



FOREST FIRES, HAZE and HUMAN HEALTH



Photo credit:



Friends of
the Earth



Borneo 05.10.2006

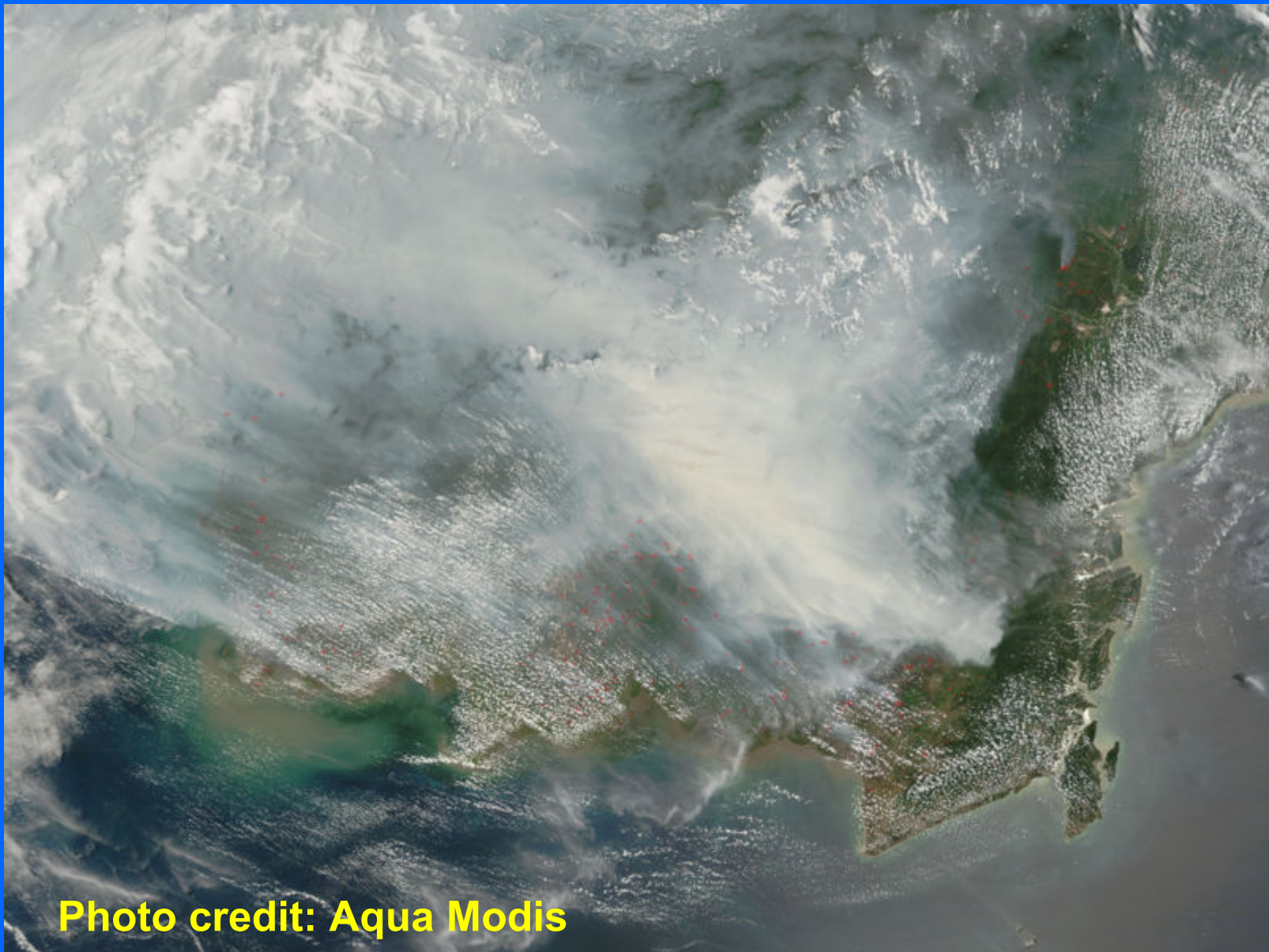


