Climate Change Decision Making: The Co-benefits Story

Kirk R. Smith
Professor of Global Environmental Health
University of California, Berkeley

International Colloquium on
The Grand Scientific Challenges of
Combating Climate Change
Unversidad Autotnoma Metropolitana
Mexico City, November 9, 2011

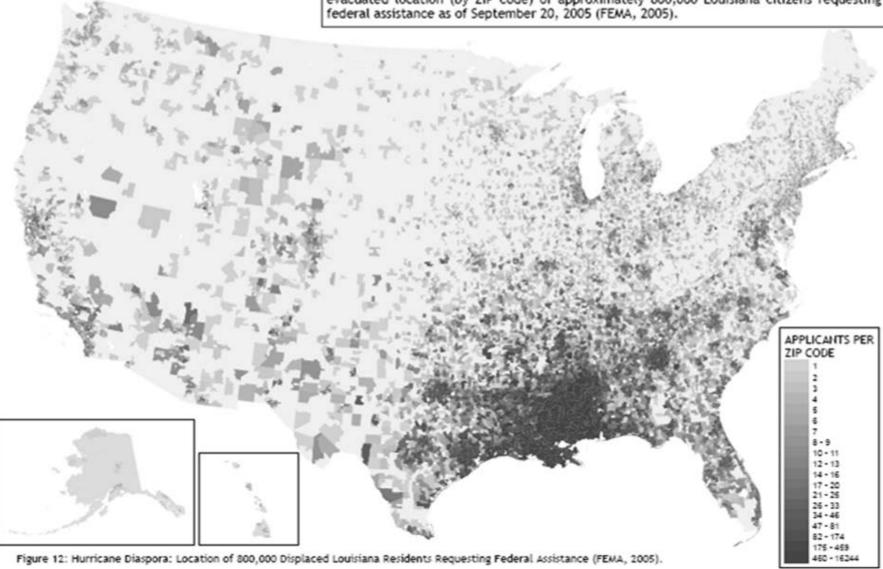
Climate Change Health Impacts

- 1) Direct impacts through changing weather patterns (e.g., storms, floods, temperature extremes)
- 2) Indirect impacts through natural systems including changes in water supply and quality, air pollution, and ecosystems leading to shifts in disease vectors.
- 3) Systemic impacts operating through human systems including shifts in food supplies, refugee patterns, coastal and agricultural livelihoods, and the health impacts of society's responses to climate change, such as geo-engineering, carbon taxes, biofuel production, etc.
- 4) Low-probability high-consequence impacts such as extremely rapid climate change or sea level rise due to threshold phenomena in Earth's systems, e.g., runaway methane emissions from the tundra or rapid loss of parts of the Antarctic ice sheet.

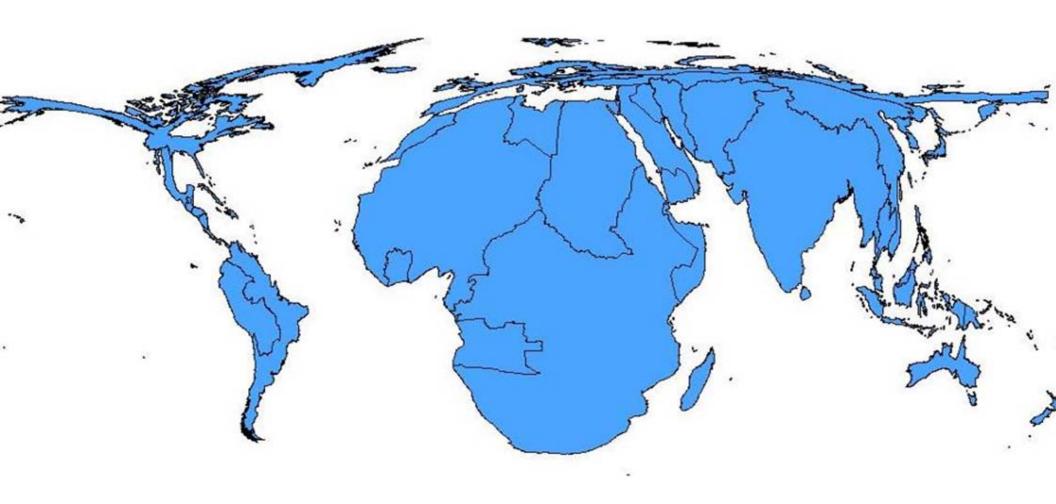


Louisiana Diaspora

The number of people displaced by Hurricane Katrina is staggering. Using information collected by the Federal Emergency Management Agency, the map below depicts the evacuated location (by ZIP code) of approximately 800,000 Louisiana citizens requesting federal assistance as of September 20, 2005 (FEMA, 2005).

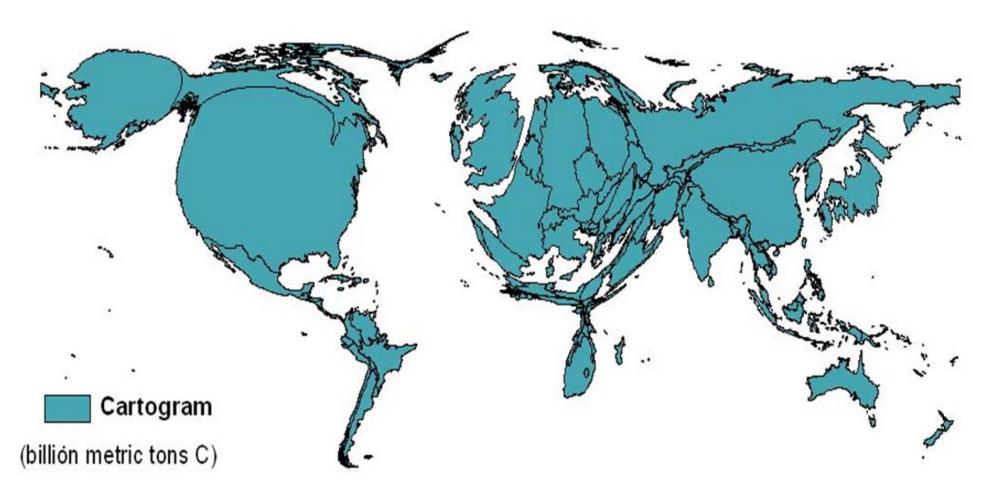


Cartogram of Climate-related Mortality (per million pop) yr. 2000

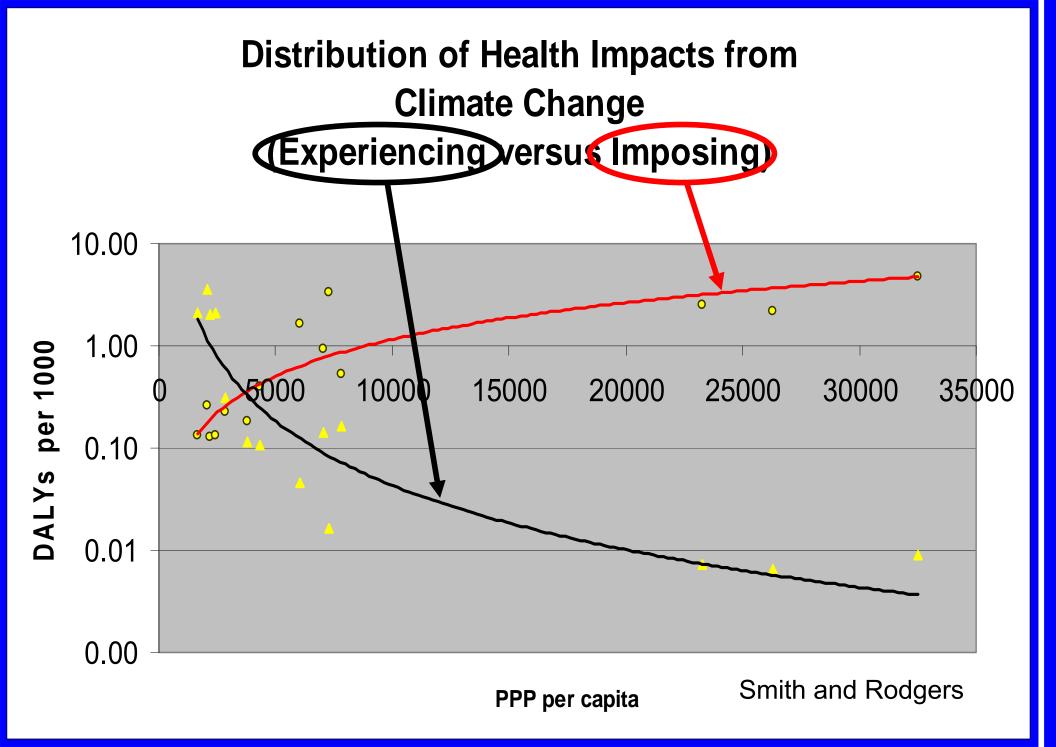


Patz JA, Gibbs HK, Foley JA, Rogers JV, Smith KR, 2007, Climate change and global: Quantifying a growing ethical crisis *EcoHealth* 4(4): 397–405, 2007

