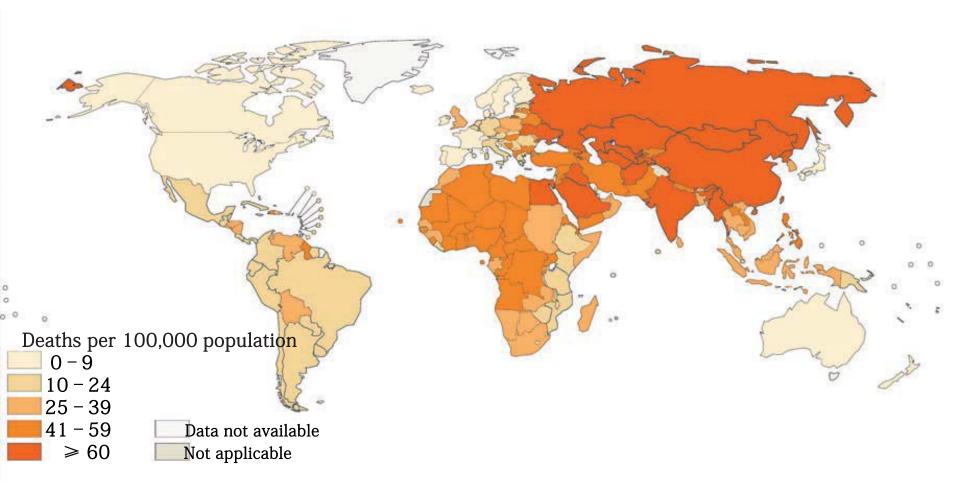
## Assessing the Health Impacts of Air Pollution in Asia



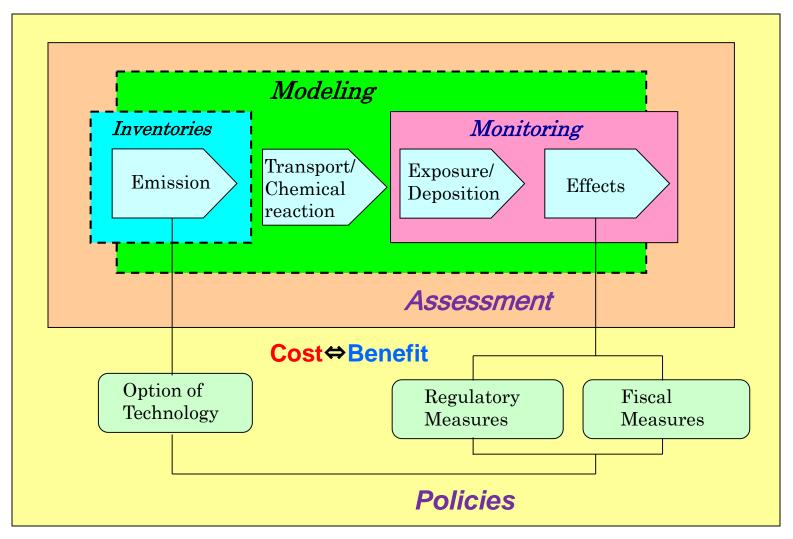
#### Ken Yamashita

Asia Center for Air Pollution Research (ACAP)