Photo credit: Aqua Modis



Sumatra , 04.10.2006

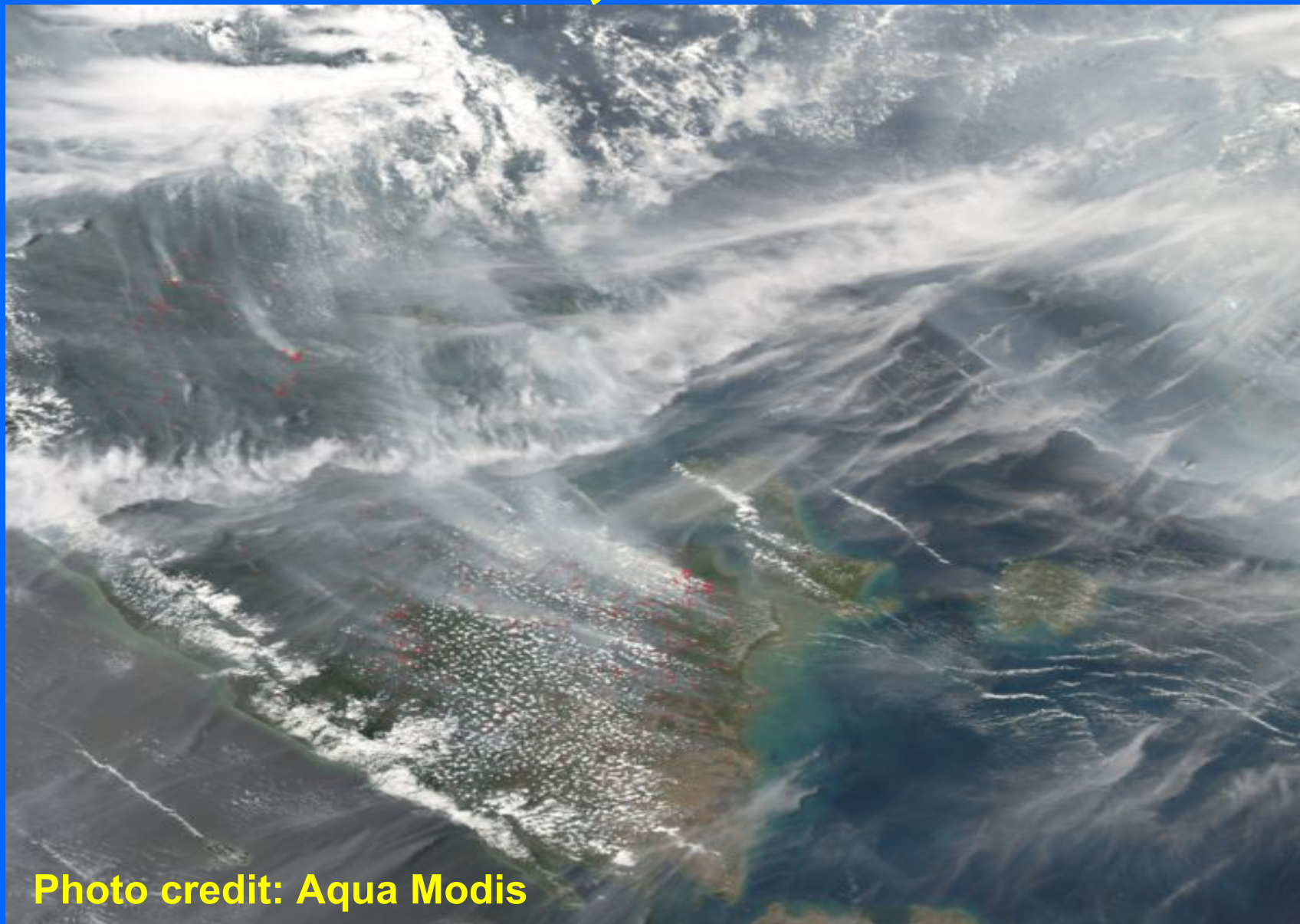
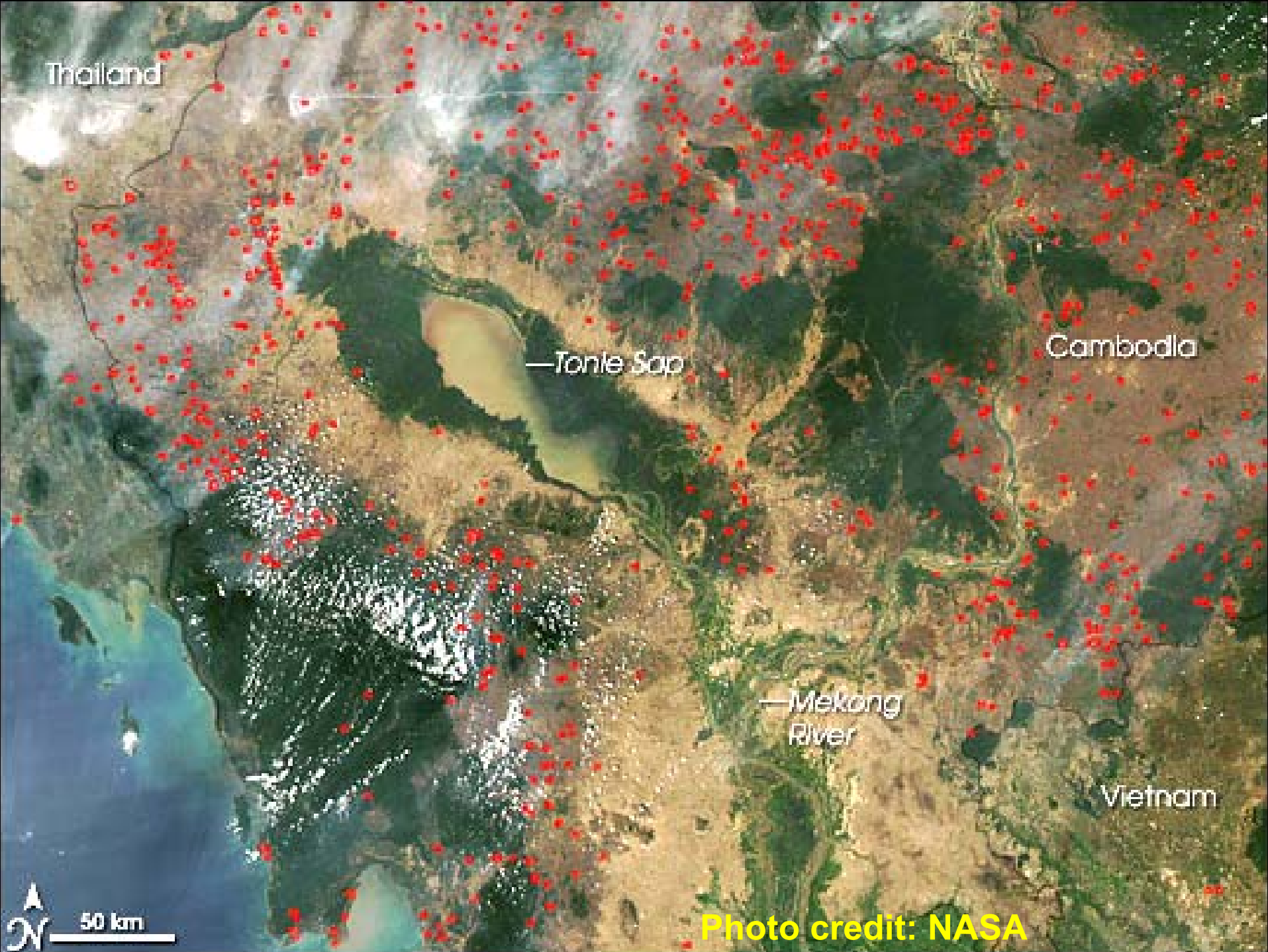