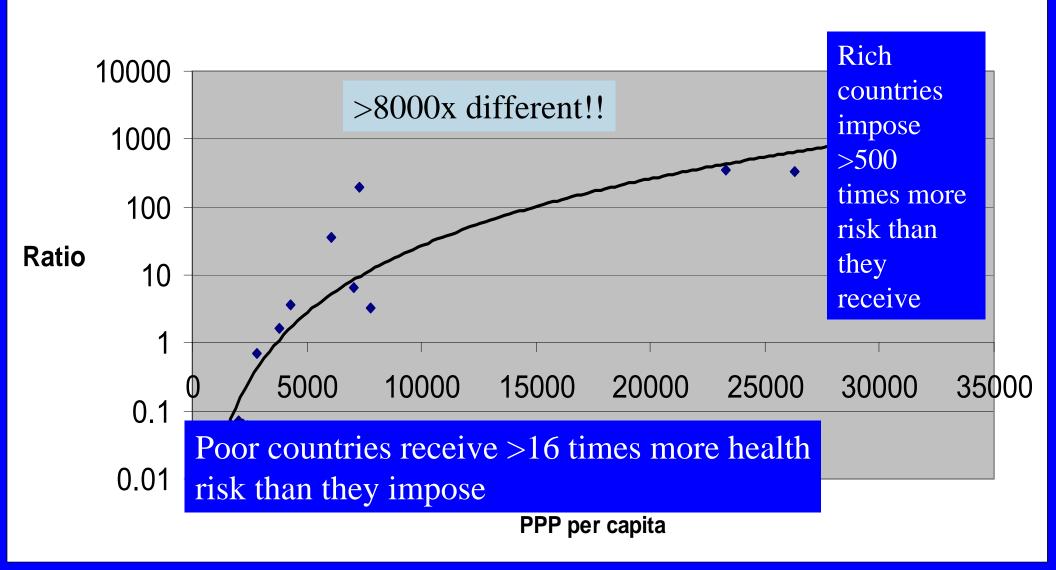
Cumulative CO₂ emissions from fossil fuels (as depleted by natural processes)



Patz JA, Gibbs HK, Foley JA, Rogers JV, Smith KR, 2007, <u>Climate change and global:</u> <u>Quantifying a growing ethical crisis *EcoHealth* 4(4): 397–405, 2007</u>



Distribution of Health Impacts from Climate Change (Ratio: Imposing/Experiencing)



CC Health Effects, cont.

5) Co-benefits: Achieving health- and climate-protection benefits with the same policies and projects

Proposed IPCC Definition of Co-Benefits

- Co-benefit actions are those taken to mitigate climate change that have significant benefits of other types for society.
- Although there is no mitigation action that does not have at least some influence on other sectors, cobenefits activities are those in which there is sufficient impact to be considered an intervention in their own right for those sectors.

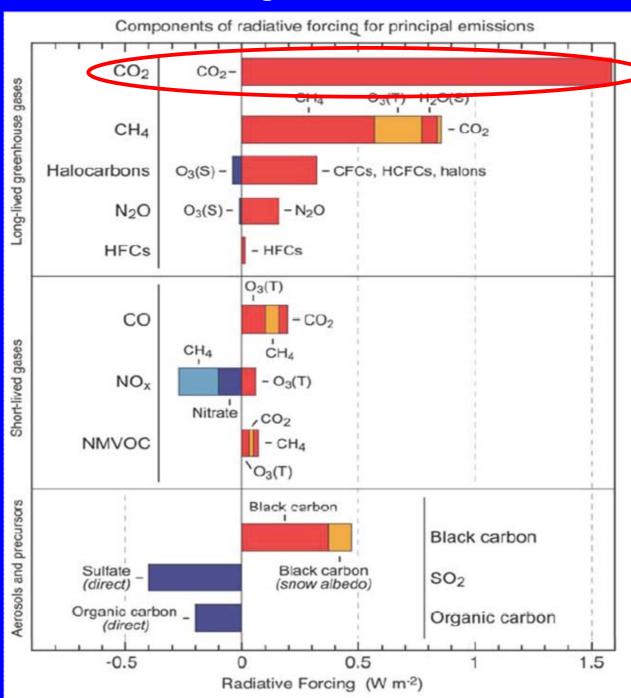
Being Smart about Mitigation

- Co-benefits: Guide mitigation measures so they help achieve other societal goals, including health protection.
- No-regrets: providing a short-term more certain return (health) on a long-term more uncertain investment (climate protection)
- Win-win: Double return on single investment

Why Worry about Co-benefits?

- Helps reduce the cost of mitigation by sharing cost with other sectors.
- Recognizes that society still has major goals besides avoiding climate change, such as providing acceptable levels of health protection
- Potentially <u>bridge political gap</u> between developed and developing countries in international climate negotiations early achievement of more certain benefits that directly relate to development needs

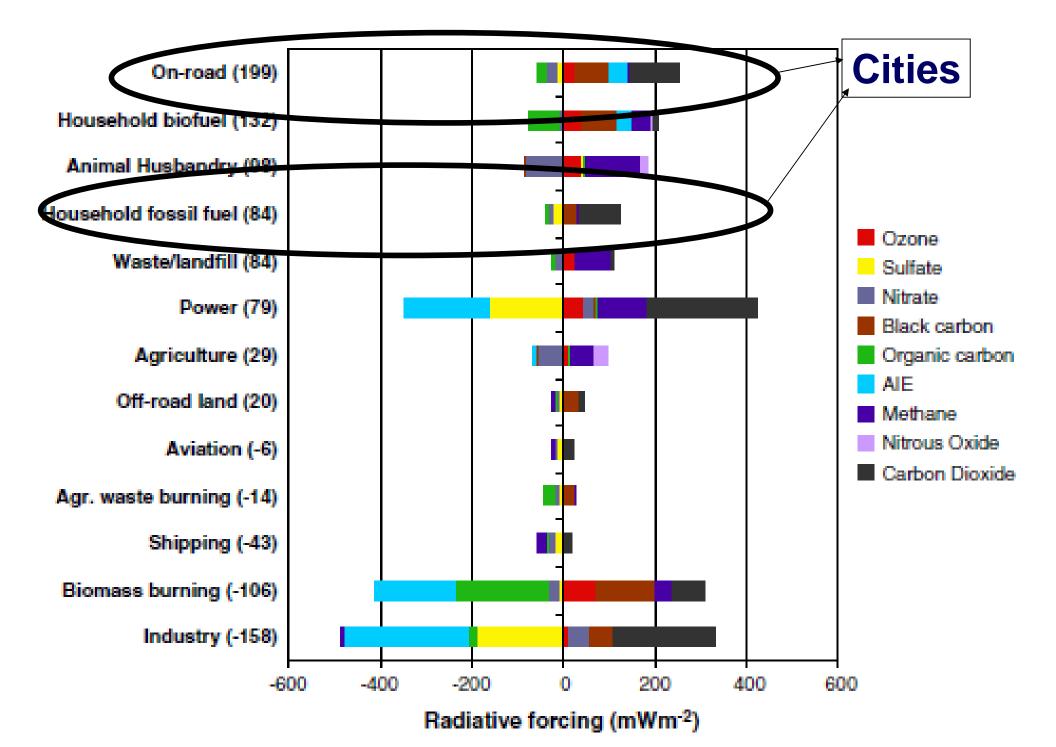
Global warming in 2005 due to all human emissions since 1750



