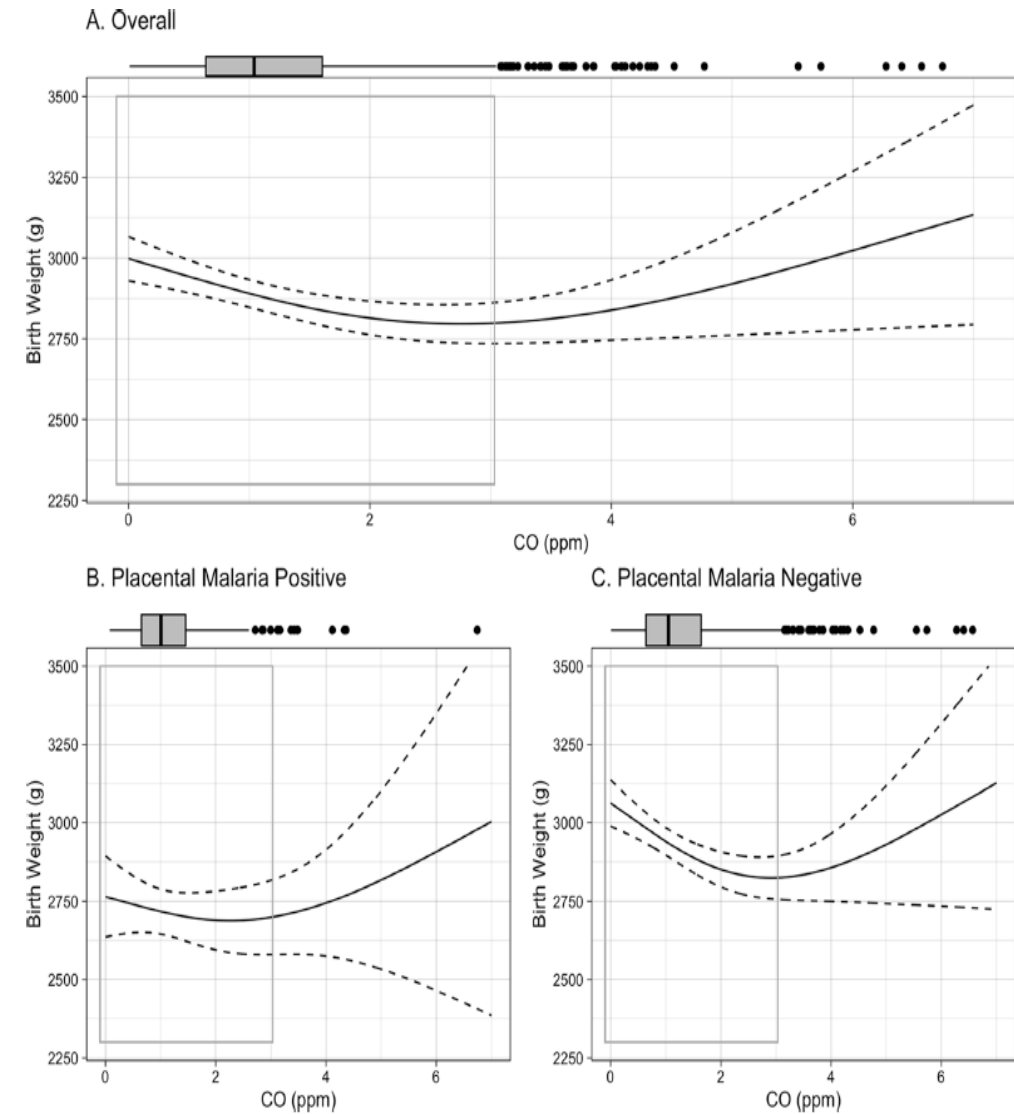
*Keller et al, 2020*

# Exposure-response : HAP-Birthweight

## GRAPHS Trial in Ghana

- N=1288 live births with valid exposures (time –series of daily CO exposures via linear interpolation of days in between four 48-hr measures during pregnancy, with one occurring prior to intervention)
- Mean Pre-natal Exposure CO 1.3(0.9) ppm; Median 1.1 ppm
- Mean Pre-natal Exposure PM<sub>2.5</sub> 85.8 $\mu\text{g}/\text{m}^3$  ( SD 58.8 $\mu\text{g}/\text{m}^3$  ); Median 69 $\mu\text{g}/\text{m}^3$
- **-38.7 gm(95%ci: -66g,-11g) / 1ppm CO**