Photo credit: Aqua Modis



Thailand

—Tonle Sap

Cambodia

—Mekong
River

Vietnam



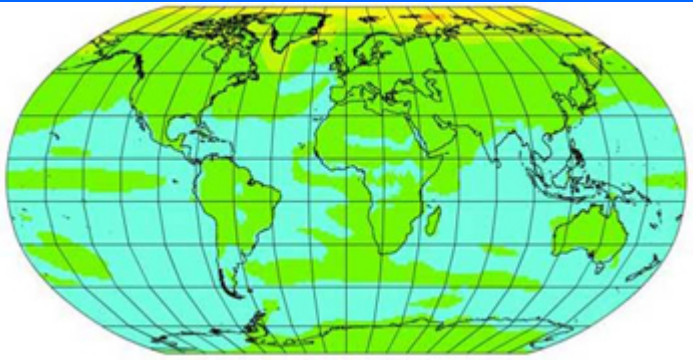
Photo credit: NASA

Forest fires

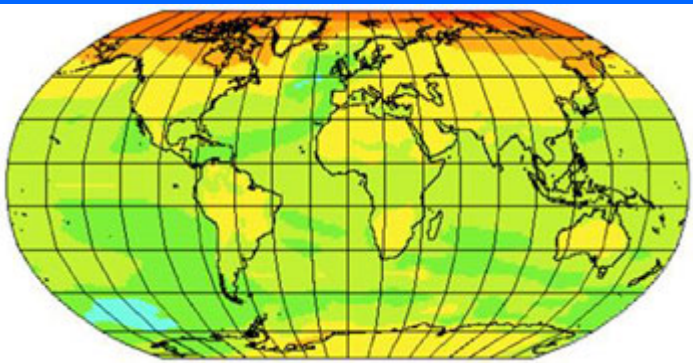
- Derived from land conversion
 - Inadequate fire use policies
 - Peat swamp vegetation catching fire
 - Dry weather conditions
 - Delayed rains
 - Lack of surveillance
 - Poor air quality monitoring and reporting systems in place
 - Weak preparedness and response plans
 - Little public awareness
1. Involve local communities to achieve Zero burning policy
 2. Increase fire fighting efficiency
 3. Public education campaigns