CO2 is the most important
Greenhouse Gas
Mostly from fuel combustion

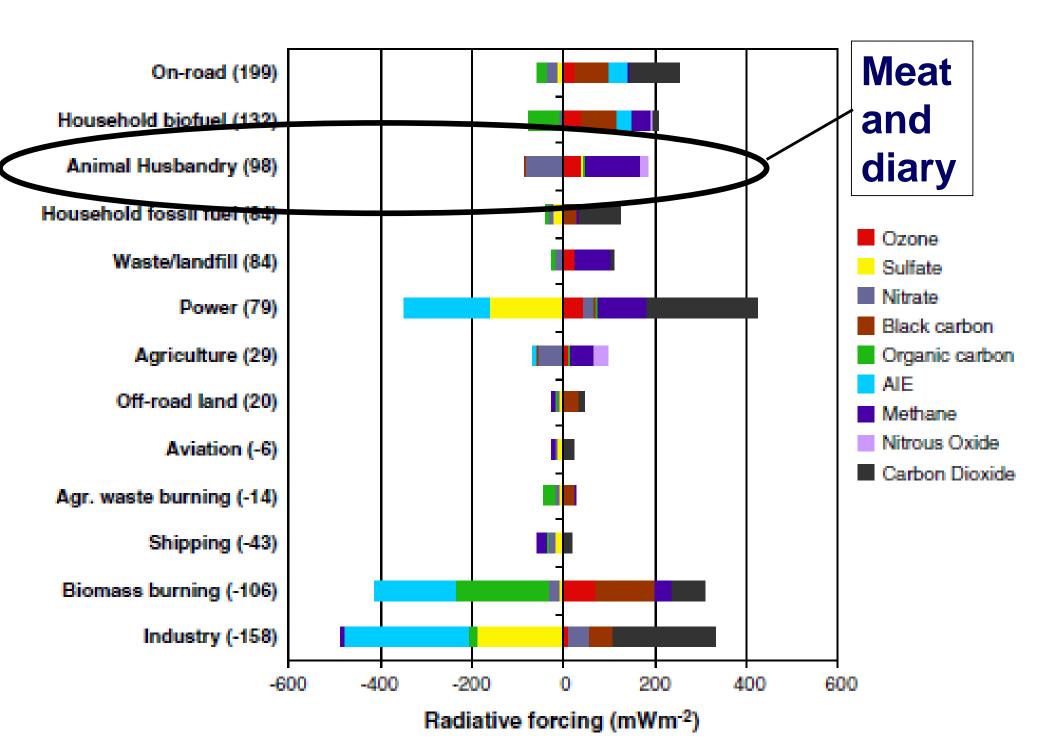
Air Pollution from Energy Use

- Outdoor emissions from energy systems
 - 1 million premature deaths around the world
 - Most well documented benefits, climate and health
- Energy efficiency, fuel shifting lead to less climate impact and less ill-health
- Some difficult issues related to relative climate impacts of different aerosols, e.g., black carbon, sulfates, organic carbon



Modifying the Built Environment

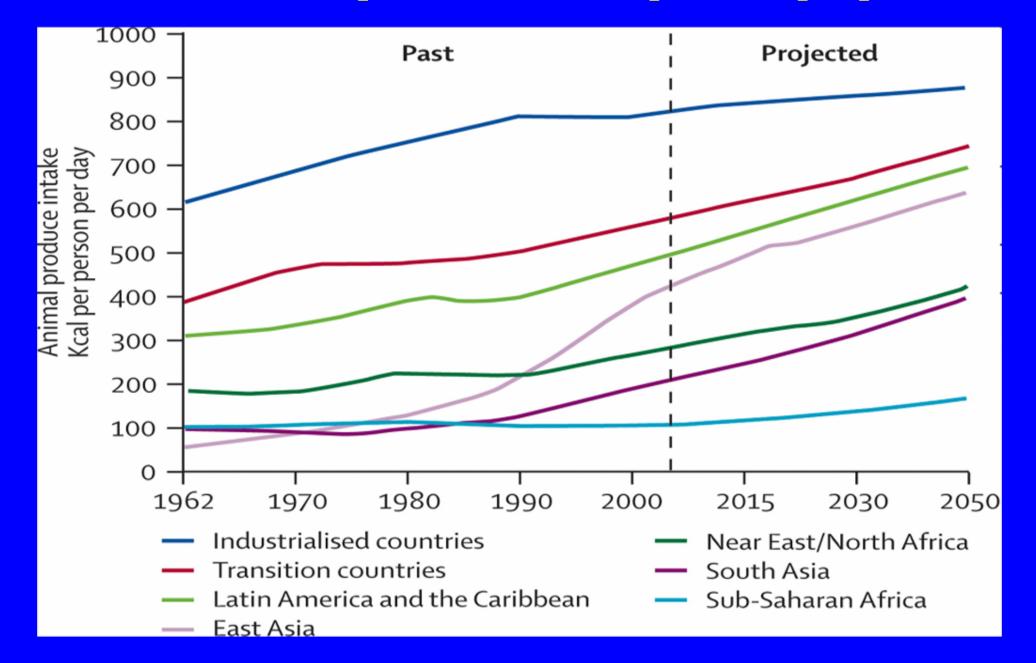
- Obesity, traffic accidents, and lack of physical activity responsible for 3+ million additional premature deaths annually
- Reduce vehicle use (air pollution, obesity, safety, etc)
- Change urban design to increase physical activity (obesity, air pollution, safety)
- Improve energy efficiency of buildings (avoid health risks of energy poverty)



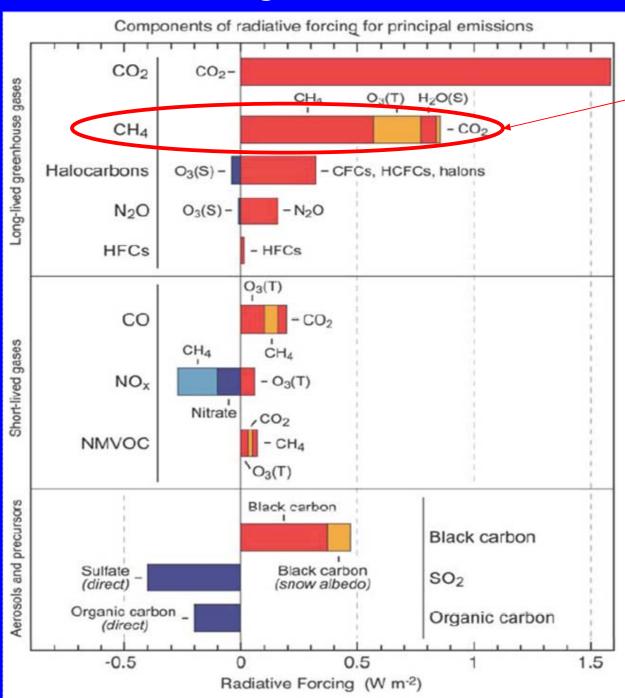
Redirecting Diet Preferences

- Livestock responsible for 20+% of global greenhouse emissions – methane from animal digestion plus operation of meat/dairy feed/supply systems
- Converge on lower mean global red meat consumption with health benefits in rich countries in heart disease, diabetes, and colon cancer
- Similar benefits to convergence in global dairy consumption
- China/India have the major global growth potential