Ghana



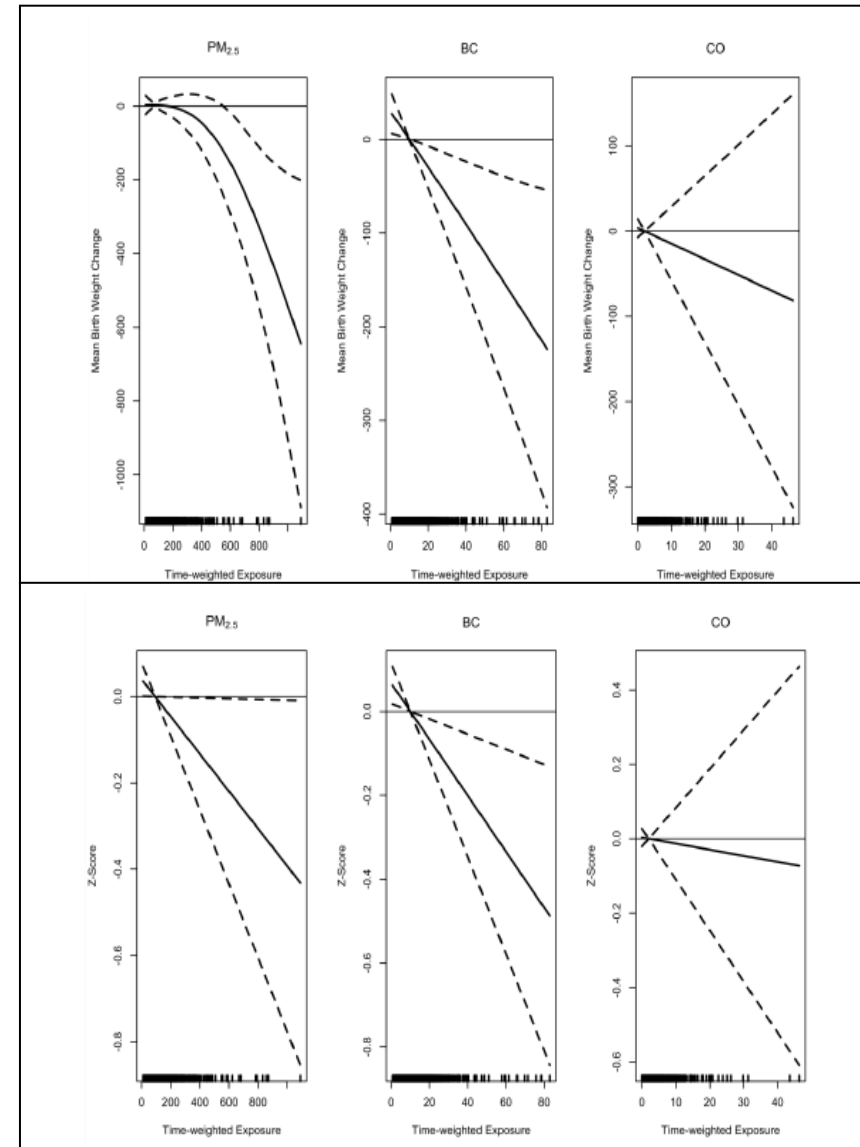
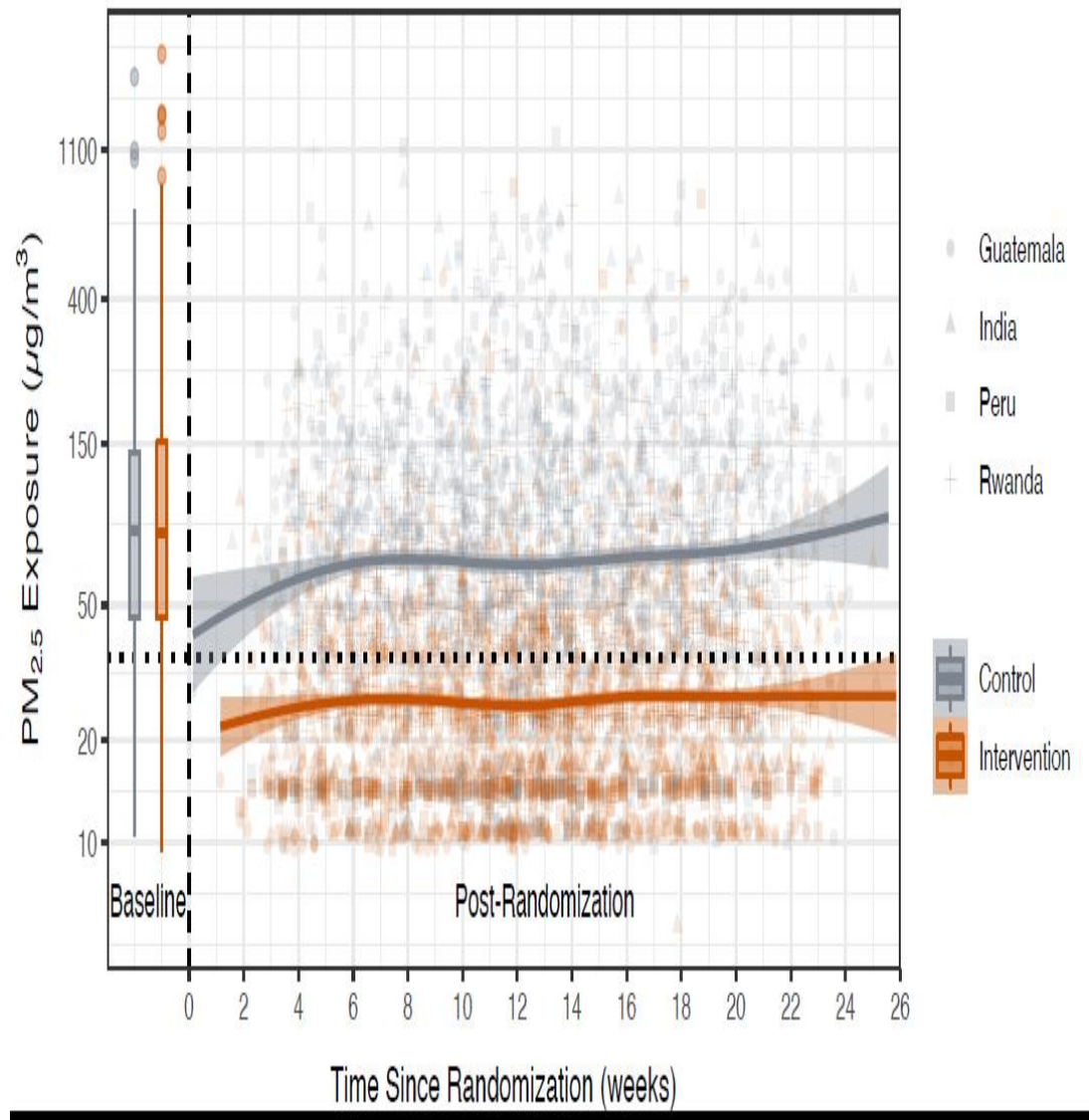
-38.7 gm(95%ci: -66g,-11g) per 1ppm change in pregnancy period CO exposures

