

234 a normal distribution with a standard deviation calculated by assuming an uncertainty interval of \pm
235 6% of the estimated concentration. As in the GBD 2010 exposure estimates and given the scarcity
236 of surface ozone measurements throughout the world and the challenges in accessing hourly data
237 from available monitoring sites to develop the desired metric, we did not utilize surface ozone
238 measurements for developing the global estimates.

239

240 **Results**

241 Of the ground measurements, while 79 countries were represented, more than half were from
242 high income countries in North America (25%), Western (32%) and Central (12%) Europe.
243 Because of a major expansion of China's air quality monitoring network, 10% of the ground
244 measurements were from East Asia, and 5% were from South Asia. Countries in eleven regions
245 (Andean Latin America, Australasia, Central Asia, Eastern Europe, High-income Asia Pacific,
246 North Africa and Middle East, Southeast Asia, Southern Latin America, Southern Sub-Saharan
247 Africa, Tropical Latin America, Western Sub-Saharan Africa) each contributed less than 3% of
248 the measurement data, with no measurements at all from the other four regions (Caribbean,
249 Central Latin America, East and Central sub-Saharan Africa) of the world. The highest
250 measured annual average $PM_{2.5}$ concentration in the assembled measurement database was 194
251 $\mu g/m^3$ in Shijiazhuang, the capital of Hebei Province in China, while the lowest was $<1 \mu g/m^3$,
252 measured in Soldotna, Alaska, USA.

253 Year 2013 gridded estimates of annual average $PM_{2.5}$ and seasonal hourly maximum ozone
254 concentrations are displayed in Figures 1 and 2. The highest concentrations of $PM_{2.5}$ were
255 evident in northern Africa and the Middle East due to emissions of windblown mineral dust, and

256 in South and East Asia, especially in northern India and eastern China due to combustion
257 emissions from multiple sources including household solid fuel use, coal fired power plant
258 emissions, agricultural burning, industrial and transportation-related emissions. Ozone
259 concentrations were less variable spatially, but relatively higher in parts of the U.S., the Amazon
260 Basin, sub-Saharan Africa and throughout much of southern Europe, the Middle East and Asia.

261 The relationship between the spatial distribution of ambient concentrations and that of the
262 population is particularly relevant to health burden assessment (Figure 3). Based upon the grid-
263 cell concentration estimates and corresponding population data, 35% of global population
264 resided in areas with concentrations above the WHO Interim Target 1 of $35 \mu\text{g}/\text{m}^3$ annual
265 average $\text{PM}_{2.5}$ with nearly all of the most extreme ($> 65 \mu\text{g}/\text{m}^3$) concentrations experienced by
266 populations in China and India. Fully 87% of the global population resided in areas above the
267 WHO guideline of $10 \mu\text{g}/\text{m}^3$, with essentially none of the population of China (0.4%) or India
268 (0.01%) living in areas meeting this level.

269 Changes in estimated concentrations between 1990 and 2013 at the $0.1^\circ \times 0.1^\circ$ grid cell level are
270 shown in Figure 4. