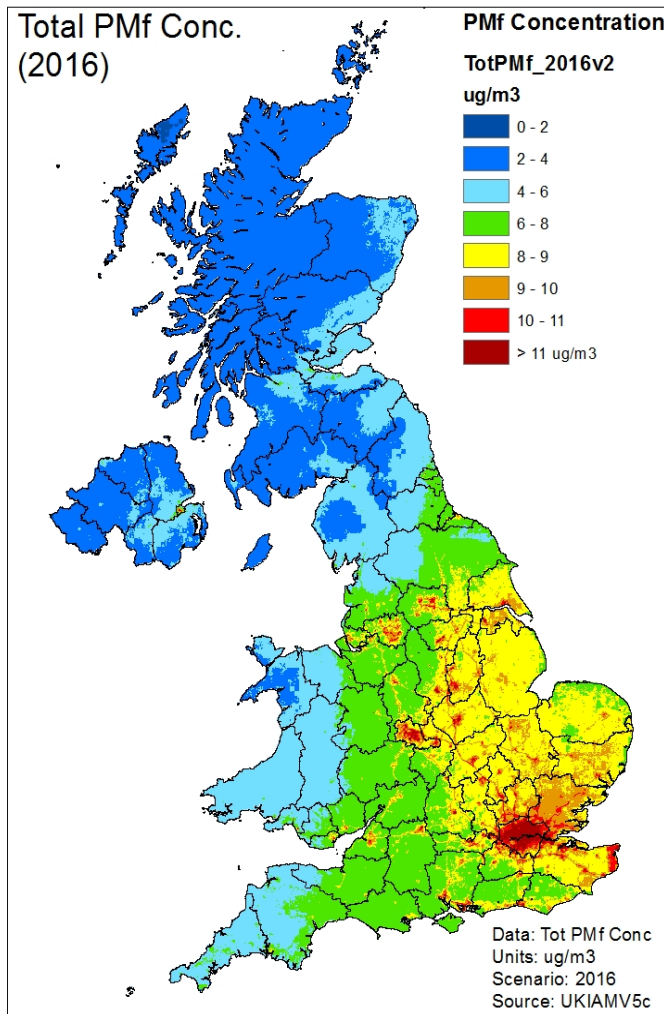


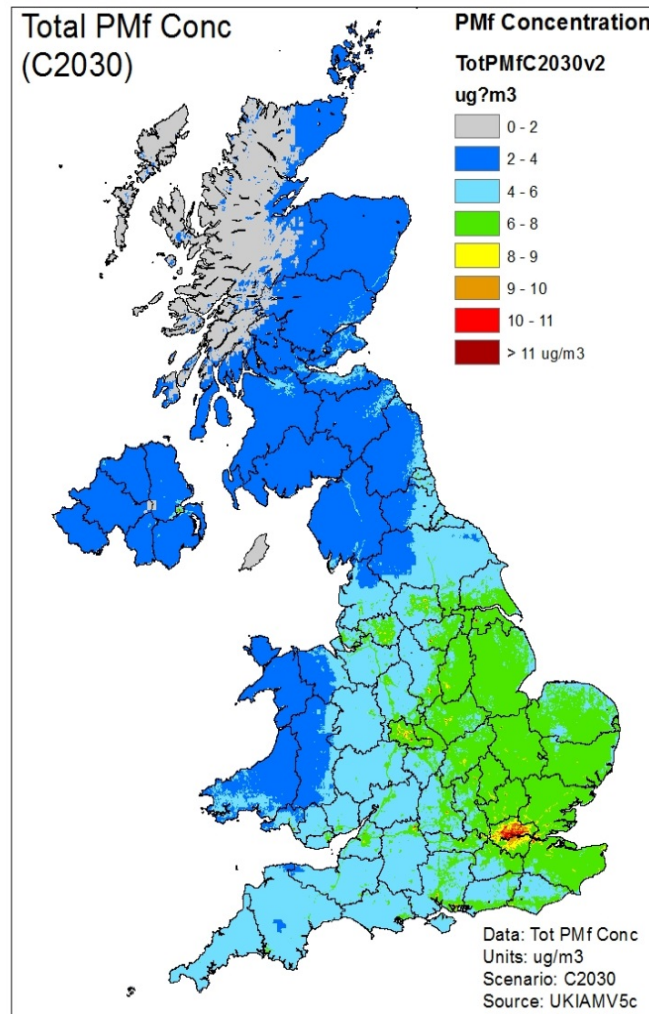
Targets and Indicators for PM2.5

some personal thoughts

Helen ApSimon
Imperial College London



2016



Central 2030 scenario

Modelled PM2.5 using UKIAM taken from report : "PM2.5 exposure and reduction towards achievement of WHO standards"