Trends in consumption of livestock products per persofiao

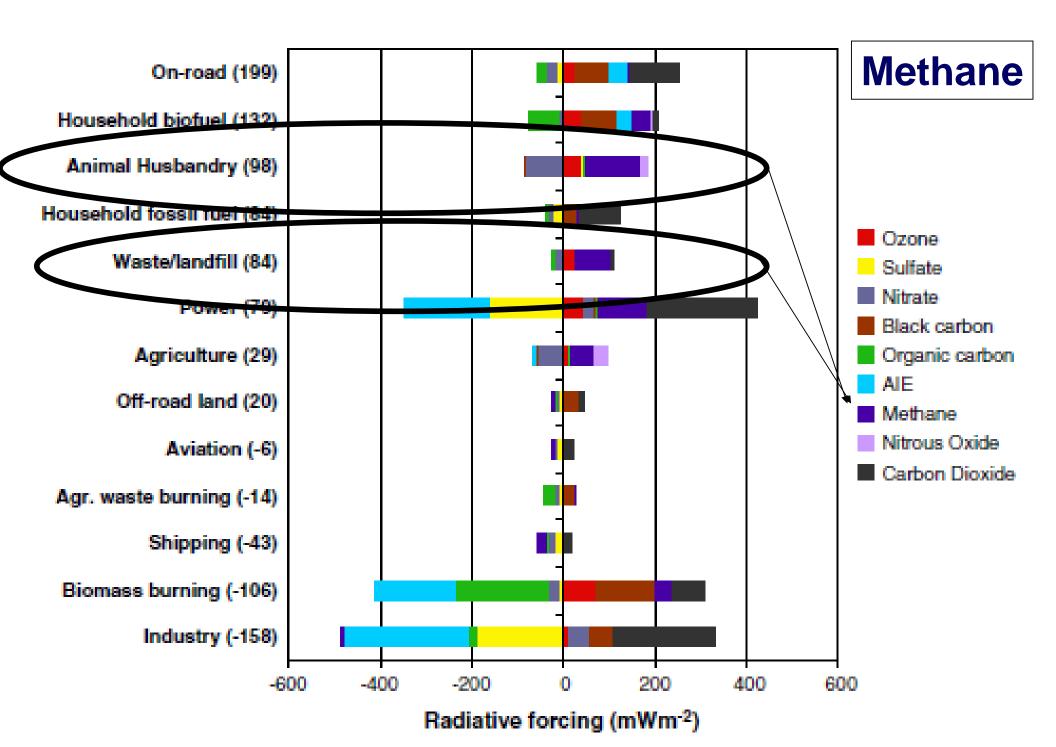


Global warming in 2005 due to all human emissions since 1750



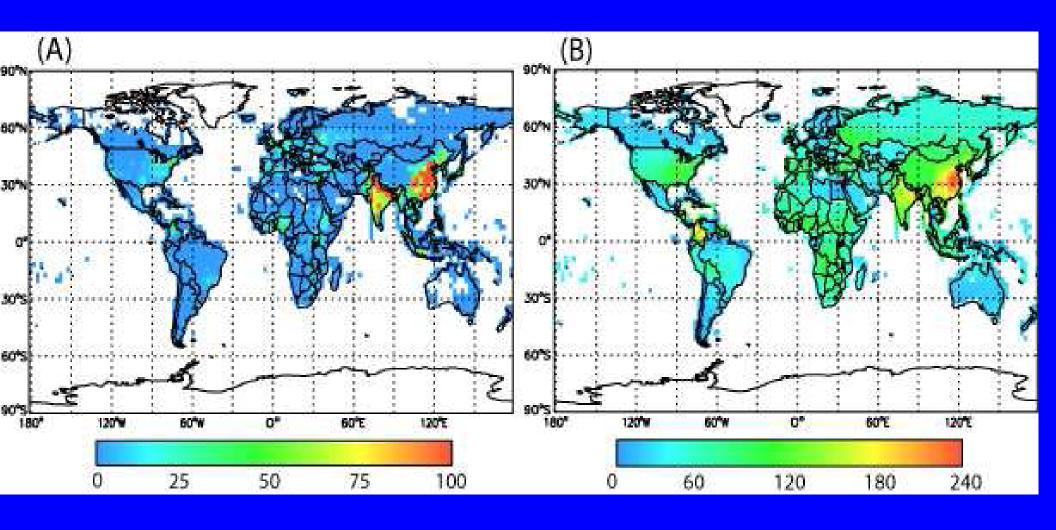
Methane is second most important

Greenhouse Gas



Methane Reduction

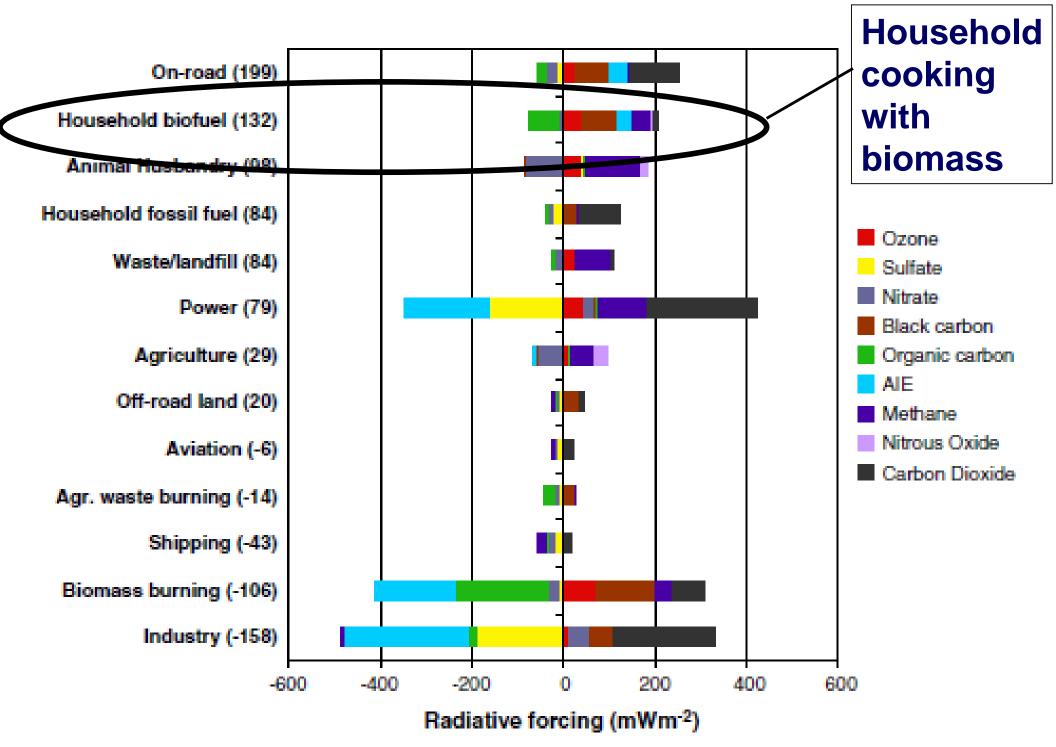
- Second most important greenhouse gas
- Major cause of rise in global tropospheric ozone concentrations – important healthdamaging and crop-damaging pollutant
- Livestock a major source
- Leaks: Coal mines, gas pipelines, etc.
- Waste management: Landfills, wastewater
- Incomplete combustion: biomass and coal

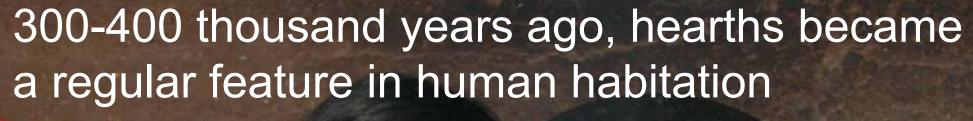


Mortality from ozone per 1000 km2 and per million people

Methane

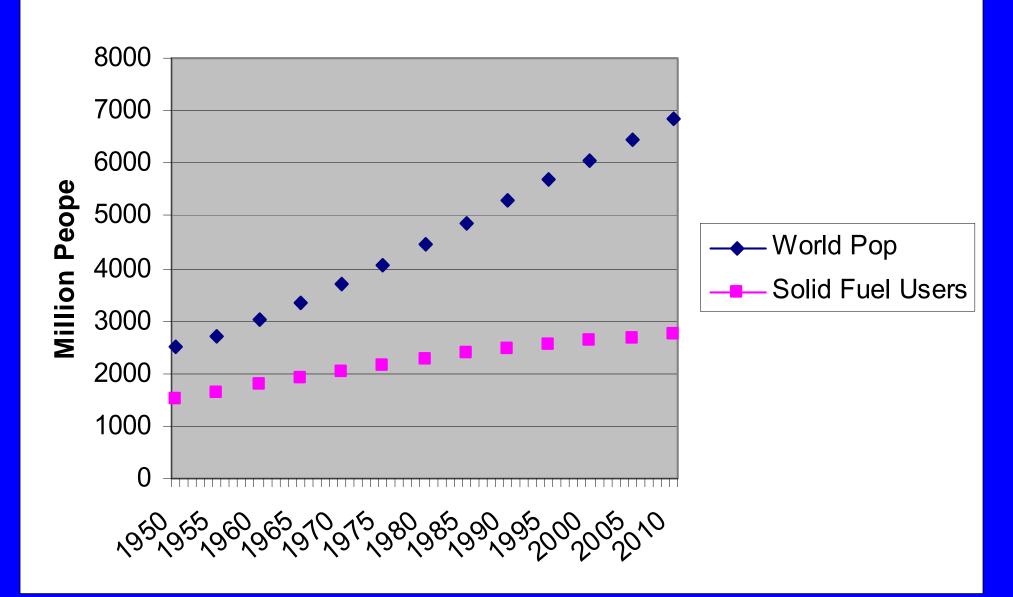
- Way to reduce warming in the next generation is to put more attention on methane (and other shorter lived GHGs)
- The rate of warming is as important as the total amount
- Way to slow the rate is to immediately reduce methane emissions
- Need to start working soon to lower rate in order to give us time to deal with CO2, a more difficult issue

