

Effects of implementing improved cookstoves and heaters to reduce household air pollution: a FRESH AIR study

Frederik van Gemert¹, Corina de Jong², Bruce Kirenga³, Patrick Musinguzi³, Shamim Buteme³, Talant Sooronbaev⁴, Aizhamal Tabyshova⁴, Maamed Mademilov⁴, Berik Emilov⁴, An Pham Le⁵, Quynh Nguyen Nhat⁵, Dang Tran Ngoc⁵, Hong Le Huynh Thi Cam⁵, Ryan Chartier⁶, Job van Boven²
¹University Medical Center Groningen, the Netherlands, ²University Medical Center Groningen, ³Makerere University Lung Institute, ⁴National Center of Cardiology and Internal Medicine, ⁵University of Medicine and Pharmacy, ⁶RTI International

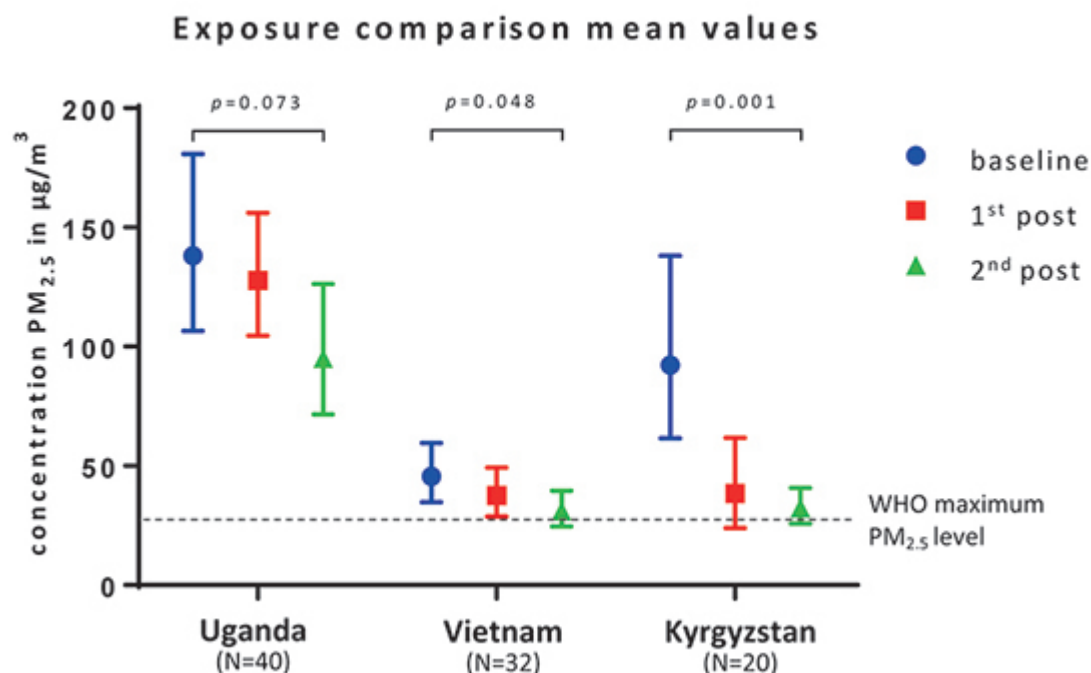
Aim: To evaluate the effectiveness and acceptability of locally tailored implementation of improved cookstoves/heaters in low- and middle-income countries (LMICs).

Context: Exposure to household air pollution (HAP) caused by biomass fuel use is associated with a wide range of health-damaging outcomes. The poorest people, living in the rural areas of Uganda, Vietnam and Kyrgyzstan have limited opportunities to switch to cleaner fuels in the immediate future.

Description of change: Situational analyses and awareness programme followed by implementation of locally-made improved cookstoves/heaters.

Strategy of change: Implementation of improved cookstoves/heaters among 649 adults and children living in rural communities in these three LMICs, provided by local energy providers. Health and HAP outcomes were compared between baseline (still using traditional cookstoves/heaters), and at 2 months and 6-12 months follow-up. Outcomes included respiratory symptoms, chest infections, school absence, objectively measured HAP (PM_{2.5} and CO), and intervention acceptability. The process was evaluated using the RE-AIM framework.

Effects of change: After implementation, many symptoms and infections diminished (and even disappeared) significantly in Uganda and Kyrgyzstan, and to a smaller extent in Vietnam. PM_{2.5} exposures decreased with 31% to 65% but remained above the WHO guidelines. Figure 1 shows mean PM_{2.5} exposures of randomly selected households with 95% confidence interval; *p*-value refers to baseline and 6-12 months difference. CO exposures remained below the WHO guidelines.



Lessons learnt: Locally tailored implementation of improved cookstoves/heaters had considerable effects on respiratory symptoms and HAP, yet PM_{2.5} levels remained too high, especially in Uganda. Participants indicated high acceptance of the improved cookstoves/heaters and almost everybody recommended the cookstoves/heaters to others.

Message to others: It is important to understand the local socioeconomic and cultural circumstances when implementing improved cookstoves/heaters. The short-term effects of reducing HAP exposure may encourage communities to change their cooking methods, including the use of clean fuels.