### Age-standardized deaths per 100,000 people associated with air pollution, by country, 2012

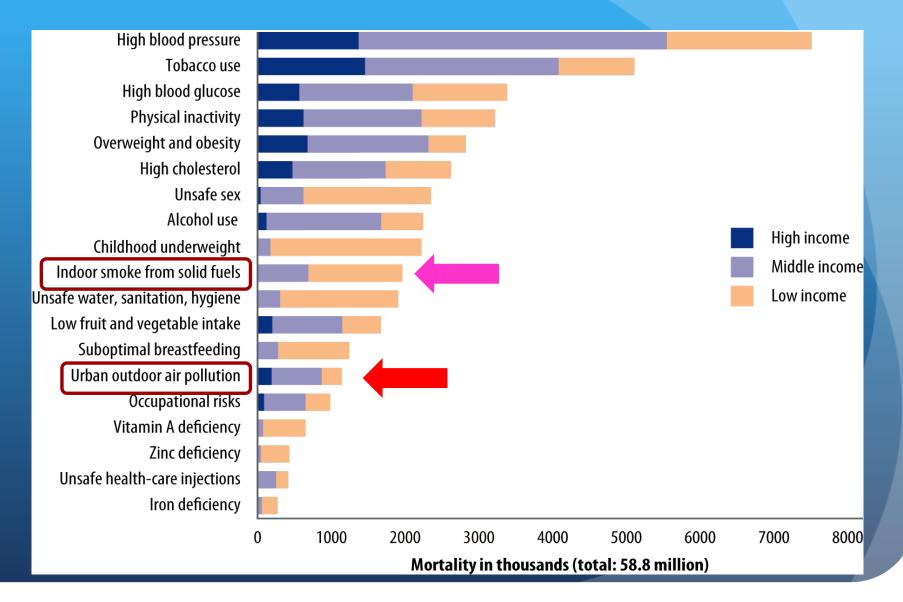


### An integrated approach to air quality management



Source: ACAP

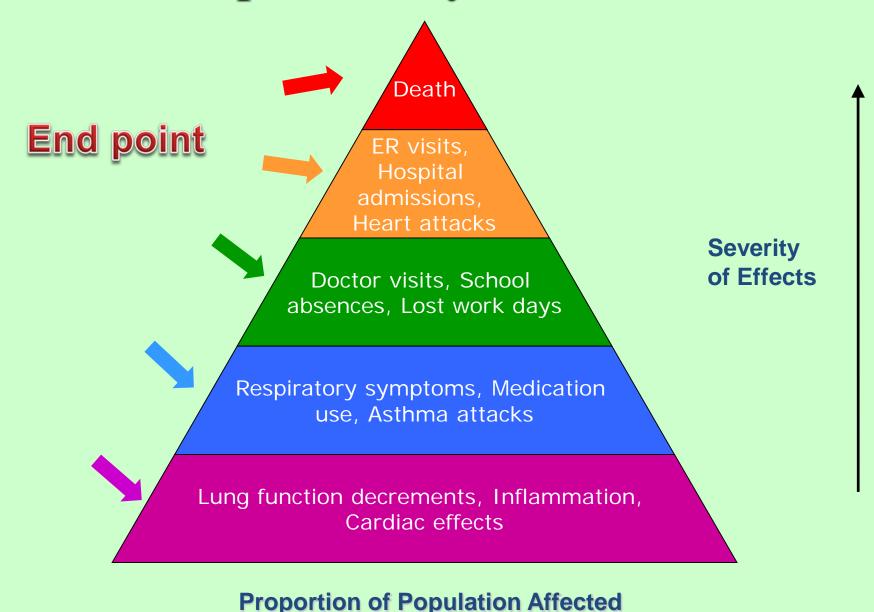
# Deaths attributed to 19 leading factors, by country income level, 2004 (WHO, 2004)



## Environmental Standard in Japan, USA, EU and WHO:PM<sub>(µg/m³)</sub>

Year	Japan		USA:NAAQS (primary)		EU:Air Quality Standards		WHO:Air Quality Guideline	
	SPM	PM2.5	PM10	PM2.5	PM10	PM2.5	PM10	PM2.5
1971			75:annual mean 260:24-hour mean (TSP)					
1973	100: daily mean 200: 1- hour mean							
1980					150:annual mean 300:24-hour mean (SP)			
1987			50:annual mean 150:24-hour mean					
1997				15:annual mean 65:24-hour mean				
1999					40:annual mean 50:24-hour mean			
2005							20:annual mean 50:24-hour mean	10:annual mean 25:24-hour mean
2006			150:24-hour mean	15:annual mean 35:24-hour mean				
2009		15:annual mean 35:daily mean						
2010						25annual mean		
2012				12:annual mean 35:24-hour mean				5

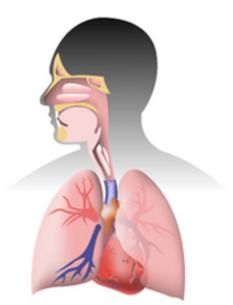
# Health Impacts: "Pyramid of Effects"



(Source: WHO, revised by Yamashita)

### Particulate Matter

- Course particle (> PM<sub>10</sub>) is deposited —
  on upper part of air way
- Fine particle (≤ PM<sub>10</sub>) penetrates in deep part of lung





### **Ozonn**

- •Ozone is a powerful oxidant that can irritate the airways.
- •Ozone can cause the muscles in the airways to constrict, trapping air in the alveoli. This leads to wheezing and shortness of breath.