ApSimon et al... www.gov.uk/government/publications/air-quality-assessing-progress-towards-who-guideline-levels-of-pm25-in-the-uk

Modelling with UKIAM

**clear improvement by 2030
reflects reduction in imported
contribution as well as in
UK emissions in Central 2030
scenario meeting NECD ceilings**

**still exceedance of WHO
guideline of 10 ug/m3 in major
towns and cities with local source
superimposed on background**



UK Government committed to setting target for annual mean PM2.5 (Env Bill). How should this relate to WHO AQ guidelines?



NGOs are calling for target to be WHO guideline- but what does this mean in practice?



Does this have the same problems as limit values for NO2, focusing on hot-spots/roadside sites rather than reducing overall exposure and health effects.

Alternative : Aim to reduce population exposure (as in CLRTAP and GAINS)

**Indicator: Population weighted mean concentration, PWMC
(*population exposure without including population growth*)**

-> Direct assessment of health impacts based on total mass and driving down concentrations everywhere including below WHO guideline.

Consistent with no threshold, but no emphasis on higher exposure e.g.> current WHO guideline

PWMC	National	Rural	Urban	London
2016	7.706	6.479	8.060	10.56
2030C	5.668	4.834	5.909	7.84

Number of people exceeding the WHO guideline of 10 ug/m³

e.g. UK commitment to halve population exceeding 10ug/m³ by 2025

Will be safely met, but not a good indicator as very sensitive to modelling uncertainties: small difference in concentration in populated areas close to 10ug/m³ can make a big difference.

