Source Apportionment of $PM_{2.5}$ in India

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Health Effects Institute

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Trusted Science • Cleaner Air • Better Health

What is the Health Effects Institute?

An independent non-profit institute providing trusted science on the health effects of air pollution for nearly 40 years

Over 350 scientific studies, reviews, re-analyses conducted around the world, including increasingly in Asia

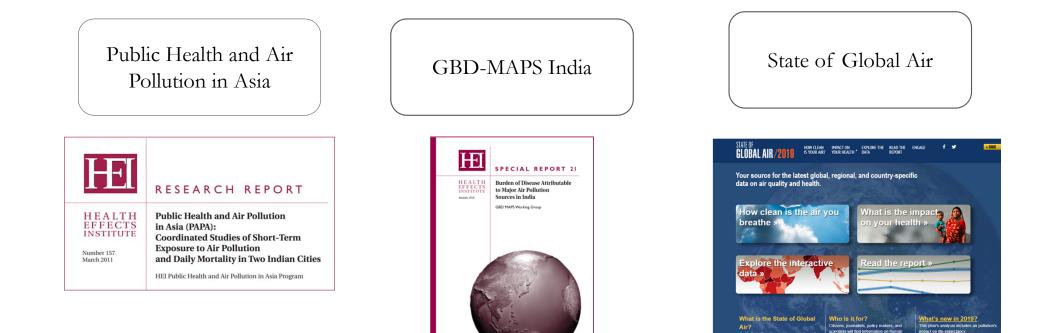
Balanced Core Support – a public-private partnership

Partnerships- international agencies, donors, non-profits, academic institutions etc.

Independent Board and Expert Science Committees



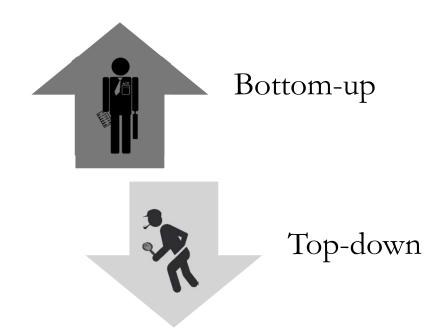
HEI's work in India



https://www.healtheffects.org/system/files/SR18AsianLitReview.pdf; https://www.healtheffects.org/publication/public-health-and-air-pollution-asia-papa-coordinated-studies-shortterm-exposure-air https://www.healtheffects.org/publication/gbd-air-pollution-india

www.stateofglobalair.org

Approaches for source apportionment



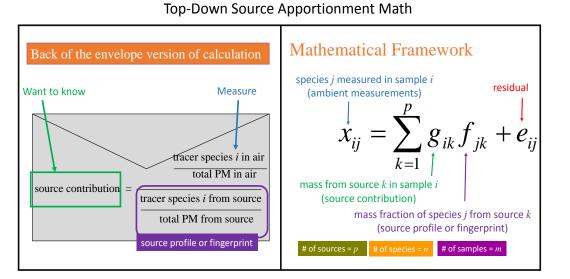
Emissions inventories, chemical transport models

Ambient air quality measurements, source fingerprints



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Source Apportionment using top-down approaches



Credit: Dr. Mike Hannigan

Chemical Mass Balance (CMB)

Positive Matrix Factorization (PMF)

Other multivariate methods

Six City Source Apportionment Study Real-time source apportionment



Pant P and Harrison RM (2012) Atmospheric Environment, doi: https://doi.org/10.1016/j.atmosenv.2011.11.060

GBD-MAPS India

An international collaboration

Indian leads: Dr. Chandra Venkataraman, IIT-Bombay; Kalpana Balakrishnan, Sri Ramachandran University

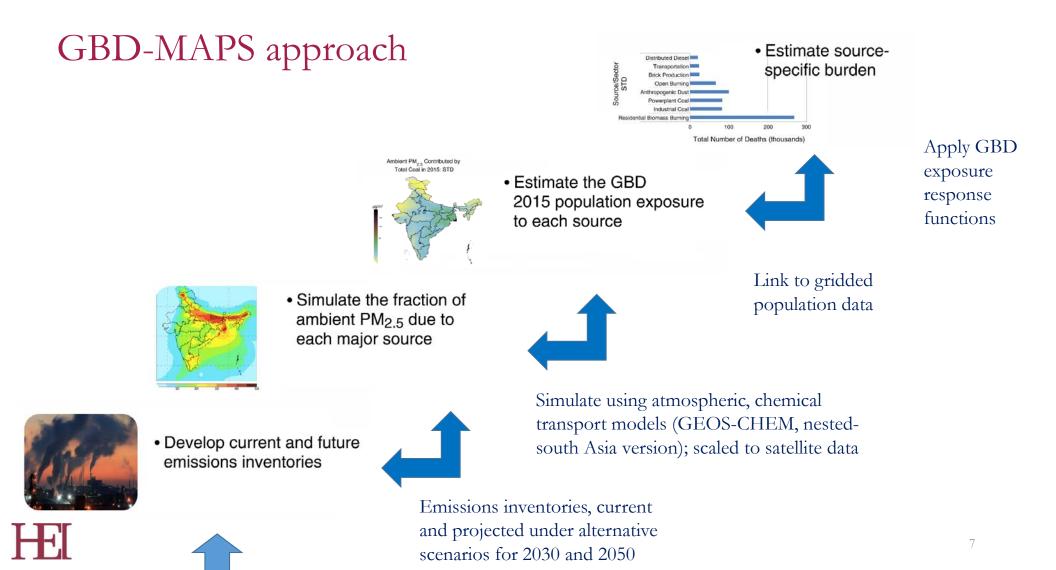
HEI in collaboration with IIT-Mumbai, Tsinghua University, University of British Columbia and IHME; others