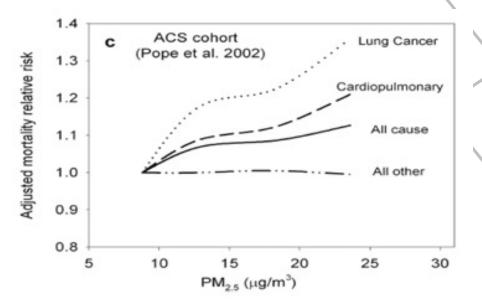


## **Epidemiological studies**

#### **PM2.5**

RR: 1.04(annual mean/ $10\mu$ g/m<sup>3</sup>),

95% CI: 1.01-1.08



Concentration of PM2.5 and relative risk(Pope and Dockery, 2006 modified by Yamashita)

#### ozone

RR: 1.003(8h mean/5ppb), 95% CI: 1.001-1.004

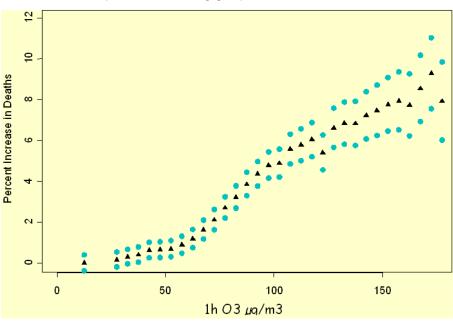
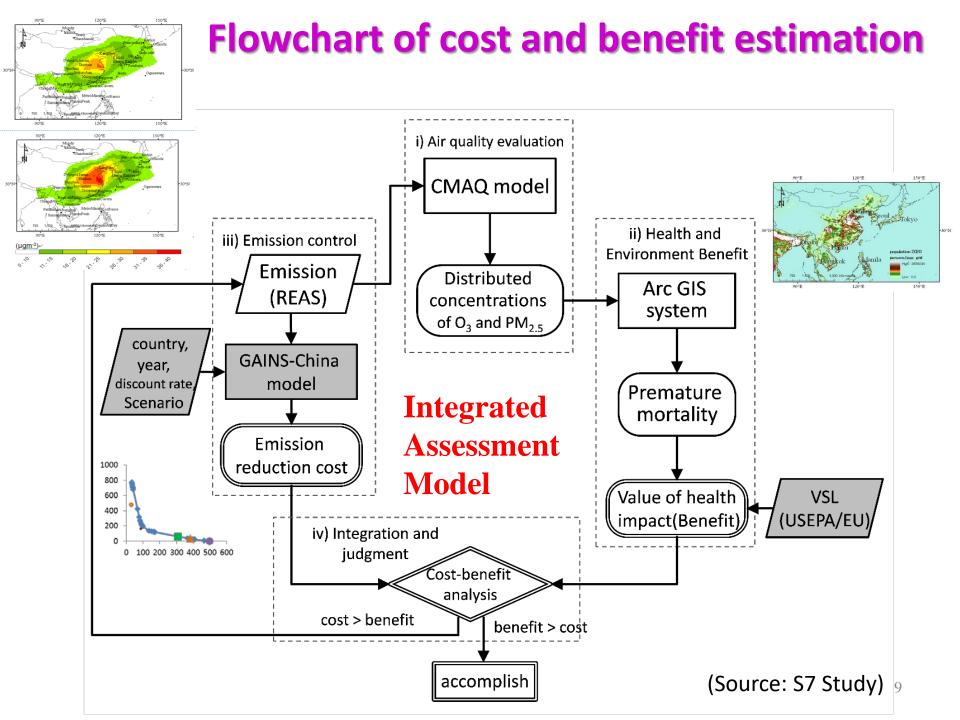