Baseline 2016: central estimate 14.8 million people above 10ug/m³

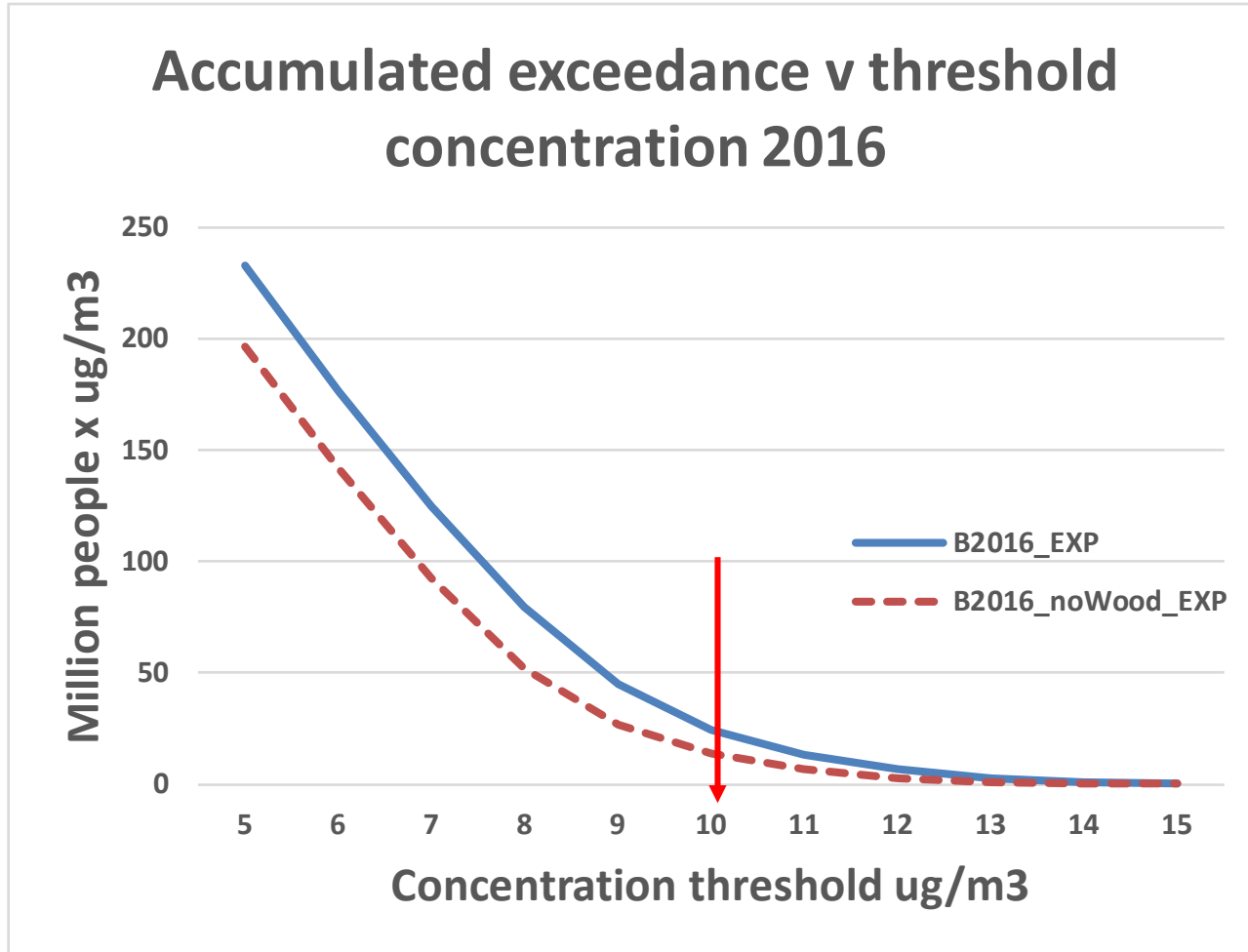
Model +1ug/m³ -> 27.2 million

Model -1ug/m³ -> 8.6 million

Also implies little improvement in London where concentrations are highest relative to rest of country