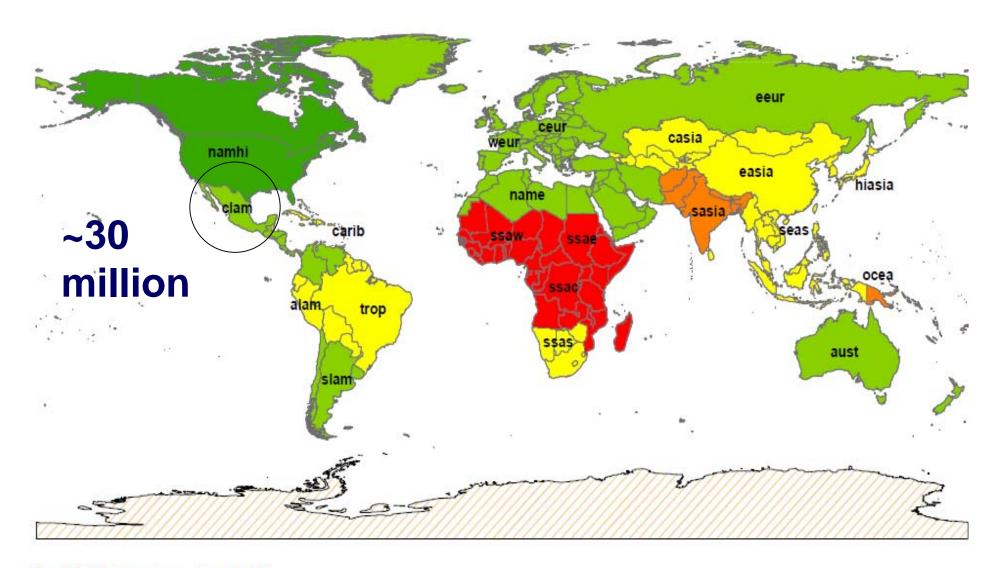






World Population Using Solid Fuels



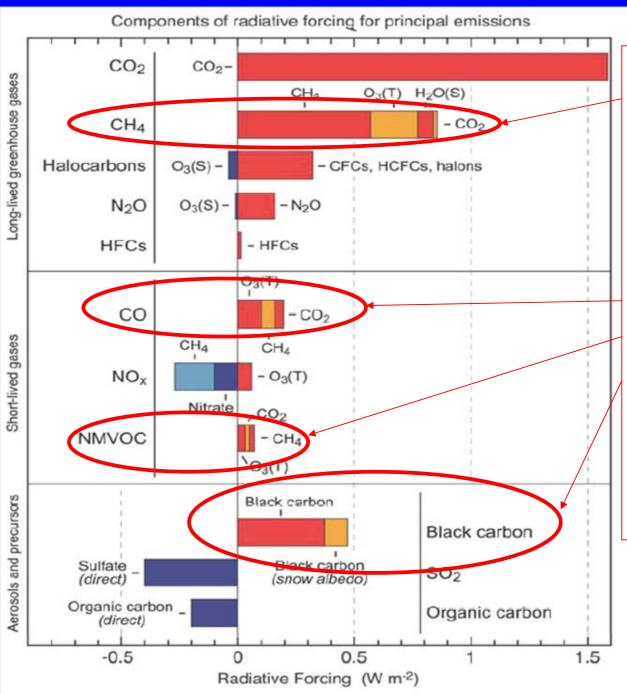


% of HH Exposed to HAP



Households Using Solid Fuels

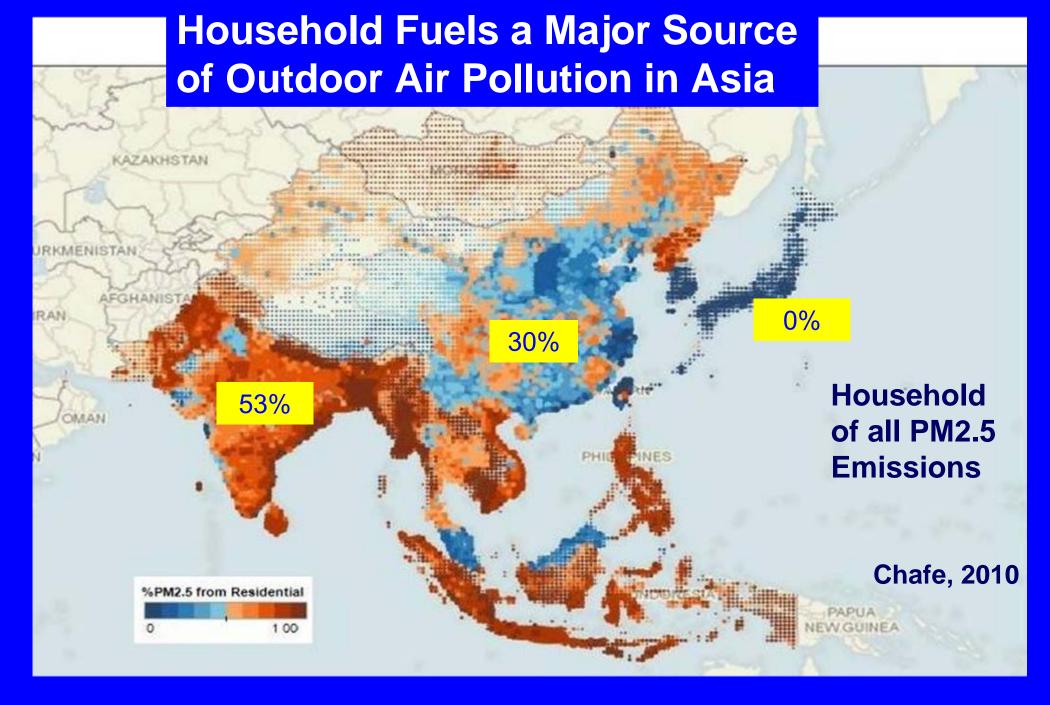
Global warming in 2005 due to all human emissions since 1750



CO₂ is important for climate, but so are many other pollutants, including the ones circled that, unlike CO₂, also have significant health as well as climate impacts. All these are produced by incomplete combustion in household stoves using simple solid fuels

Household Fuels: where the most rubber hits the co-benefits road

- Large source of ill-health worldwide in poorest populations ~ 2 million premature deaths annually
- Non-renewable biomass and coal fuels produce net CO2 emissions
- Poor combustion leads to non-CO2 greenhouse-related emissions



Household combustion only a cause of outdoor air pollution in Asia?

- Small particles, PM2.5, are the most important for health
- According to the World Health Organization,
 Mexican cities have PM2.5 levels averaging 25-30 ug/m3 -- worst at 50 (Mex standard 15)
- Villages in Michoacán, just for comparison, have
 24-h outdoor levels of 60-90 ug/m3 (Zuk et al., 2006)
- Nearly all from household combustion

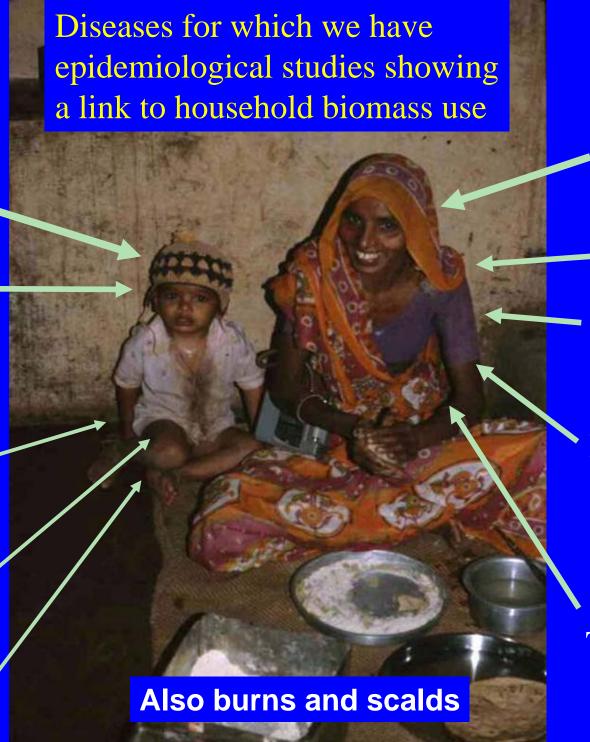
ALRI/ Pneumonia

Low birth weight

Asthma?

