STATE OF GLOBAL AIR /2019

123,000 deaths due to air pollution in 2017

Three years and four months' loss in life expectancy at birth due to air pollution exposure

61 µg/m³ population-weighted average $PM_{2.5}$ concentration

79% of the population uses solid fuels

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www.stateofglobalair.org
Contact us
soga@healtheffects.org

Bangladesh

Air pollution is the 3rd leading risk factor for mortality in Bangladesh, accounting for almost 14% of deaths (123,000) in 2017 alone.

Air pollution exposures, including exposure to outdoor particulate matter ($PM_{2.5}$), household air pollution (HAP), and ozone, 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 ambient ozone is also linked to COPD.

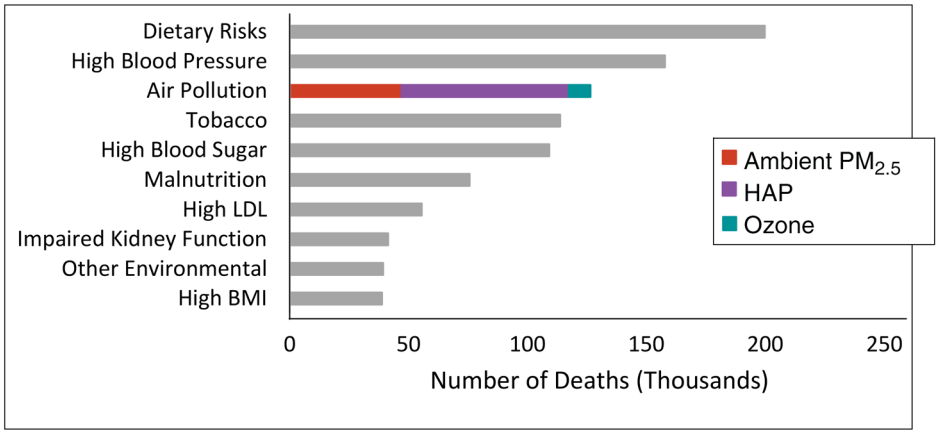
Percentage of deaths by cause attributed to air pollution in Bangladesh.

49 percent of COPD deaths
22 percent of diabetes deaths
24 percent of ischemic heart disease deaths
37 percent of lung cancer deaths
15 percent of stroke deaths

Key Facts

- Air pollution is the 3rd leading risk factor for mortality in Bangladesh in 2017, after only dietary risks and high blood pressure. Individually, household air pollution and outdoor air pollution are ranked as the 4th and 8th leading risk factors.
- The entire population lives in areas with $PM_{2.5}$ concentrations above the WHO Air Quality Guideline for healthy air (10 µg/m³). More than 99% lives in areas with $PM_{2.5}$ concentrations above the WHO's least-stringent Interim Air Quality Target of 35 µg/m³.
- More than 47,000 deaths have been attributed to exposure to outdoor $PM_{2.5}$, more than 70,000 deaths to HAP, and 9,000 to ozone.
- Exposure to outdoor PM accounted for a loss of nearly 1 year and 10 months of life expectancy, and exposure to HAP also accounted for a loss of nearly 1 year and 10 months.

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



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