



# Using the GBD results for progress on Air Quality Management in India Some challenges, many opportunities

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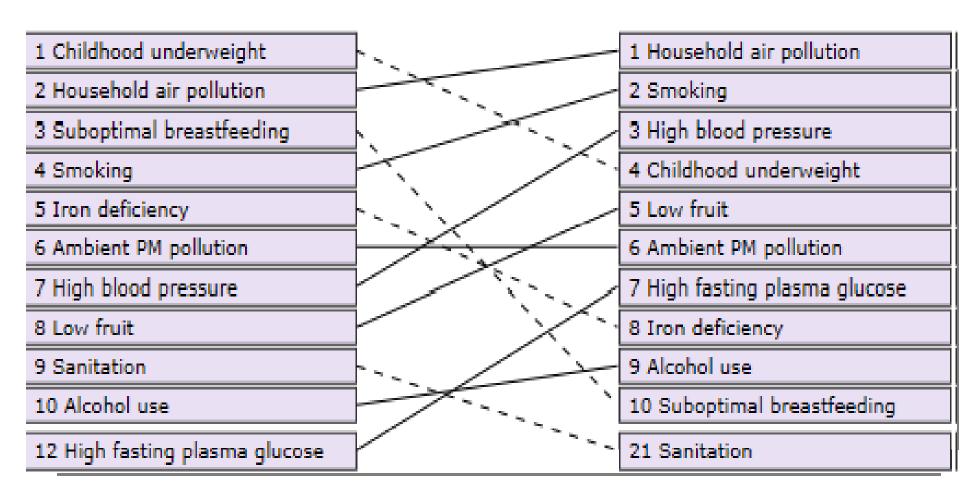
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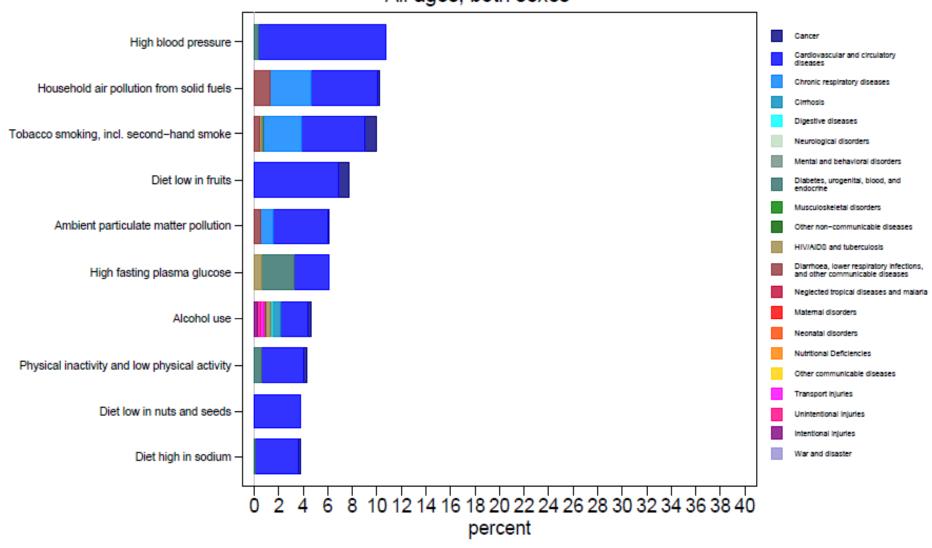


# DALYS. South Asia by Risk Factor

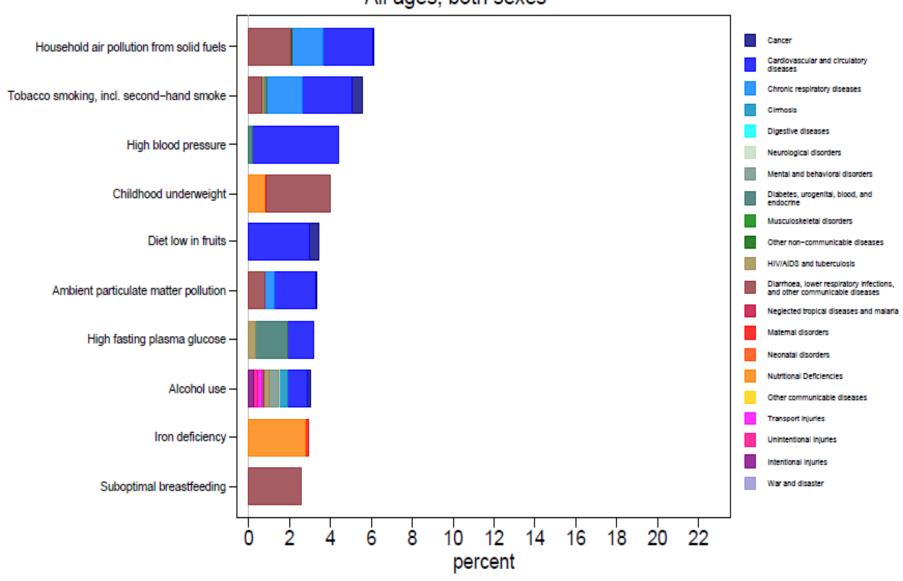
1990 2010



#### Percent of South Asia Deaths, 2010 All ages, both sexes



#### Percent of South Asia DALYs, 2010 All ages, both sexes











# The Challenge

- The burden is not decreasing and the evidence is unequivocal!
- The burden is seamless across rural –urban boundaries
- Interventions to tackle OAP and HAP would have to be in sink(at least in some measure)
- WHO-AQGs are universally applicable for defining counterfactuals but NAAQM focused only on the urban
- Density of intervention efforts would need to be substantively increased to achieve and demonstrate health benefits
- Range of health effects are broader and magnitudes bigger than previously estimated (more chronic outcomes included in the ambit)
- Multitude of competing risk factors
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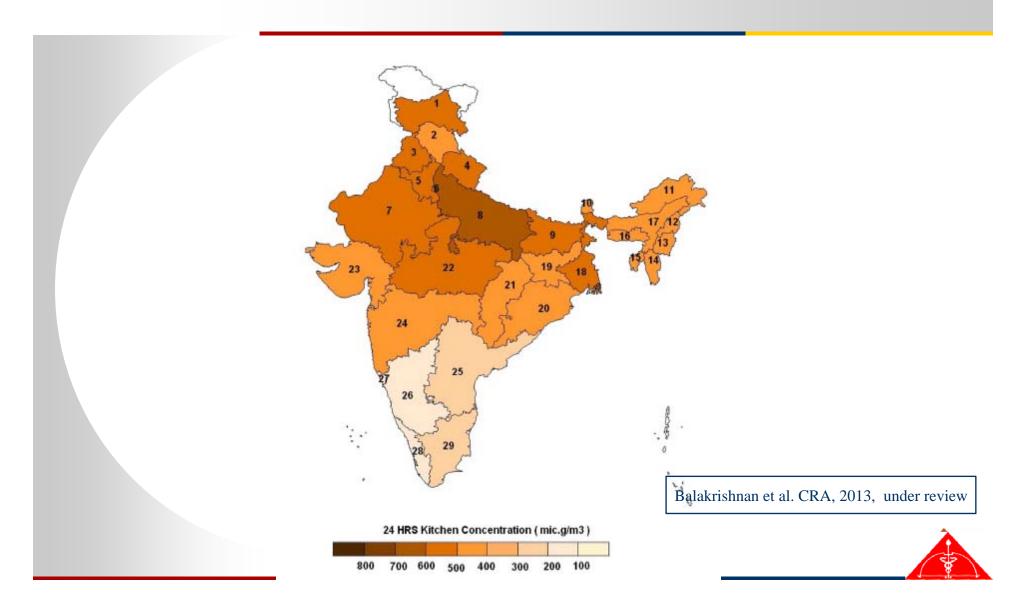