Goals

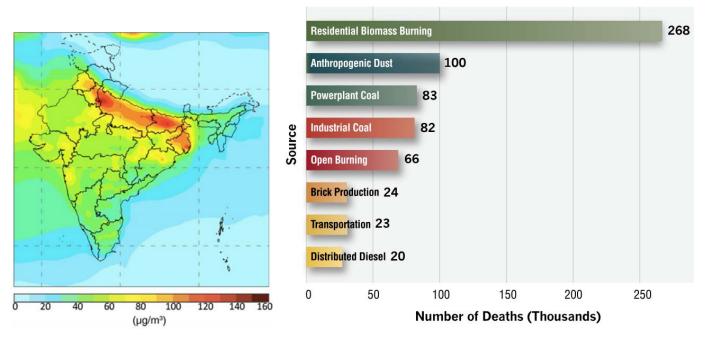
Identify what sources contribute the most to poor air quality and health Evaluate the implications of alternative control policies on future impacts Provide a baseline against which to measure future progress



https://www.healtheffects.org/publication/gbd-air-pollution-india



Major source contributors to baseline $\rm PM_{2.5}$ levels and health burden at the national level



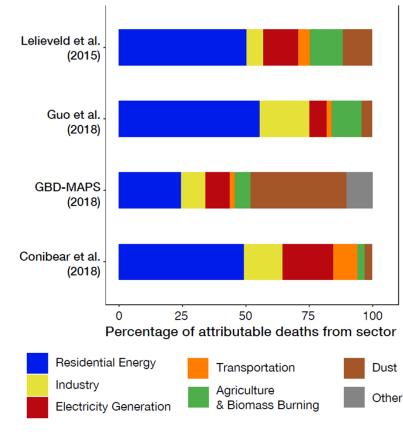




https://www.healtheffects.org/publication/gbd-air-pollution-india

Residential biomass burning (24.4%) is the largest individual contributor to the burden of disease in India, followed by coal combustion (15.5%) and open burning of agricultural residue.

But this isn't the only study-- how do the different estimates compare?



National estimates: bottom-up modelling

City-level estimates: bottom-up/top-down

Apte JS and Pant P. (2019) Towards Cleaner Air for a Billion Indians. PNAS, doi: https://doi.org/10.1073/pnas.19054581169

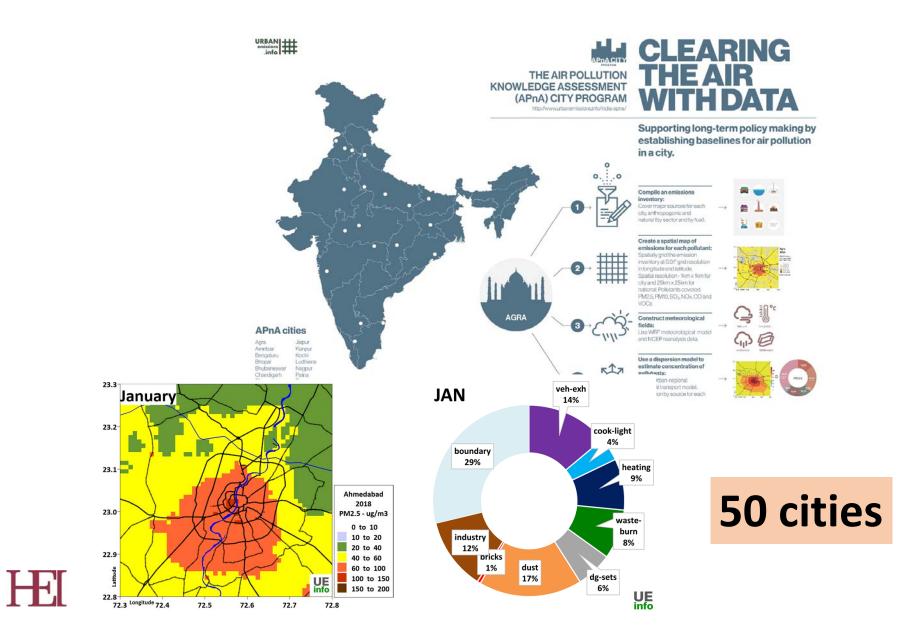
No single sector - silver bullet that will solve our air pollution problem

Need coordinated multi-sectoral regional action, as well as the city-level action as mandated by NCAP

Improved data access as well as data transparency

Ongoing assessment – convergence of results from various approaches





Questions for discussion

Per NCAP, cities will be required to conduct source apportionment analysis.

Who will do this? How?

Are there common protocols/methodologies to be used?

How will source apportionment analyses be used?

Standard Operating Procedures QA/QC Processes

Prioritize sources to control? Seasonal contributions? Measurement of progress?



Thank you!

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