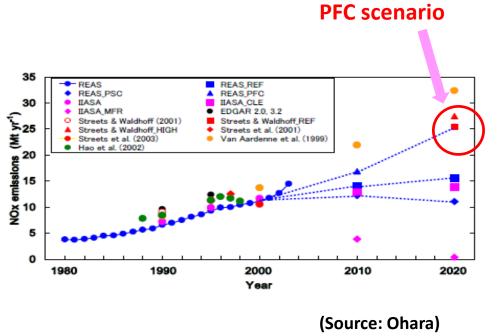
Figure 2.2. Dose-response of ozone (1-hour maximum daily mean) and daily number of deaths (average of lags 0 and 1) during the summer season. Data from 23 European cities of APHEA2 study. (Gyparis et al, 2004)

Concentration of ozone and mortality(WHO, 2008 modified by Yamashita)



CMAQ(regional chemical transport model)/REAS(emission inventory)

[an example of study]



#### **CMAQ(Community Multi-scale Air Quality Model):**

- domain: 6,240 × 5,440 (km)

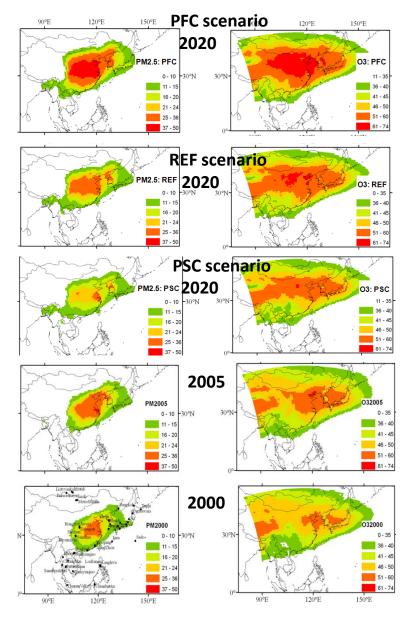
- grid: 80 km × 80 km x 150 m(hight)

3 scenarios of REAS (ver.1.1)(China, 2020)