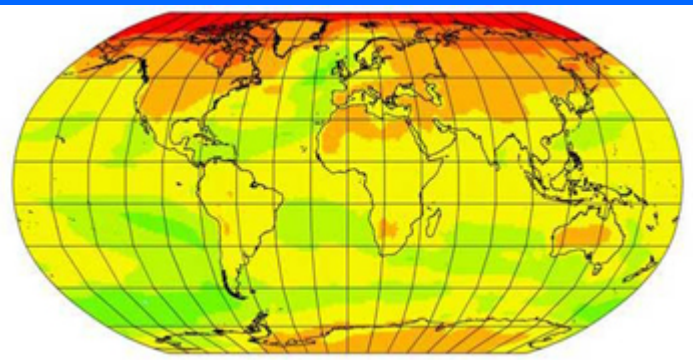
Temperatures in 2090



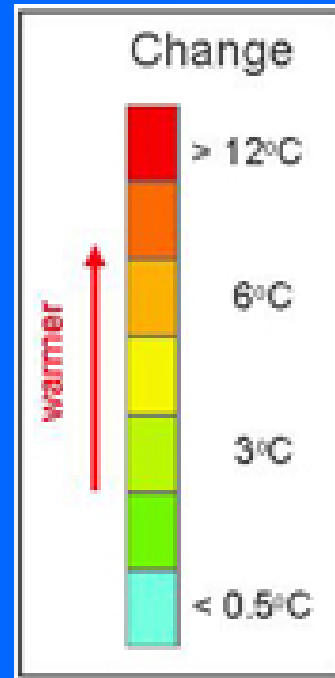
Atmospheric CO2: 400 ppm



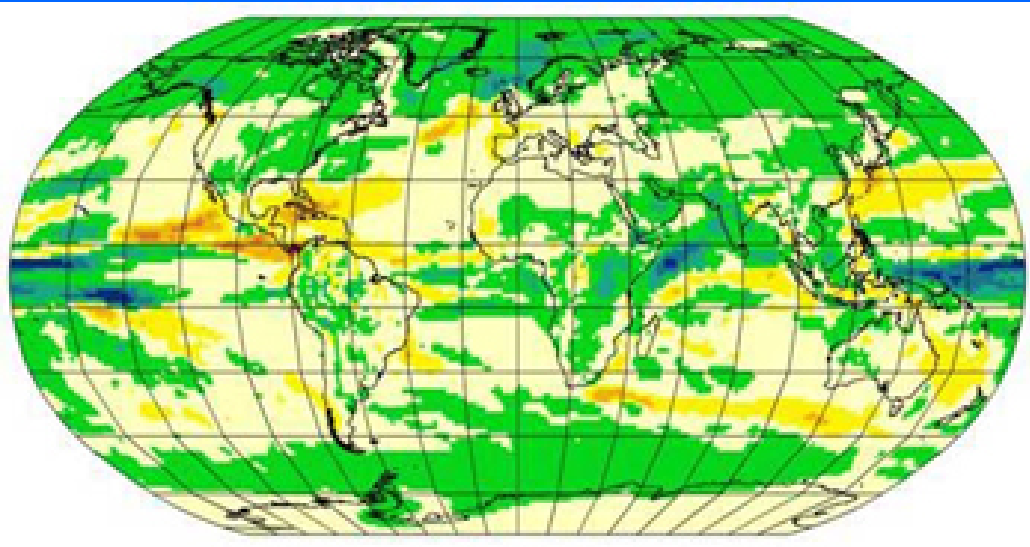
Atmospheric CO2: 850 ppm



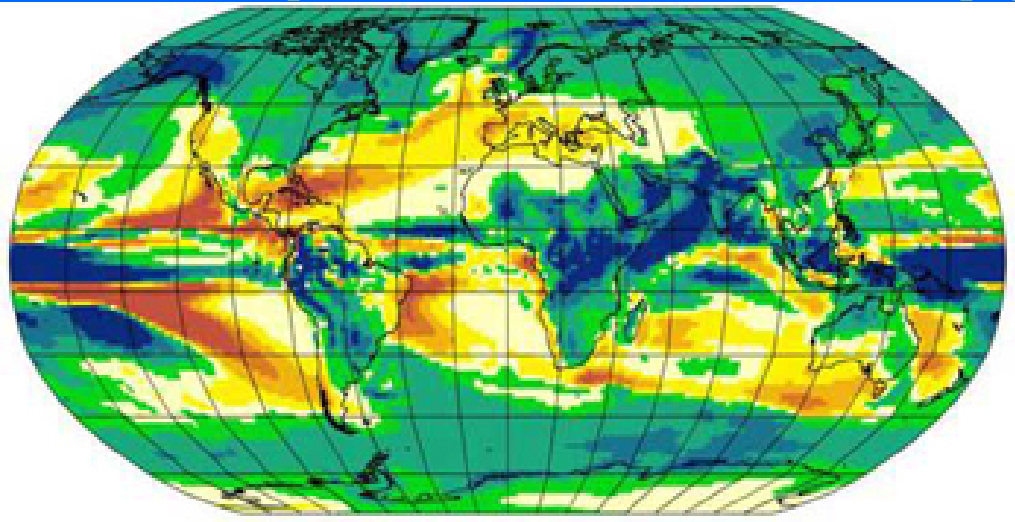
Atmospheric CO2: 850 ppm



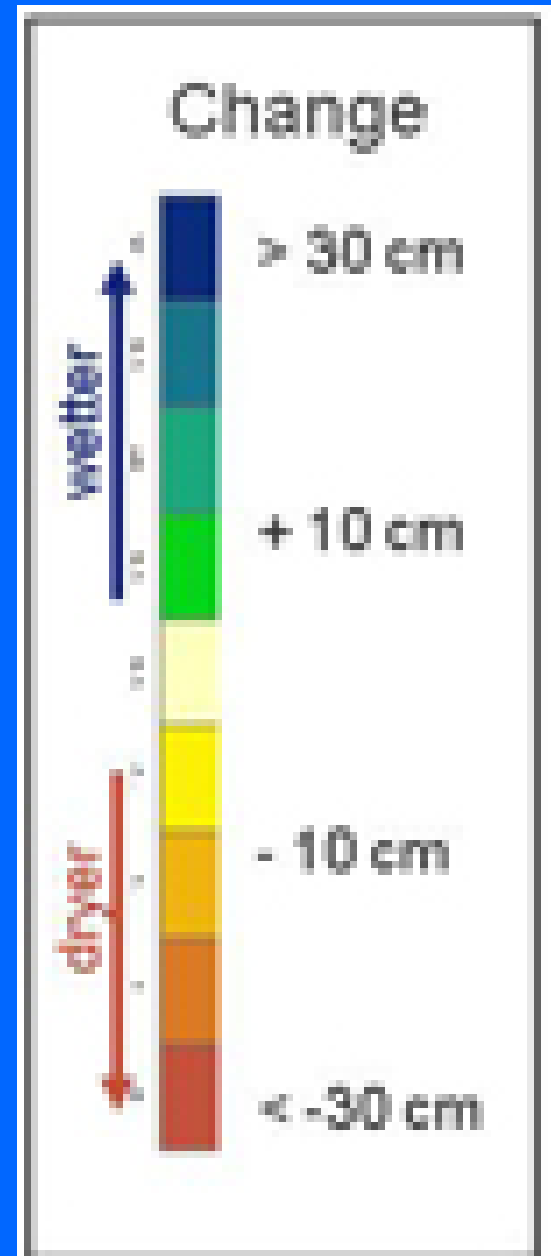
Precipitations in 2090



Atmospheric CO2: 400 ppm



Atmospheric CO2: 850 ppm



There is strong evidence from the available literature that PM from biomass combustion is associated with a respiratory health outcomes such as bronchitis, asthma and upper respiratory tract infections, eye and skin irritation.

Preventive action:

