



Global Health
Research Group

NIHR | National Institute
for Health Research

CLean EneRgy AAccess for prevention of Non-communicable disease in Africa:

CLEAN-Air(Africa)

NIHR Global Health Research Group

University of Liverpool

‘Prescribing clean air’ to communities without access to clean fuel:
what are the implications for (health) messaging?

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**KINTAMPO HEALTH
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**MOI
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Foundation of Knowledge



CLEAN Air(Africa) programme

Cameroon, Ghana, Kenya

Background

- Disease burden →
- Solutions (ICS, clean fuels) →
- Health impact →
- Develop/implement WHO IAQGs
 - **Rapid scale** of clean fuels to reduce the burden of disease associated with household air pollution (HAP).
 - **Transition to cleaner technologies and fuels to meet guideline emissions levels**

Research programme

To reduce mortality/morbidity from exposure to household air pollution, by supporting communities to *transition* to clean household energy (**LPG**).

- Evaluate impacts of fuel choice on HAP & health and
- interventions to support underserved populations to use LPG (**pay as you cook, microloans**)
- Health and climate modelling of impact of LPG adoption.

Clean cooking for all – except those left behind?

Cameroon, Ghana and Kenya
committed to scaling up
population access to clean fuels

The problem

Poorest households rely on
polluting solid fuels:

- urban poor (charcoal, plastic)
- rural communities (gathered biomass)

Plus vulnerable and susceptible
groups (**women and children**).

What about?

Sizeable population minority with **no imminent prospect** of transitioning

- resource, fuel and geographical constraints.



What is the role of the health sector?

HAP - a
modifiable
major risk factor

Little
understood by
health sector

Highlighted as
significant gap
by WHO

‘Prescribing clean air’, WHO CHEST

‘Clinicians do not routinely ask patients with respiratory symptoms about fuel use in consultations’.

Cameroon respiratory physician

Populations preoccupied with daily survival may not prioritise health concerns.

‘That which does not slay me today, is of no concern’,

Ghana Stakeholder

Which messages, how and to whom?

Developing and tailoring messages – to support pathways to cleaner cooking

Harm minimisation

Drying fuel, distancing children/pregnant women from smoke, ventilation

Reduction in exposure

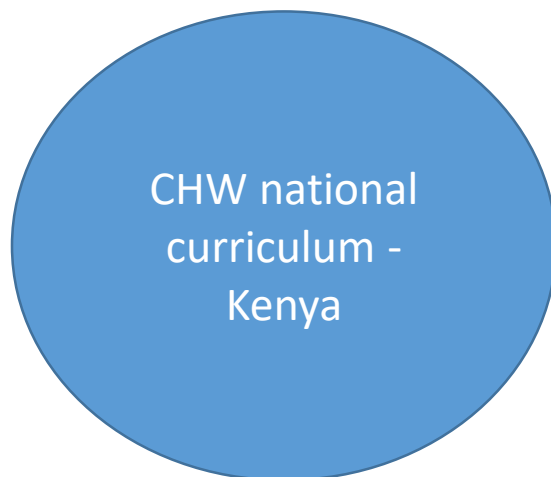
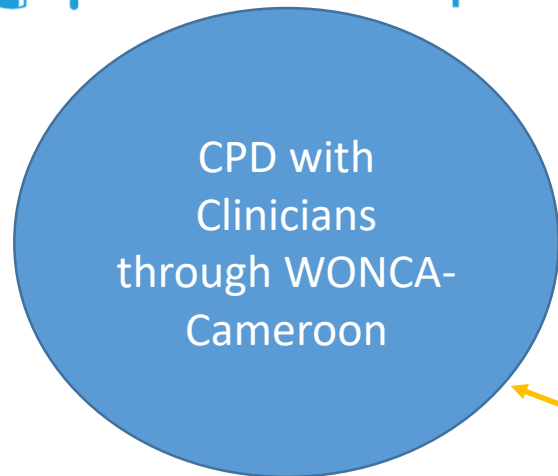
Improved Cook Stoves - sufficient to benefit human health?

Adoption of cleaner energy

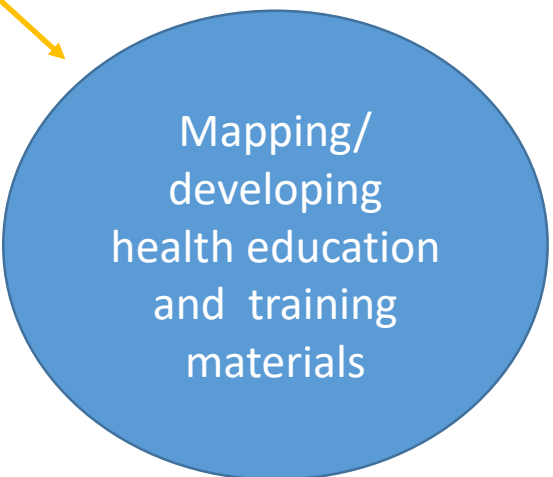
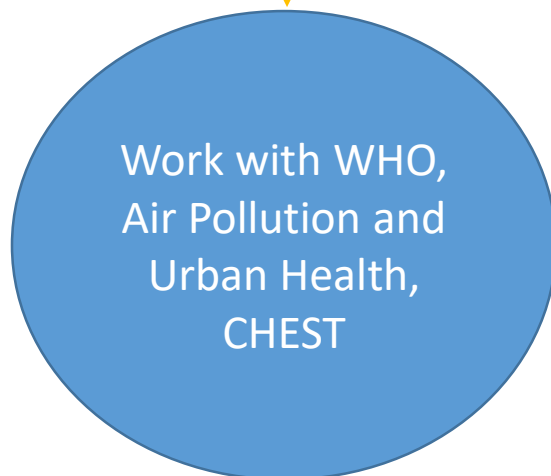
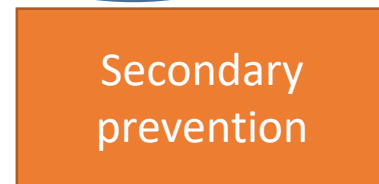
Adoption and use of biogas, LPG, solar



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Strengthening the health sector
'Prescribing clean air'



Co-developing materials with midwives and village health teams in Uganda

HOW TO PREVENT/REDUCE EXPOSURE TO BIOMASS SMOKE.





Huge cost in healthy life years and economic participation to populations left behind

1. Some action to reduce exposure is better than nothing – near exclusive use of clean fuels is the end goal.
2. Importance of developing messages with communities, opinion leaders and health workers close to communities.
3. Working with clinicians, community health workers, public health professionals through medical training, CPD, symposia – **train the trainers**, advocates for clean household energy.