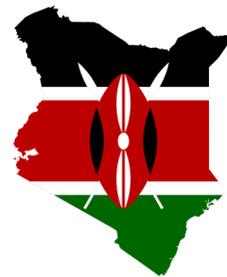


STATE OF GLOBAL AIR /2019



Nearly 19,000 deaths due to air pollution in 2017

1 year and 4 months' loss in life expectancy at birth due to air pollution exposure

29 $\mu\text{g}/\text{m}^3$ population-weighted average $\text{PM}_{2.5}$ concentration

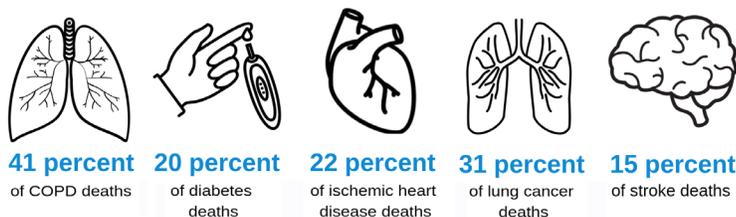
80% of the population uses solid fuels

Kenya

Air pollution is the 8th leading risk factor for premature death, accounting about 7% of deaths— nearly 19,000 – in Kenya in 2017 alone.

Air pollution exposures, including exposure to outdoor particulate matter ($\text{PM}_{2.5}$), and household air pollution (HAP), have been linked to increased hospitalizations, disability, and early death from respiratory diseases, heart disease, stroke, lung cancer, and diabetes, as well as communicable diseases like pneumonia. Exposure to outdoor ozone is also linked to COPD.

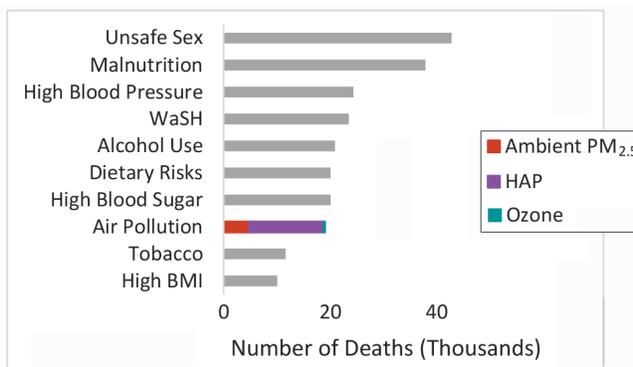
Percentage of deaths by cause attributed to air pollution in Kenya.



Key Facts

- Air pollution (total) is the 8th leading risk factor in Kenya in 2017, after risk factors such as malnutrition, high blood pressure, and dietary risks. Considered separately, household air pollution and outdoor air pollution are ranked as the 6th and 19th leading risk factors.
- The entire Kenyan population lives in areas with $\text{PM}_{2.5}$ concentrations* above the WHO Air Quality Guideline for healthy air ($10 \mu\text{g}/\text{m}^3$). Further, only 21% of the population lives in areas above the WHO's least-stringent target of $35 \mu\text{g}/\text{m}^3$.
- In 2017, there were 4,710 deaths attributable to exposure to outdoor $\text{PM}_{2.5}$, 14,000 deaths to HAP, and 290 to ozone.
- Exposure to outdoor PM accounted for a loss of nearly 5 months of life expectancy, and exposure to HAP also accounted for a loss of more than 1 year.

Leading risk factors for death and disability in Kenya in 2017.



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For more details, please visit www.stateofglobalair.org

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* Please note that $\text{PM}_{2.5}$ concentrations reported here are estimated using satellite data, ground air quality monitoring data, and chemical transport models. There can be uncertainty in these estimates in regions where ground monitoring data are not available compared with regions where more ground monitoring data are available. Our best estimate of the concentration for Kenya is $29 \mu\text{g}/\text{m}^3$, but given the lack of sufficient ground monitoring, it may range from $26 \mu\text{g}/\text{m}^3$ – $32 \mu\text{g}/\text{m}^3$.



IHME



The State of Global Air website is a collaboration between the Health Effects Institute and the Institute for Health Metrics and Evaluation, with expert input from the University of British Columbia



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