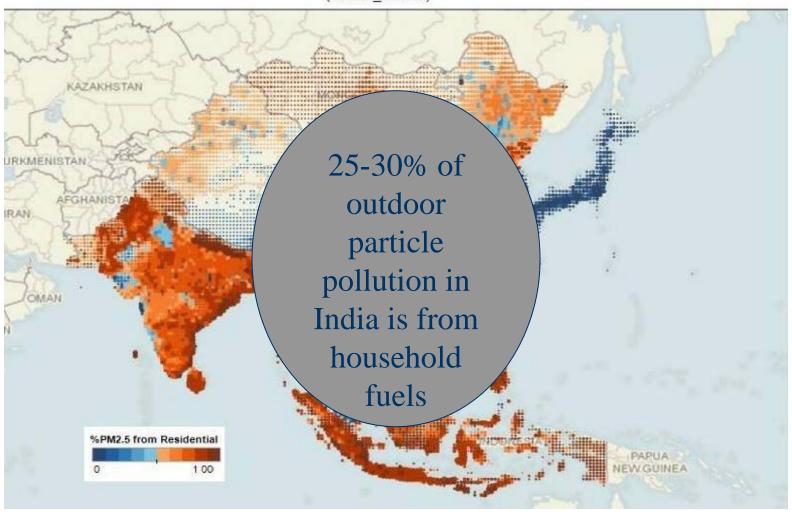


#### National Level Household Air Pollution Exposure Estimates



# %PM<sub>2.5</sub> from "Residential" Emissions from INTEX\_B

% of Anthropogenic Primary PM2.5 from Residential Sources (INTEX\_B 2006)



Source: Asian Emission Inventory for NASA INTEX\_B 2006 (accessChafe, 2010







# **The Opportunities**

- Extensive base of ground level air quality monitoring information for both validating models and interpolation on exposure –response curves
- Some in-country exposure response for short-term health effects
- First ever maternal, child and adult air pollution cohorts launched by ICMR to both develop integrated IERs and develop exposure models for use in on-going cohorts
- Multiple CVD /Chronic disease cohorts underway allowing an examination of air pollution as a risk factor
- Increasing base of geo-coded health information