Population weighted mean exceedance, PWME

= (Accumulated exceedance >threshold) / population



Far more robust than no of people

Reflects whole community including most exposed

% improvement 2030 Central from 2016

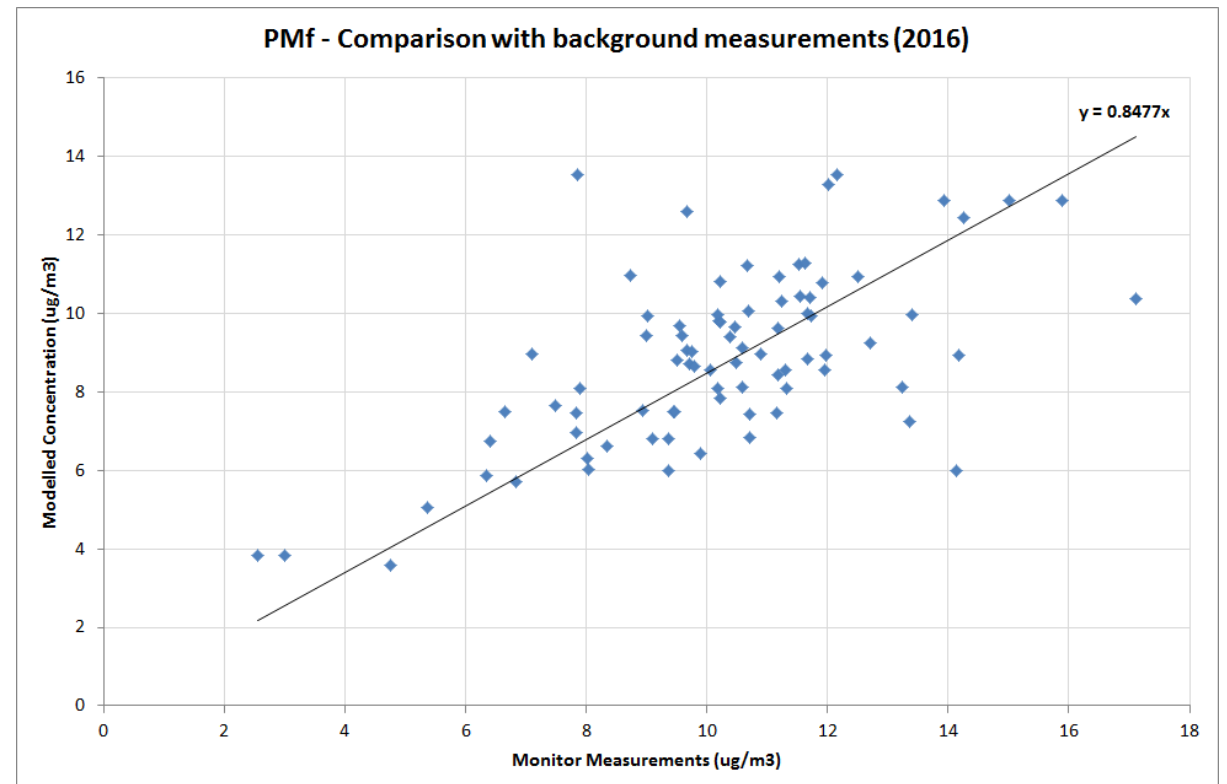
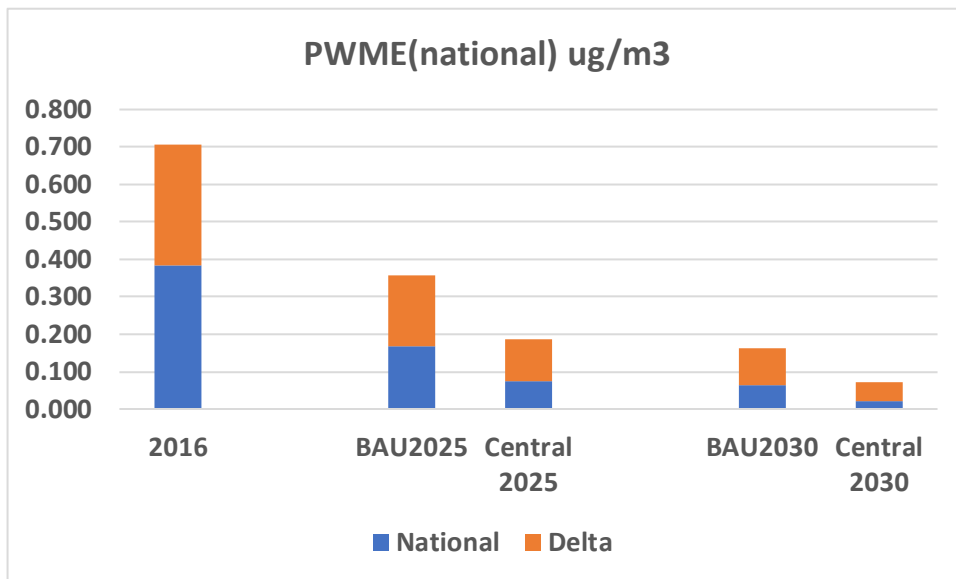
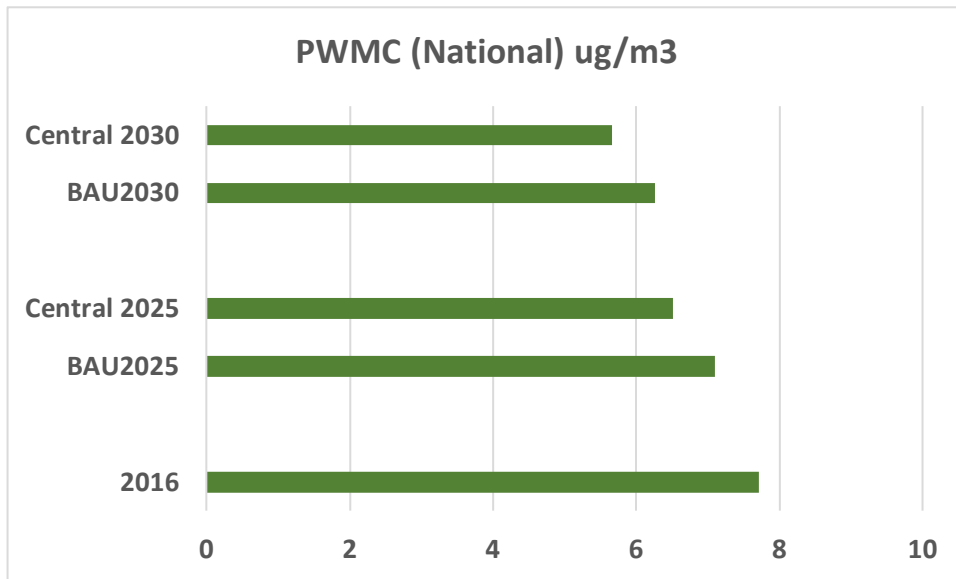
National 94.6 % (89.9 to 96.4)

London 95.2 % (85.5 to 98.8)

Modelling uncertainties

Emissions (especially PPM2.5 & missing sources), projections, atmospheric modelling

Comparison with measurements shows underprediction



Although modelling & indicators helpful, a legally binding target needs a robust protocol to assess progress and compliance. How should measurements and models be used in this?