Birth defects

Cognitive Impairment



Chronic obstructive lung disease

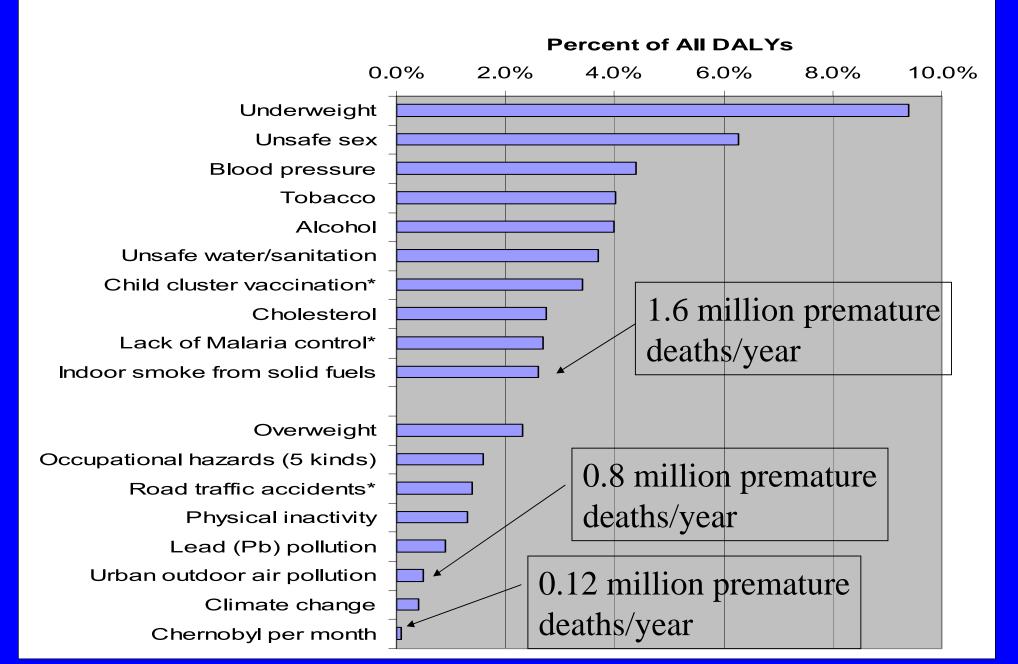
Cataracts

Lung cancer (cervical, aero-digestive?)

Heart disease/ stroke

Tuberculosis

Global Burden of Disease from Top 10 Risk Factors plus selected other risk factors



THELANCET-D-09-06268R3

50140-6736(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

To be published Nov 11, 2011

RESPIRE – Randomized trial (n=518) Impact on pneumonia up to 18 months of age



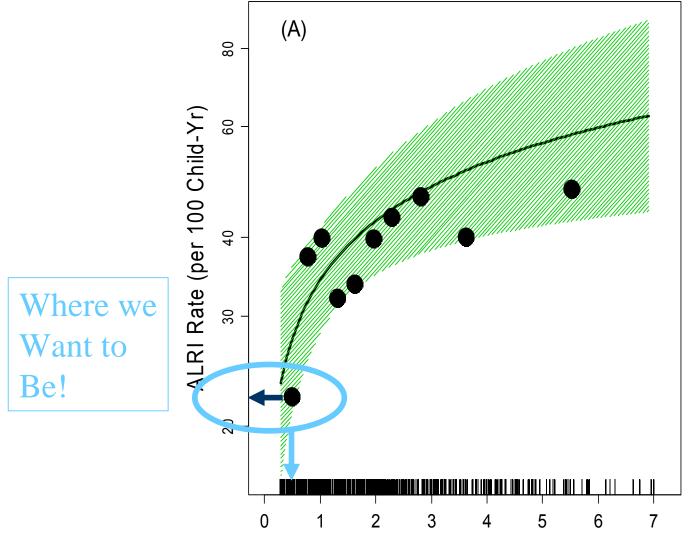
Traditional open 3-stone fire: kitchen 48-hour PM_{2.5} levels of 600 - 1200 µg/m³



Chimney wood stove, locally made and popular with households



MD-diagnosed Acute Lower Respiratory Infection



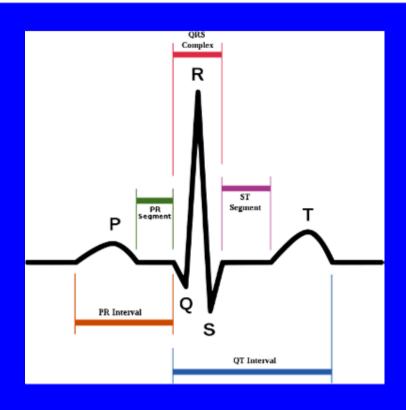
RESPIRE-Guatemala

Approximate Mean PM2.5 exposure in 100s of ug/m3

Intervention to Lower Household Wood Smoke Exposure in Guatemala Reduces ST-Segment Depression on Electrocardiograms

John McCracken, 1,2 Kirk R. Smith, Peter Stone, Anaité Díaz, Byron Arana, and Joel Schwartz 1

¹Department of Environmental Health, Harvard School of Public Health, Boston, Massachusetts, USA; ²Environmental Sciences Division, University of California, Berkeley, California, USA; ³Brigham and Women's Hospital, Boston, Massachusetts, USA; ⁴Center for Health Studies, Universidad del Valle, Guatemala City, Guatemala

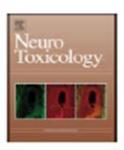


Environmental Health Perspectives Nov, 2011



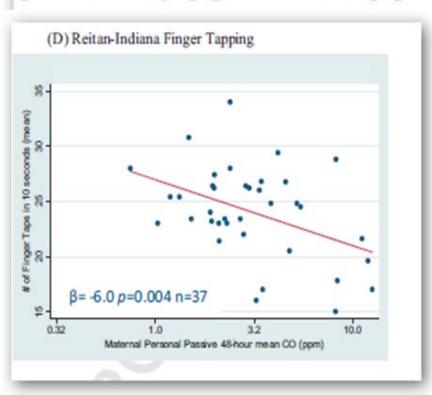
Contents lists available at SciVerse ScienceDirect

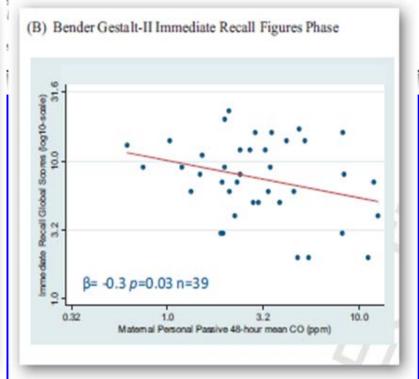
NeuroToxicology



Neurodevelopmental performance among school age children in rural Guatemala is associated with prenatal and postnatal exposure to carbon monoxide, a marker for exposure to woodsmoke

"Linda Dix-Cooper,", Brenda Eskenazi, b, Carolina Romero, C, John Balmes, a,d, Kirk R. Smith, a,*