1. PFC: Policy Failure Case

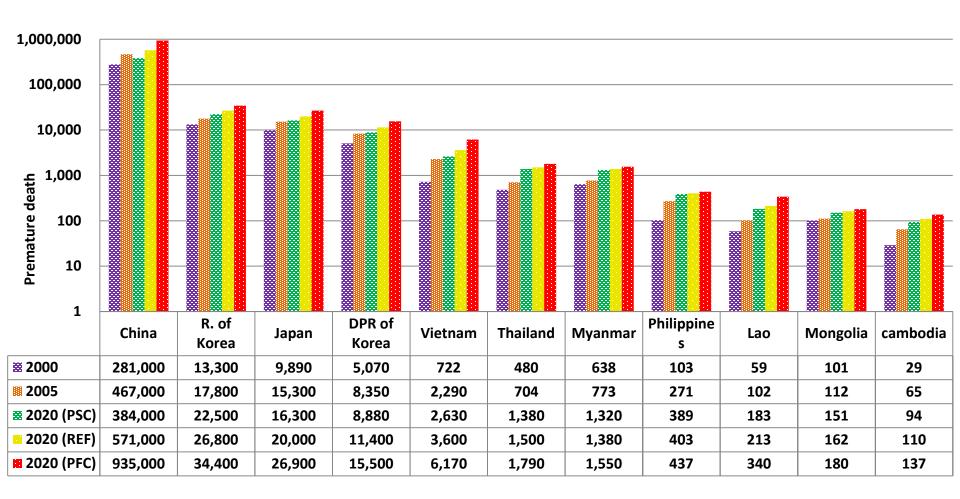
2. REF: Reference Case

3. PSC: Policy Successful Case



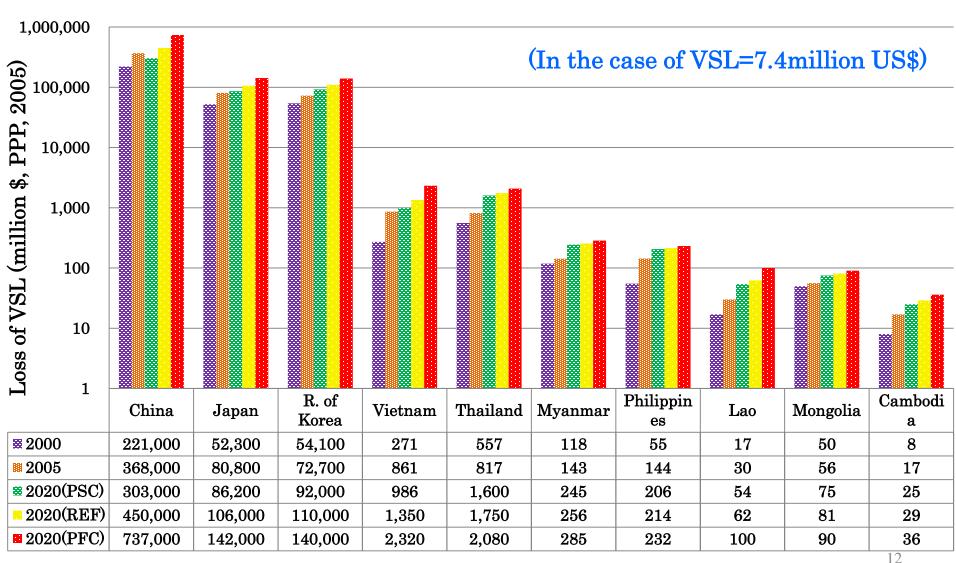
(Source: S7 study)

# Estimated premature mortality of countries in East Asia - effect by PM<sub>2.5</sub> and ozone -



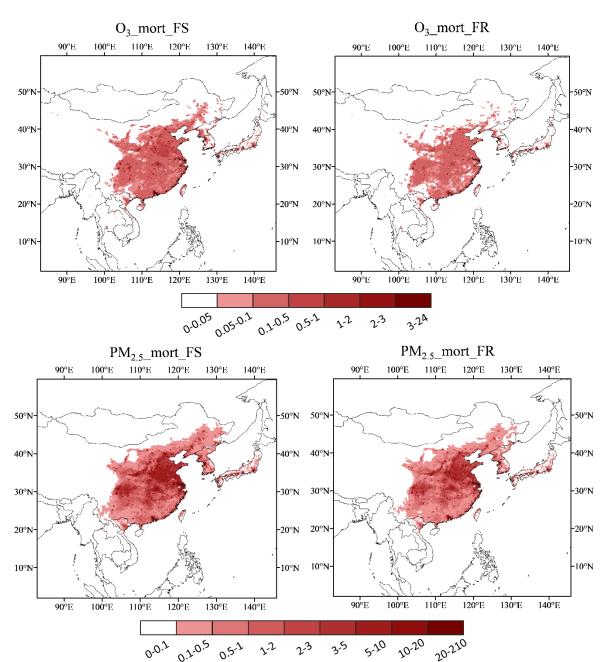
(Source:S7 study)