Quinn et al 2021



# Exposure-response : HAP-Birthweight

*HAPIN Trial in Guatemala, India, Rwanda and Peru*

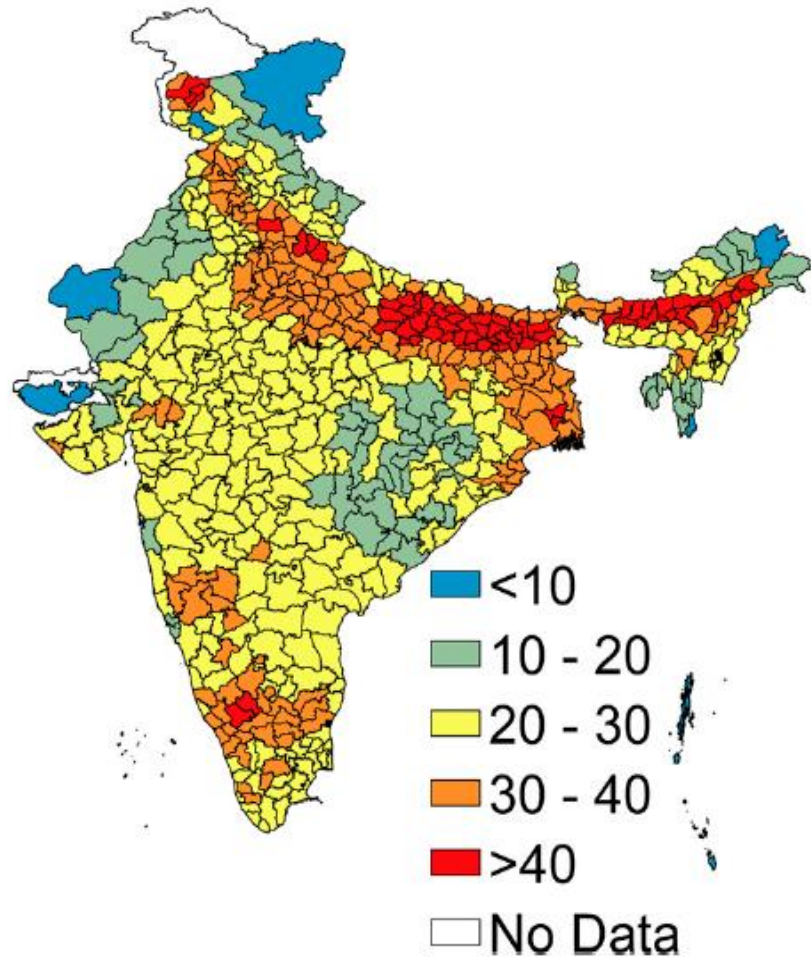




Do we know enough to act ?

More importantly, do we have arguments against exposure reduction from clean energy use for LMIC households?

# Ambient concentrations could set the floor for exposure-response benefits in many HAP contexts



22 – 52% of Indian ambient PM<sub>2.5</sub> is attributable to household sources

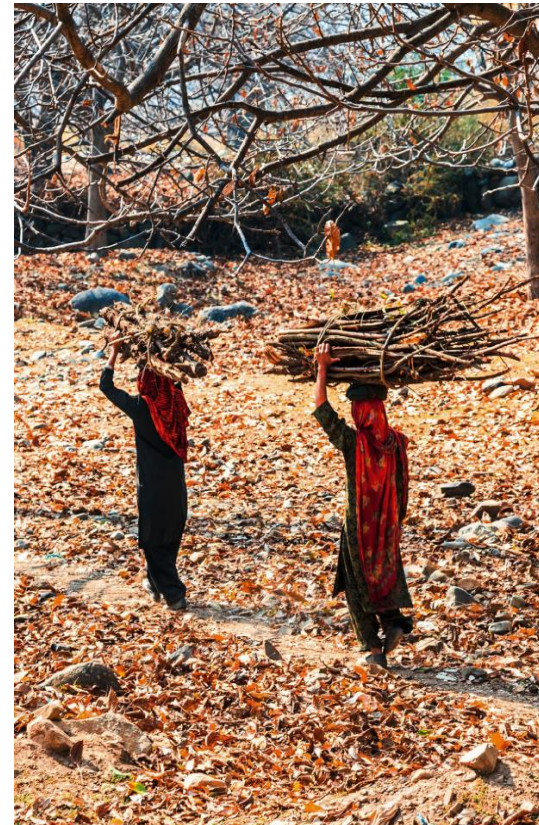
Complete mitigation of these sources would reduce population-weighted annual PM<sub>2.5</sub> exposure by ~17%

Percentage of ambient PM<sub>2.5</sub> exposure that can be attributed to household PM<sub>2.5</sub> sources at baseline



# Capturing Health Inequities

- Fuel gathering and cooking with solid fuels imposes a tremendous burden on the physical and mental health of women.
- Solid cook-fuels are a triple whammy on women's time (work, housework and child care).
- Opportunity cost for women's time is not factored in most cost-benefit analyses at the household, community or national levels.





# Clean Energy Transitions in LMICs: Trajectory for eliminating air pollution attributable burden for pneumonia and beyond



**THANK YOU**

*Photo Credit: Ajay Pillarsetti, UC Berkeley*