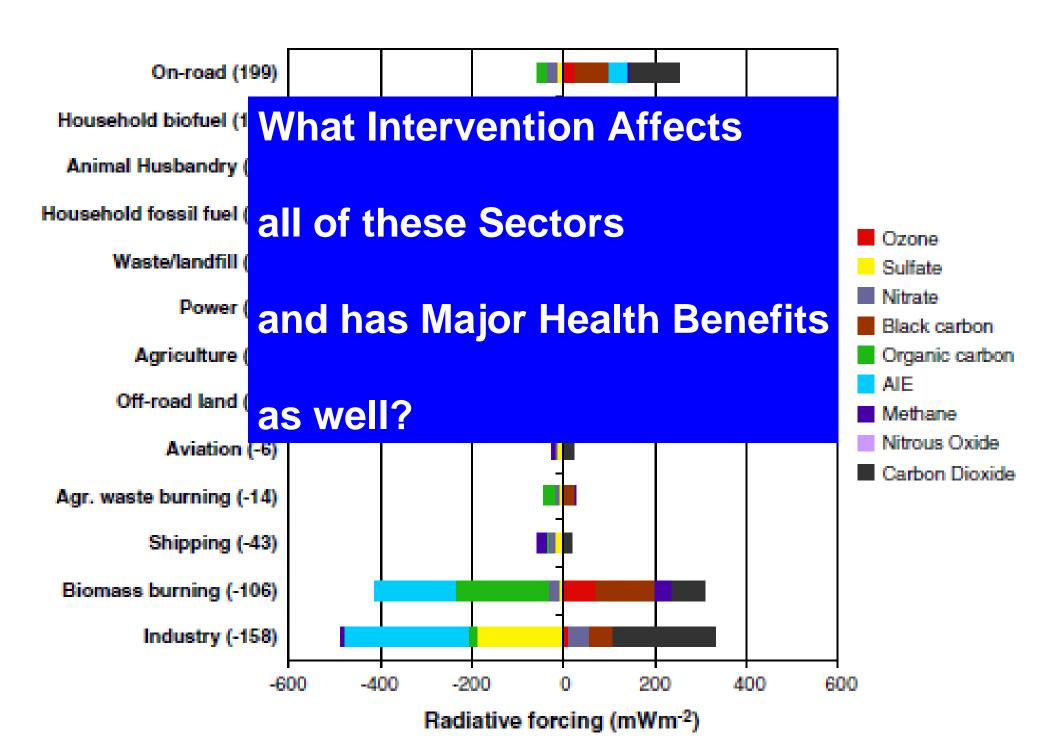


October 2011

Cervical Cancer and Household Air Pollution

				Odds Ratio	Odds Ratio
Study or Subgroup	log[Odds Ratio]	SE	Weight	IV, Random, 95% C	I IV, Random, 95% CI
Ferrera 2000(a)	0.54232429	0.53624989	17.6%	1.72 [0.60, 4.92]
Ferrera 2000(b)	1.24990174	0.41614175	20.9%	3.49 [1.54, 7.89] ——
Velema 2002(a)	0.06765865	0.45514155	19.8%	1.07 [0.44, 2.61] —
Velema 2002(b)	1.75093748	0.36626585	22.4%	5.76 [2.81, 11.81] —
Sierra Torres 2006	1.98787435	0.47618897	19.2%	7.30 [2.87, 18.56]
Total (95% CI)			100.0%	3.14 [1.57, 6.30	ı 🔷
Heterogeneity: Tau ² = 0.43; Chi ² = 12.71, df = 4 (P = 0.01); I ² = 69% $0.01 0.1 1 10 100$					
Test for overall effect: $Z = 3.23$ (P = 0.001)					0.01 0.1 1 10 100 Favours experimental Favours control

Three papers; two done in Honduras, one in Columbia

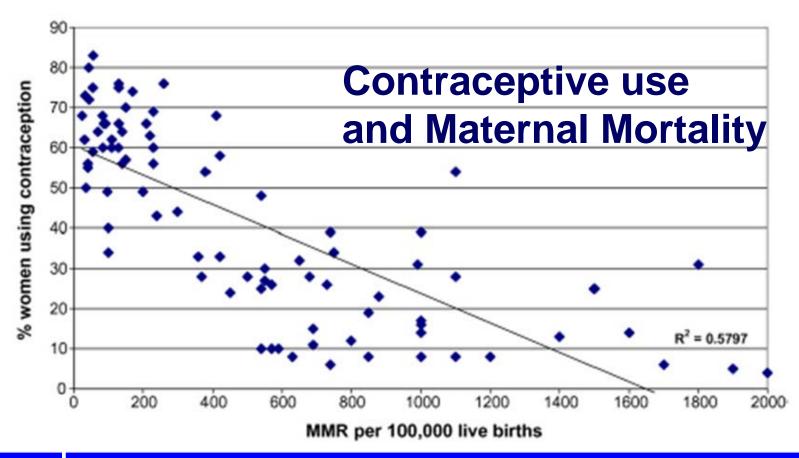


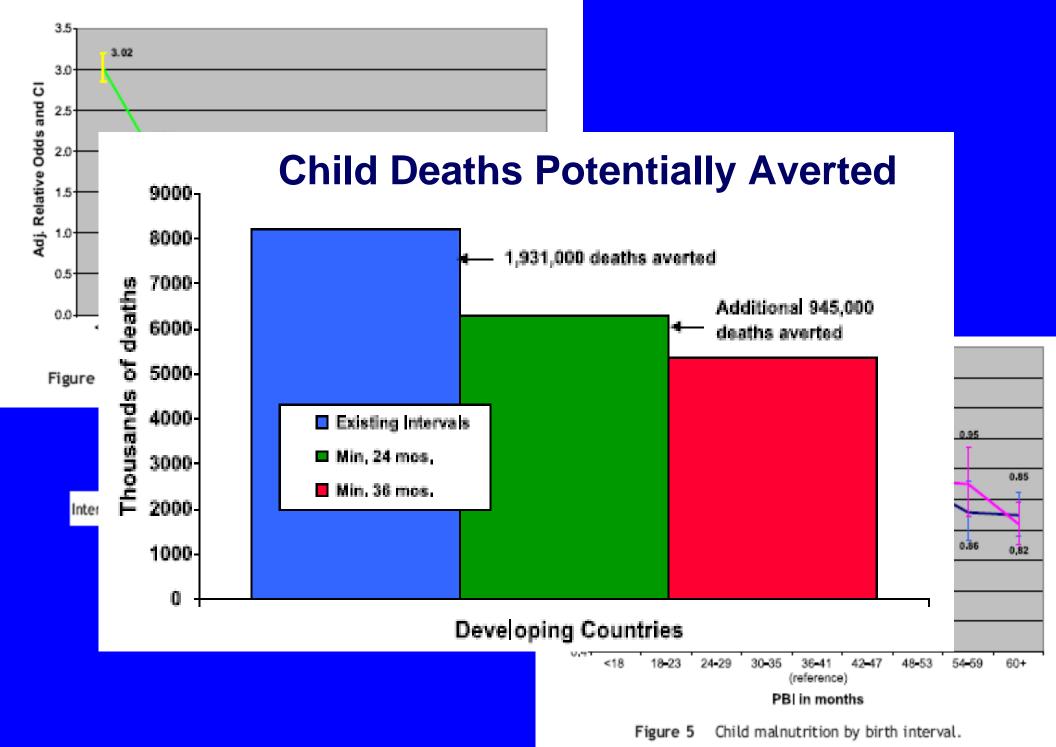
Most cost-effective GHG control device is probably a condom

- Many tens of millions of women wish to have fewer children, but do not have access to contraceptives
- Giving them access could mean ~2 billion fewer people by 2100 a major reduction of stress on the Earth
- Many health benefits, particularly child and maternal mortality, to smaller, more planned families

The very age groups that

Risk o Materr Mortal





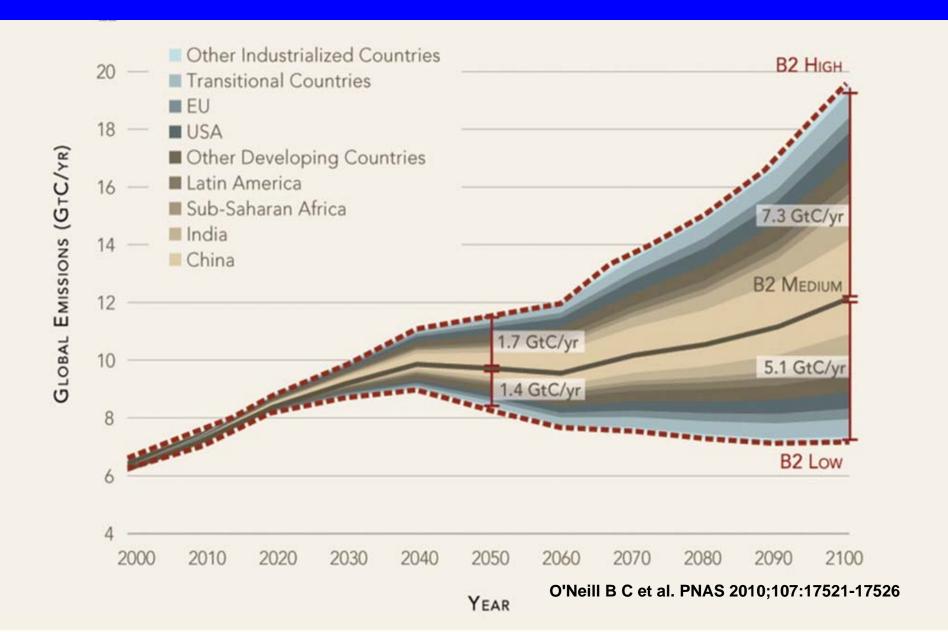
Global demographic trends and future carbon emissions

Brian C. O'Neill^{a,1,2}, Michael Dalton^b, Regina Fuchs^c, Leiwen Jiang^a, Shonali Pachauri^c, and Katarina Zigova^{d,2}

^aClimate and Global Dynamics Division and Integrated Science Program, National Center for Atmospheric Research, Boulder, CO 80307; ^bAlaska Fisheries Science Center, National Oceanographic and Atmospheric Administration, Seattle, WA 98115; ^cInternational Institute for Applied Systems Analysis, A-2361 Laxenburg, Austria; and ^dDepartment of Economics, University of Konstanz, 78457 Konstanz, Germany