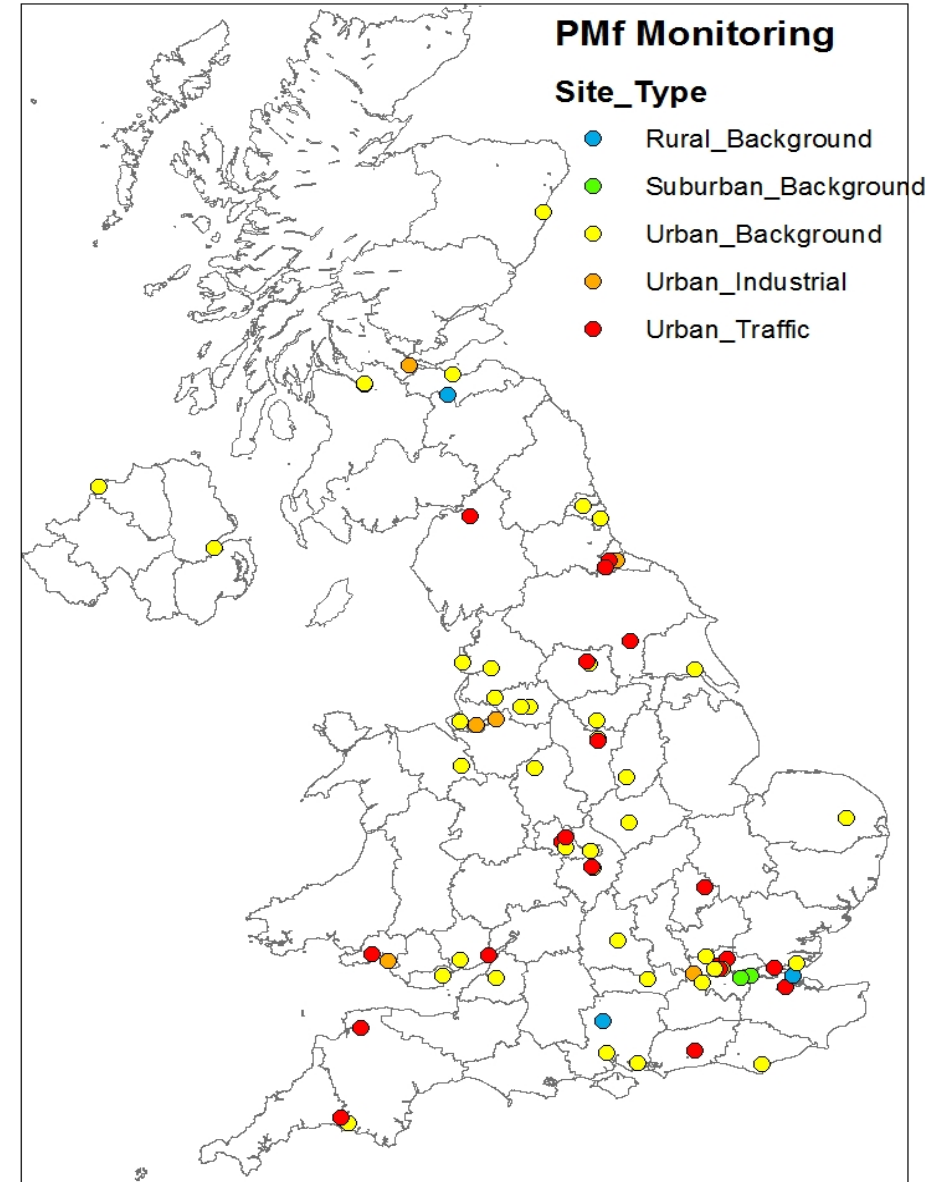
NB large model uncertainties; different models->different results?

Legislation places reliance on measurements, but these also have their limitations.

Measurements in agglomerations are used as basis of current EU legislation on PM2.5.

Trends in index ~correspondence with PWMC

But measurements to estimate exceedance/PWME would need big extension of network?



So more work to be done!

Exploring model uncertainties and assumptions-> concentrations both underestimating and exceeding measurements

Missing contributions (e.g. cooking, IVOCs) and sources with large uncertainties including non-exhaust emissions, wood-burning

Questions of scale; UKIAM uses 1x1 km grid but hot-spots and enhancement close to roads

Relating modelling to measurement network, and where more measurements could be helpful