THE ECONOMIC BURDEN OF PREMATURE MORTALITY RELATED TO PM_{2.5} AND O₃ EXPOSURE IN GREECE: BEYOND THE STATE-OF-THE-ART

Dr Anastasia K. Paschalidou Associate Professor

Department of Forestry and Management of the Environment and Natural Resources, Democritus University of Thrace, Orestiada, Greece

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INTRODUCTION: Fast facts (1)



Almost 90% of the global population lives in regions with poor air quality.



Estimations on the annual number of deaths attributed to ambient air pollution range between 3 and 8.8 million globally, with low- and middleincome countries being more afflicted.



Short/long-term exposure is linked with adverse health outcomes and mortality related to impaired function of the cardiovascular, respiratory and nervous system.

The adverse impact is more profound for the elderly and people with already compromised health which comprise the most susceptible groups of population.



The adverse health effects can occur even when exposed to concentrations below the recommended levels, indicating that the existing air quality standards might be inadequate.

INTRODUCTION: The Mediterranean region

Complex topography and	climate	favourable	to	air
pollution				

Transport of pollution from the industrialized north/west

Dust storms originating from Africa and the Middle East

In coastal regions, sea-salt aerosols constitute a considerable portion of the PM load



Climate change hot spot

INTRODUCTION: Recent evidence from Greece and Cyprus (1/4)

Both cities feature Mediterranean climate with hot and dry summers and mild winters

Thessaloniki, in Northern Greece (1,030,338 residents) Limassol, in **Cyprus** (239,842 residents)

In Cyprus dust storms are more frequent compared to Greece

INTRODUCTION: Recent evidence from Greece and Cyprus (2/4)



Fig. 1 Penalized spline terms for the PM effect for Thessaloniki. The dfs were chosen using the Generalized Cross Validation criterion of the GAM model.

INTRODUCTION: Recent evidence from Greece and Cyprus (3/4)

TABLE 1. Percent change in daily mortality (95% CI) associated with a 10 μ g/m³increase in PM concentrations at lag 0

Thessaloniki	PM _{2.5}	PM ₁₀
Cardiovascular	1.10 (-0.13, 2.34)*	0.40 (-0.26,1.05)
Respiratory	0.16 (-2.45, 2.84)	0.94 (-0.56,2.46)
Limassol	PM _{2.5}	PM ₁₀
All-cause	3.07 (-0.90, 7.20)	0.30 (-1.19, 1.81)
Cardiovascular	0.64 (-5.61, 7.29)	1.12 (-1.22,3.51)

*statistically significant at 0.10 level



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Adjusting for co-pollutants **did not significantly change the results**.

MORE IN: Psistaki K., Achilleos S., Middleton N., Paschalidou A.K (2022) Exploring the impact of Particulate Matter on mortality in coastal Mediterranean environments. *Science of the Total Environment, 865, 161147,* The association became significant after adjusting for O_3 and NO

INTRODUCTION: Recent evidence from Greece and Cyprus (4/4)

DUST EVENTS

- Thessaloniki: . "protective effect"
- The association • between PM and mortality didn't change



Female Male

DUST STORMS

Thessaloniki: a

decrease in change

in daily PM-related

mortality

GENDER

Statistically significant associations (positive) were estimated only for males

GENDER ANALYSIS

- Thessaloniki: ٠ between PM₁₀ and respiratory mortality
- Limassol: between • PM_{2.5} and all-cause mortality

INTRODUCTION: Fast facts (2)

4-9 million deaths annually are attributed to PM_{2.5} and O₃ exposure

Major economic losses resulting from lower labor productivity, hospitalization, mortality and loss of welfare



In 2019, the economic loss associated with exposure to fine PM ranged between 1.7% of North America's GDP and 10.3% of South Asia's GDP, causing a total economic damage of \$ 8.1 trillion globally



OBJECTIVE

To quantify the economic burden of premature mortality related to long-term exposure to $PM_{2.5}$ and ground-level O_3 in Greece, examining both the country as a whole and its various sub-regions separately from 2004 to 2019