Revision of air quality standards

Monitor air quality for early warning

Remain indoors, reduce physical exertion

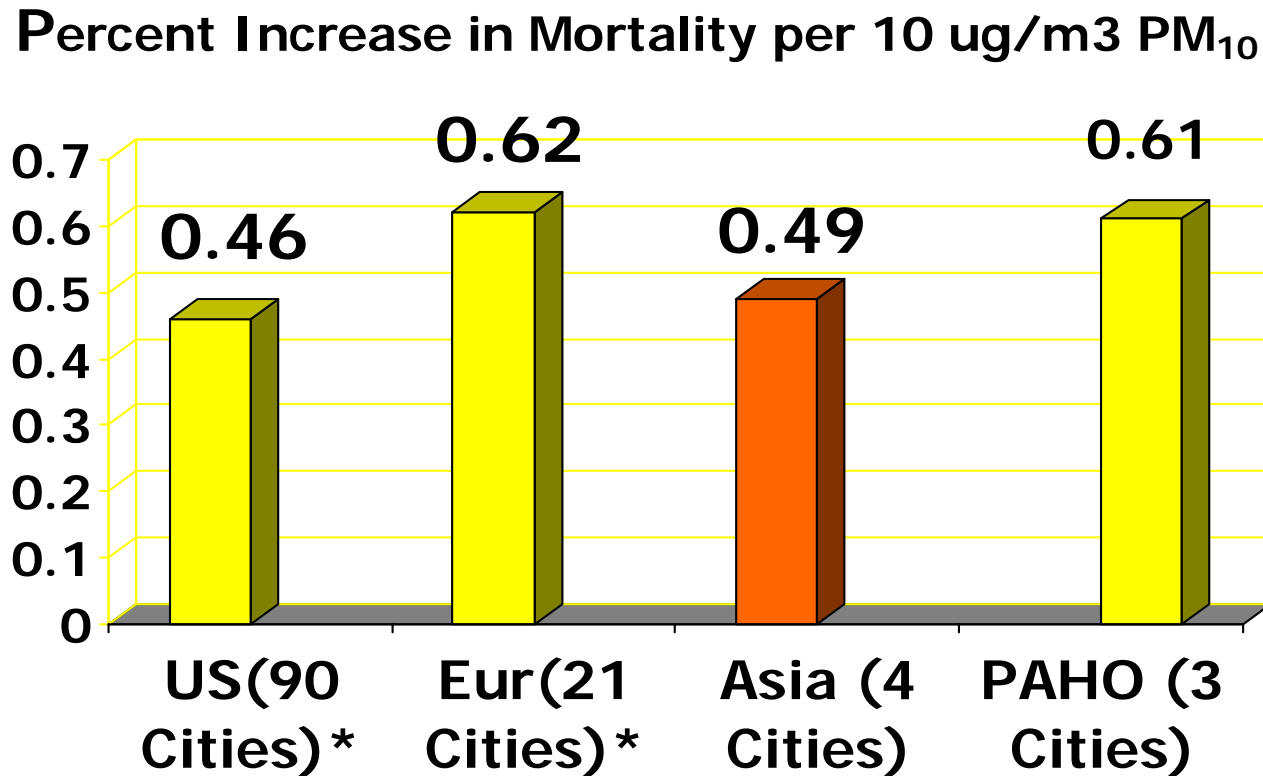
Wear respiratory masks outdoors

Closure of schools and public offices

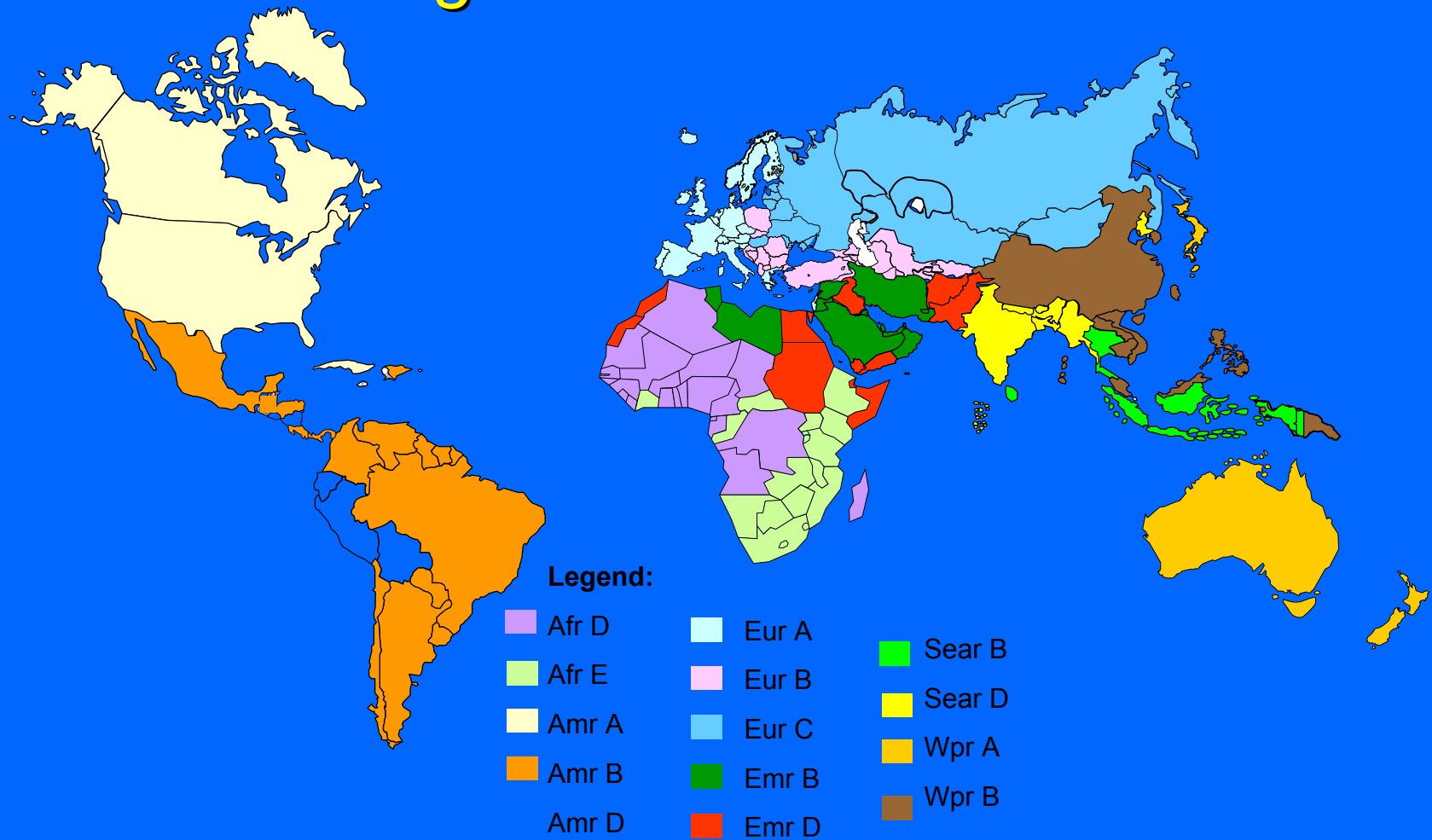
WHO new Air Quality guidelines (AQGs): revised limits for particulate matter

