PAHO: The First Smokeless WHO Region?

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• Existed before WHO: Pioneer with global firsts:
  – Smallpox – eliminated in 1971
  – Polio – eliminated in 1994
  – Rubella and congenital rubella syndrome – eliminated in 2015
  – Endemic measles – eliminated in 2016
• Considering target to eliminate primary use of solid fuel for cooking – first risk factor
• Now only 8% in region today
• Primarily in a few poor countries
Other Regions

- SEARO established a goal in 2013 to reduce solid fuel use in households by 50% (prevalence) by 2025. In their NCD plans
- India, the largest country in the region, by far, plans to reach ~95% of all households by 2022 in their massive LPG program
- Goal in one sense was too unambitious, although many other SEARO countries do not have national goals to match the target.
Framework Convention on Tobacco Control - 2005

• Price and tax measures to reduce the demand for tobacco [promote alternative fuels]

• Non-price measures to reduce the demand for tobacco, namely:
  – Protection from exposure to tobacco smoke [smokeless villages]
  – Regulation of the contents of tobacco products; [clean coal and elimination of kerosene]
  – Packaging and labelling of tobacco products [information about clean fuel quality]
  – Education, communication, training and public awareness [health information about biomass and clean alternatives]

• Provision of support for economically viable alternative activities.
Tobacco vrs HAP

- HAP causes more ill-health than smoking in poor countries
- Globally, HAP causes far more ill-health than secondhand tobacco smoke
- Being smoke free needs to consider both major sources of combustion near people – smoking and cooking
- While working on the many other sources that affect ambient levels
Tobacco vs HAP in PAHO

- Countries with more impact of HAP than tobacco
  - Guatemala, Haiti
- Countries with about the same impact of HAP and tobacco
  - Honduras, Nicaragua, Peru
- Poor states in Mexico and Brazil with similar impacts
  - E.g., Chiapas, and Maranhao
SDGs

• 7.1. By 2030, ensure universal access to affordable, reliable and modern energy services

Indicator

• 7.1.2. Proportion of population with primary reliance on clean fuels and technology

• Clean to be defined by WHO Emission Rate Targets
India and China Examples

• National LPG program in India is entirely paid by shifting subsidy away from middle class to the poor. More retargeting will be needed, however – Change “subsidy” to “social investment” – based on health evidence

• China’s solid fuel change out in the Beijing-Tianjian-Hebei region started 2017 to reach 80% by 2022 – includes space heating – Paid by ambient air pollution control – keeping the pollution from Beijing cost-effectively

• Both approaches possible in PAHO
Needed

- Subsidy/social investment experience is substantial in region – need to apply this knowledge
- India doing its massive LPG program with income level of Bolivia, fifth poorest in PAHO region
- Poorer countries in region will need help
- Question is can a PAHO target be a way to engage this help