DATA SOURCES



METHODS: Estimation of premature mortality

- In order to estimate the health burden resulting from PM_{2.5} and O₃ exposure, the AirQ+ software was used
- AirQ+ is a tool developed by the WHO Regional Office for Europe for quantifying the health impacts of air pollution
- All calculations performed with AirQ+ are based on methodologies and concentration– response functions established by previous epidemiological studies





METHODS: Estimation of the economic burden



METHODS: Scenario development

	Constant scenario		Changing scenario
•	The income elasticity is constant and equal across all regions of Greece	•	VSL following the annual change in GDP and CPI per region
•	The VSL is constant, with 2005 being the standardized year for all regions and for the whole time period (2004-2019)	•	constitute driving forces for the changes in economic loss
•	2005 was selected as the reference year	•	The changes in GDP and CPI are important
•	$VSL_{constant} = VSL_{2005} * \left(\frac{Y_c}{V_c}\right)^{\beta}$	•	$VSL_{changing} = VSL_{2005} * \left(\frac{Y_c}{Y_{2005}}\right)^{\beta} * (1 + \%_{\Delta}P + \%_{\Delta}Y)^{\beta}$
•	VSL_{2005} is the base value for the OECD countries. Y_{2005} is the GDP	•	$\%_{\Delta}P$ and $\%_{\Delta}Y$ are the percentage changes in CPI and GDP per capital growth, in each region from 2004 to 2019
	region for 2005. β denotes the income elasticity of the VSL (0.8)		
	Economic burden		Economic Burden = VSL _{constant/changing} * M

Economic burden (loss)

where *M* was calculated with the AirQ+ software

RESULTS: Pollutants and mortality trend analysis



- The annual concentration of PM_{2.5} showed a statistically significant decline
- They remained stable until 2010, and followed a declining trend afterwards, reflecting the great financial crisis that started in late 2009
- \Box No statistically significant trend was observed for O_3
- During the years that followed the fiscal recession, an increase in the annual mean O₃ concentrations was observed
- O₃ was found to have an almost negligible impact on death counts, while premature mortality was primarily driven by the levels of PM_{2.5}

Fig. 3 Annual values of $PM_{2.5}$ (µg/m³) (line) and premature deaths attributed to long-term exposure to $PM_{2.5}$ per region (bars), for the period 2004–2019

RESULTS: Economic burden

Changing scenario

- The cost resulting from mortality due to exposure to PM_{2.5} and O₃ ranged between EUR 45.6 billion in 2007 and EUR 1.3 billion in 2014
- A dramatic decline was observed after 2008
- Comparing the two pollutants, the contribution of PM_{2.5} to the total economic loss ranged 98.7– 99.8%



Fig. 4 Economic losses resulting from premature mortality due to PM_{2.5} and O₃ exposure for the changing scenario

RESULTS: Spatial analysis

Spatial characteristics of the Economic Burden from Premature Mortality attributed to PM_{2.5} and O₃ exposure

- The highest values of economic loss were observed in densely populated, urbanised regions with high PM_{2.5}/O₃ concentrations
- Increased economic damage was generally observed in regions with high GDP per capita, such as Attica
- Lower economic losses were found in regions with relatively low GDP per capita, such as Epirus and Eastern Macedonia and Thrace
- The Ionian and South Aegean Islands showed low losses despite their high GDP per capita



Fig. 5 Cumulative 2004-2019 economic burden (in € billion) resulting from premature mortality due to ambient PM_{2.5} and O₃ exposure per 100,000 population, for the changing scenario

CONCLUSIONS

- $\hfill O_3$ had a rather negligible impact on mortality and economic burden compared to $PM_{2.5}$
- Annual changes in economic losses were mainly driven by the annual changes in PM_{2.5} levels and the GDP per capita
- Reducing particulate air pollution could result not only in improvements in public health but also in significant economic benefits
- □ The regional GDP per capita did not necessarily coincide with the magnitude of the economic burden
- The willingness of people to pay in order to reduce air pollution mortality appears to have followed the evolution of GDP



MORE IN: Petrou I, Psistaki K., Kassomenos P. Dokas I., Paschalidou A.K. (2023) Studying the economic burden of premature mortality related to PM_{2.5} and O₃ exposure in Greece between 2004 and 2019. ¬ *Atmospheric Pollution Research (in press).*

Thank you!