- **PM2.5** : 10 $\mu\text{g}/\text{m}^3$ annual mean
25 $\mu\text{g}/\text{m}^3$ 24-hour mean
- **PM10** 20 $\mu\text{g}/\text{m}^3$ annual mean
50 $\mu\text{g}/\text{m}^3$ 24-hour mean
- first time a guideline value defined for PM,
- Aim: lowest concentrations possible, no threshold below which no damage to health observed,

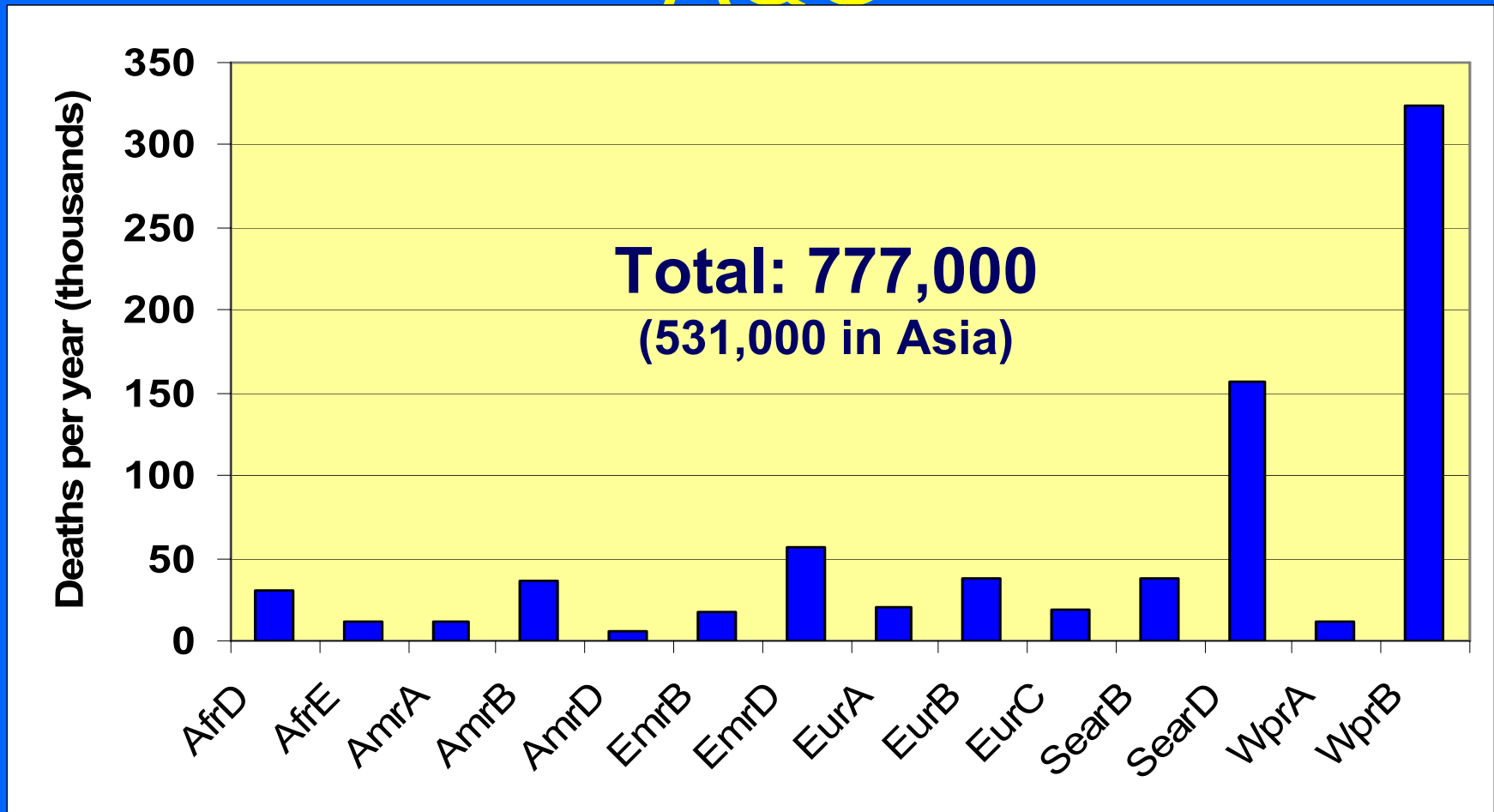
Short term exposures and health



WHO Comparative Risk Assessment: regions in calculations



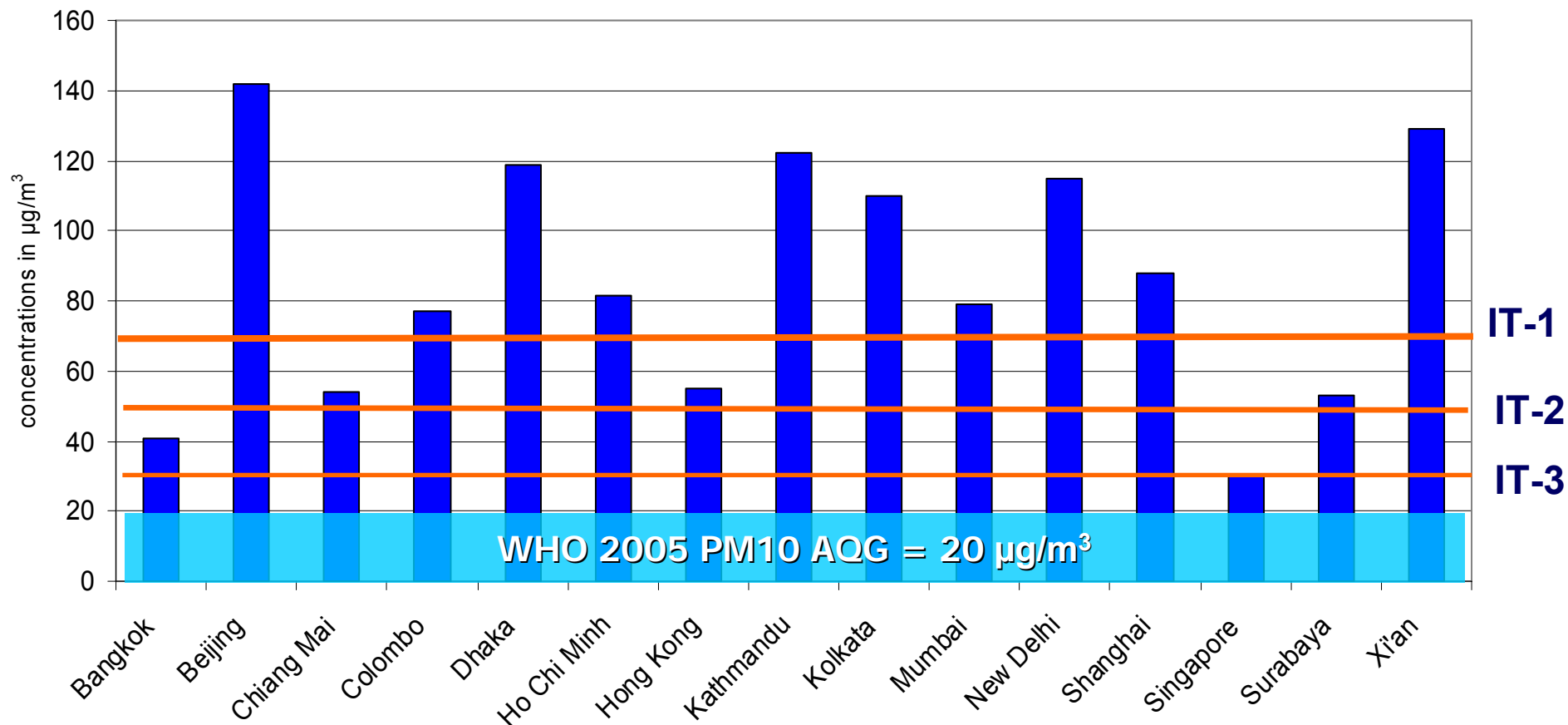
Deaths attributable to urban PM > AQG



WHO AQG for particulate matter

Annual mean level	PM ₁₀ (µg/m ³)	PM _{2.5} (µg/m ³)	Basis for the selected level
Interim target-1 (IT-1)	70	35	Levels associated with about 15% higher long-term mortality than at AQG
Interim target-2 (IT-2)	50	25	Risk of premature mortality decreased by approximately 6% compared to IT1
Interim target-3 (IT-3)	30	15	Mortality risk reduced by approximately 6% compared to IT2 levels.
Air quality guideline (AQG)	20	10	Lowest levels at which total, CP and LCA mortality have been shown to increase (Pope et al., 2002). The use of PM _{2.5} guideline is preferred.

PM10 AQG: for all cities in Asia



Source: CAI-Asia



More information

WHO guidance on the health impacts of air pollutants

- http://www.who.int/phe/health_topics/outdoorair/en/index1.html
- ASEAN Haze online: <http://www.haze-online.or.id>
- WWF:
http://www.panda.org/about_wwf/what_we_do/forests/problems/forest_fires/index.cfm

WHO new Air Quality guidelines (AQGs): revised limits for ozone, nitrogen dioxide and sulfur dioxide

- O₃: 100 µg/m³ 8-hour mean
 - reduced from 120µg/m³
- NO₂: 40 µg/m³ annual mean
200 µg/m³ 1-hour mean
 - Unchanged
- SO₂: 20 µg/m³ 24-hour mean
500 µg/m³ 10-minute mean
 - Reduced from 125 µg/m³ 24-hour mean