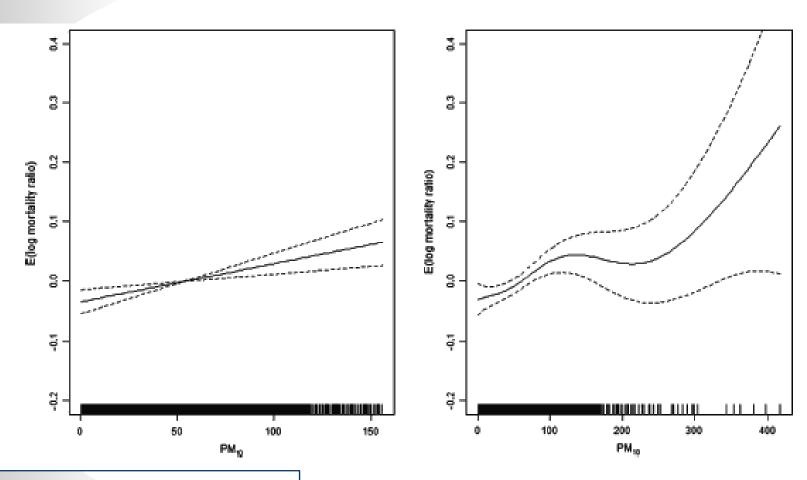








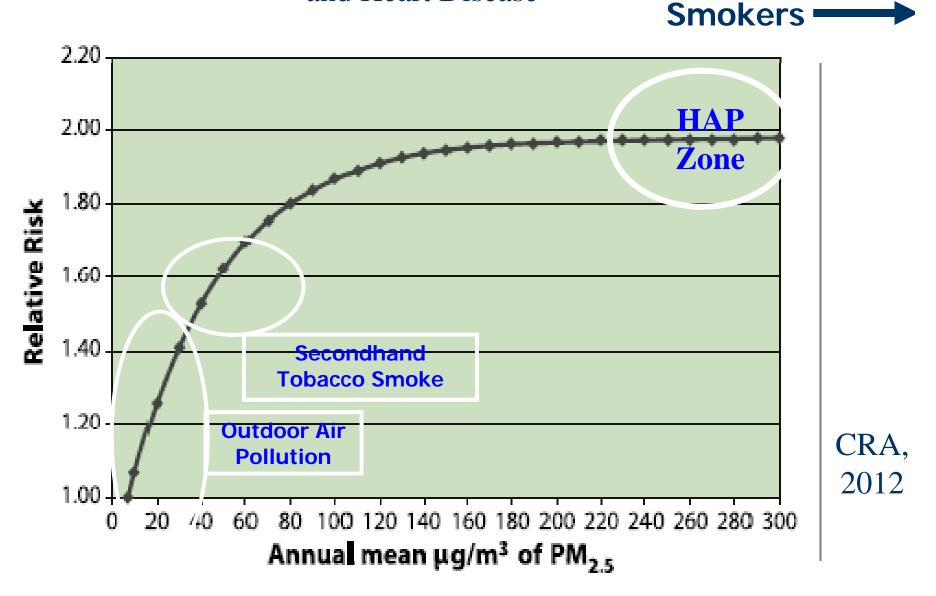
### **HEI-PAPA-Chennai results**



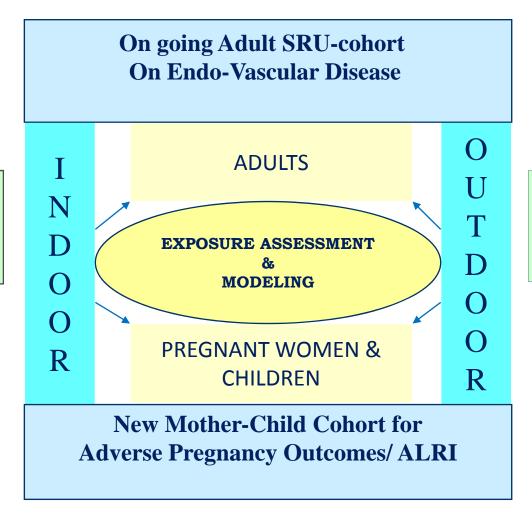
Balakrishnan et al., 2011



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



# **ICMR-CAR** Research Framework



**Primarily Rural** 

HH fuel use related

Primarily Urban &

Fossil fuel use related

# **Brief Overview of ICMR-CAR Objectives**

#### **IMC Cohort**

 Establish the relationship between air pollution exposures and select pregnancy and early childhood outcomes in a rural urban mother child cohort

#### **II Adult cohort**

 Assess exposures for adults in an on-going rural —urban SRU cohort to allow longterm exposure reconstructions and to establish associations with pulmonary function

### III Exposure Modeling

IV Land –Use Regression Modeling

V Gene-Environment Interactions









# **ICMR-CAR AP-Health Outcomes**

#### Pregnancy outcomes

- Primary: Birth Weight
- Secondary: Gestational Age; Spontaneous/missed abortions;
   Intrauterine fetal demise (IUFD); Intrauterine growth retardation (IUGR); Premature birth; Still birth
- Exploratory: Birth defects

#### Child Health Outcomes

- Primary: Acute Respiratory tract infection
- Secondary: Neonatal & Infant mortality

#### Adult Outcomes

- Primary: Pulmonary Function
- Exploratory: Inflammatory Biomarkers; Endovascular Changes



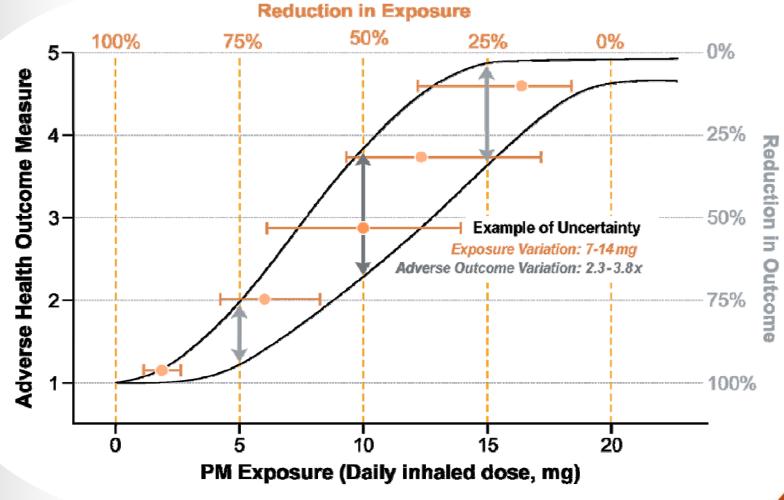








# Moving from use of IERs for burden estimations to ascertaining how clean is clean enough?













# **Ground Reality on risk perception**













# Next steps

- Inform policy actions based on exposure reduction potentials of alternative technologies without requesting additional research (policy for evidence and not evidence for policy)
- Launch a national burden of disease assessment focused on OAP and HAP in collaboration with the GBD group
- Launch a public portal enabling state level assessments
- Direct research efforts towards understanding E-R and intervention impacts

THANK YOU Sri Ramachandra University