# Loss of Value of Statistical Life (VSL) of premature mortality by exposure of PM<sub>2.5</sub>and ozone

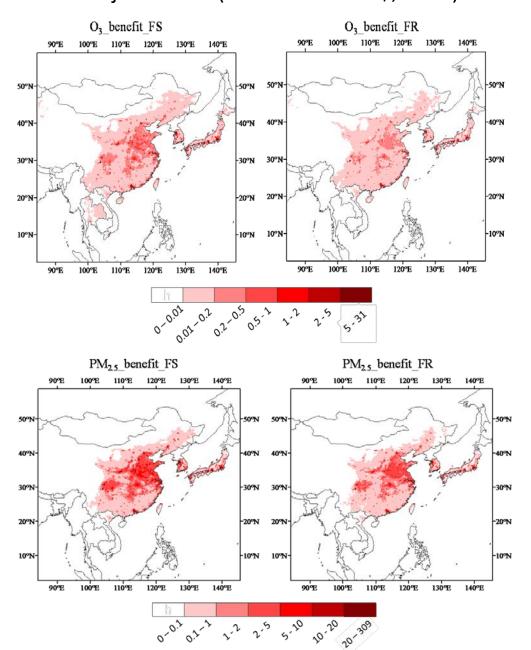


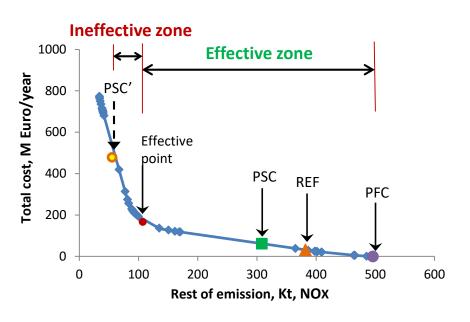
(Source:S7 study)

#### Distribution of lives saved in East Asia for Case FS and Case FR



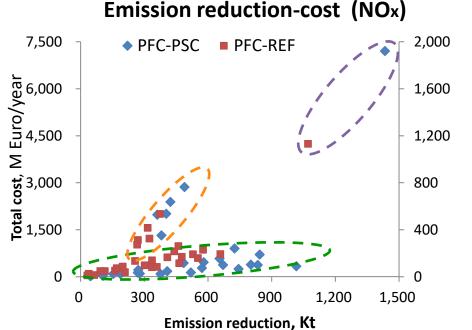
## Distribution of annual accumulation of benefits of life saving in Case FS and Case FR, based on adjusted VSL (unit: million int.\$, 2005)

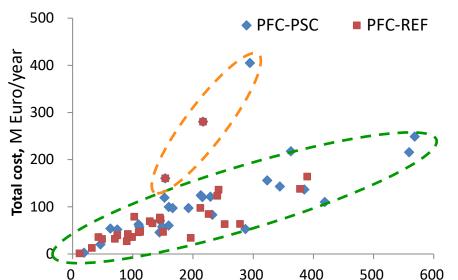




# Cost-benefit analysis of emission reduction

- point -29 cities and provinces(China)(except Chongqing and Tibet)
- Green circle effective zone
- Orange and purple circle ineffective zone



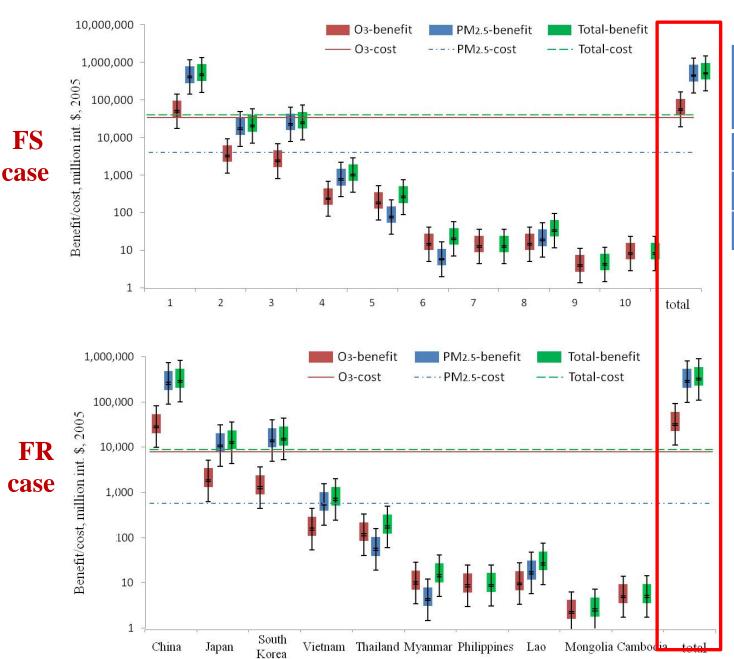


Emission reduction, Kt

Source:S7-3-3

**Emission reduction-cost (PM2.5)** 

#### Cost and benefit in FS case and FR case in 2020



case	benefit/cost				
Case	FS	FR			
ozone	1.1-3.0	2.7-7.4			
PM <sub>2.5</sub>	82-220	370-1,010			
total	9.0-25	25-68			

#### **benefit** > **cost**

**XVSL** (max:3.0, min: 1.1 (million int. \$)) is transformed into each country value

(source: S7 study)