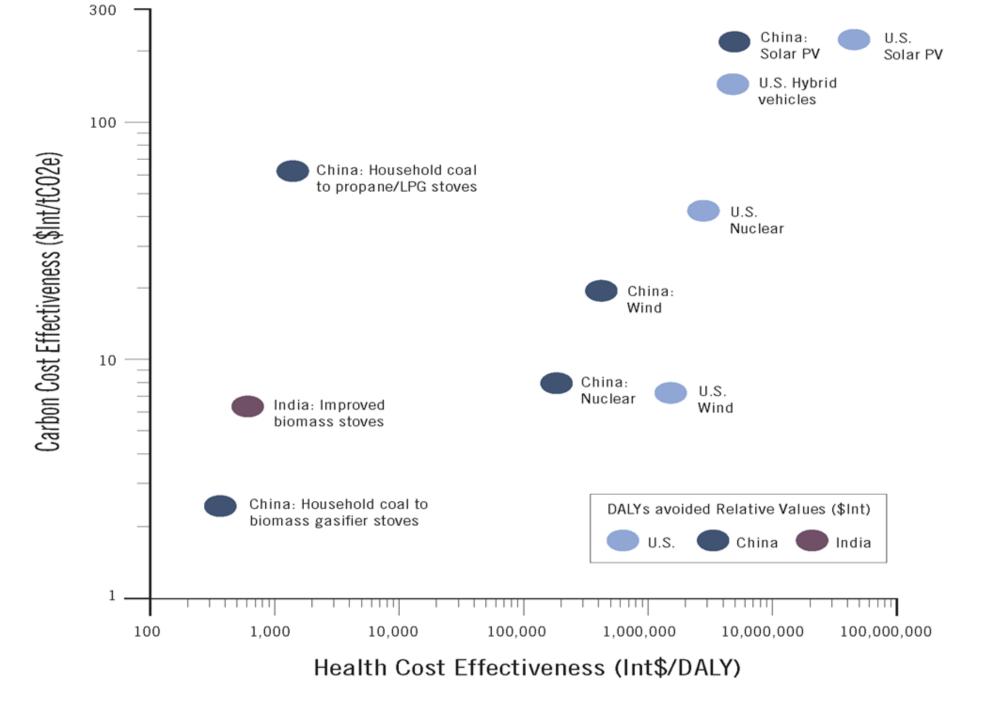
Proceedings of the National Academy of Sciences October 12, 2010 | vol. 107 | no. 41 | 17521–17526

Global CO2 Emissions Under different Fertility Scenarios



Access to Reproductive Services

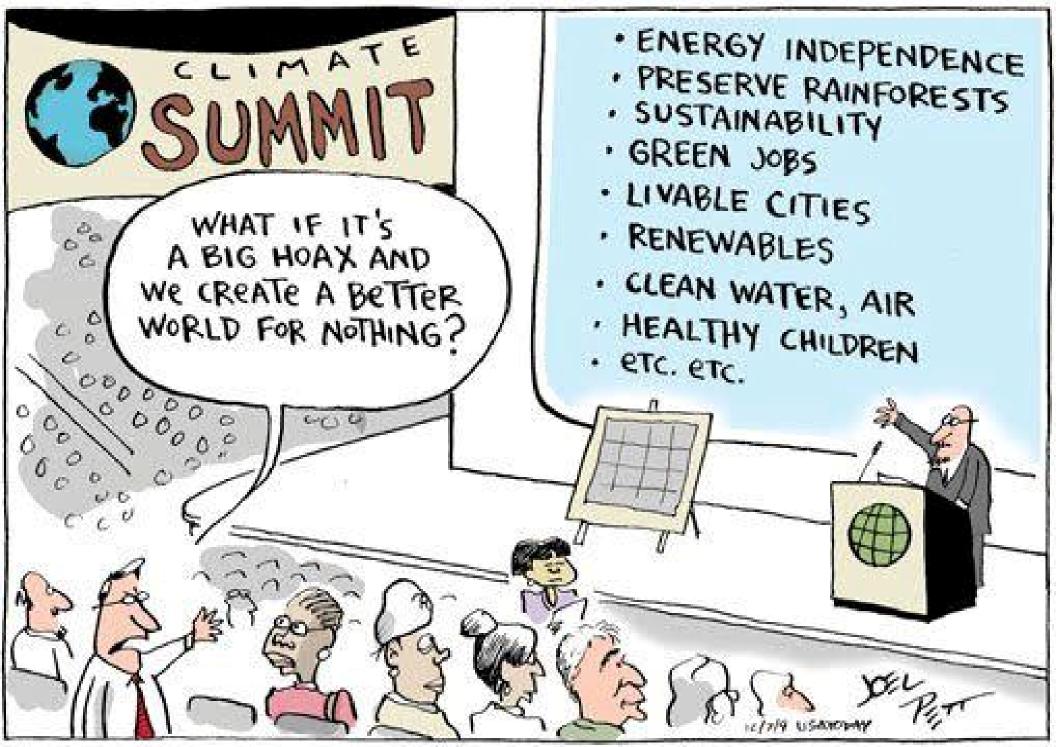
- Not population control, but reproductive rights
- All countries on the way to replacement fertility this century
- Just a matter of making it possible to happen sooner rather than later in the century
- Large health benefits can be accrued



Smith and Haigler, Ann Rev of Public Health, 2008

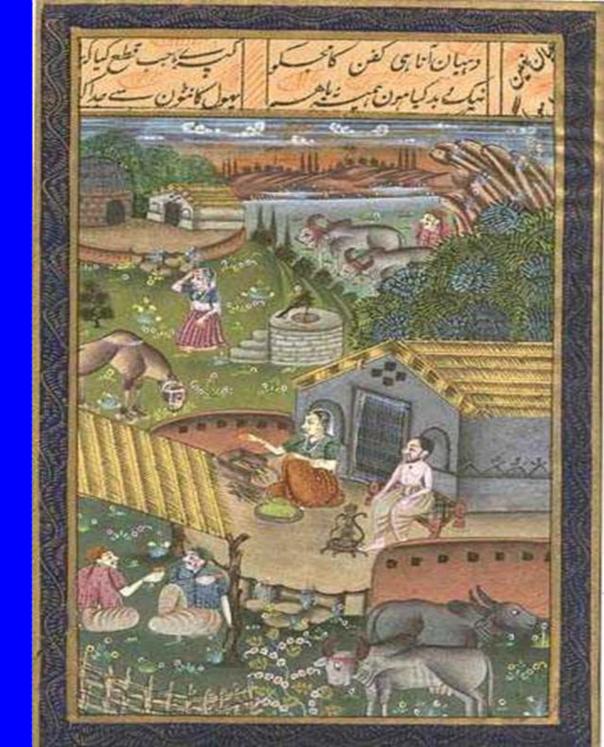
Summary

- Carbon dioxide controls absolutely needed to blunt climate change impacts
- Considerable health co-benefits in doing so if projects are targeted
- Even greater health co-benefits can achieved by focusing on other climate-altering pollutants (CAPs: methane, black carbon, etc.)
- These mostly have an impact on rate of warming, not total
- But rate is also important for impacts

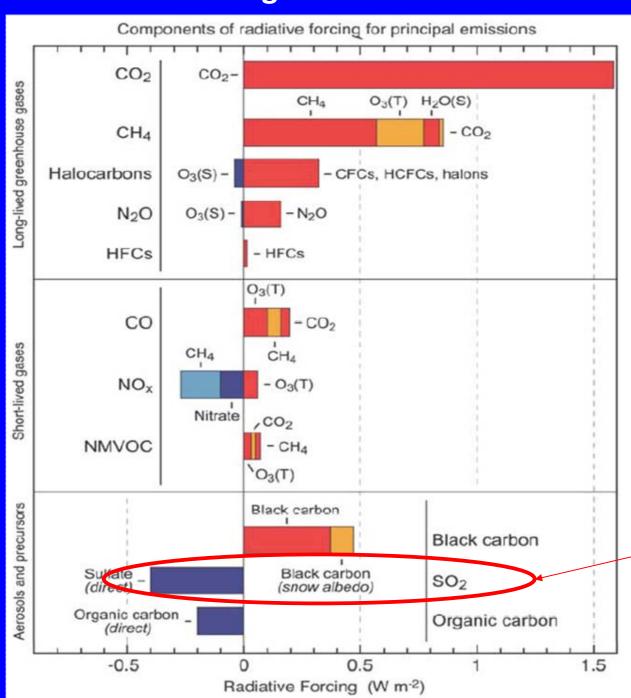


Gracias

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



Global warming in 2005 due to all human emissions since 1750



Sulfate is cooling for climate, but damaging to health