

STATE OF GLOBAL AIR /2019



123,800 deaths
due to air pollution
in 2017

1 year and 2 months' loss in life expectancy
at birth due to air pollution exposure

17 $\mu\text{g}/\text{m}^3$
population-weighted average $\text{PM}_{2.5}$ concentration

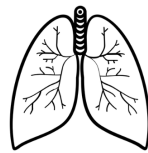
36% of the population uses solid fuels

Indonesia

Air pollution is the 6th leading risk factor for mortality in Indonesia, accounting for more than 8% of deaths (123,800) 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. Exposure to ambient ozone is linked to COPD.

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



30 percent
of COPD deaths



17 percent
of diabetes deaths



16 percent
of ischemic heart disease deaths



17 percent
of lung cancer deaths

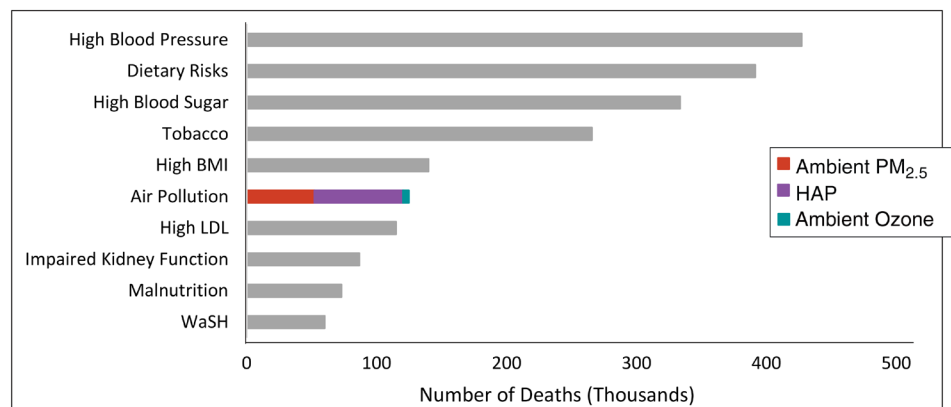


10 percent
of stroke deaths

Key Facts

- Air pollution is the 6th leading risk factor in Indonesia in 2017. Individually, household air pollution and outdoor air pollution are ranked as the 11th and 13th leading risk factors.
- All of the Indonesian population lives in areas with $\text{PM}_{2.5}$ concentrations below the WHO's least-stringent target of $35 \mu\text{g}/\text{m}^3$, but 96% of the population lives in areas with $\text{PM}_{2.5}$ concentrations above the WHO's Air Quality Guideline of $10 \mu\text{g}/\text{m}^3$.
- There were 52,100 deaths due to exposure to ambient $\text{PM}_{2.5}$, and 68,100 deaths due to exposure to HAP.
- Exposure to outdoor PM accounted for a loss of 6 months in life expectancy, and exposure to HAP accounted for a loss of nearly 8 months.

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



@HEISoGA

For more details, please visit
www.stateofglobalair.org
Contact us
soga@healtheffects.org



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



TEXAS
The University of Texas at Austin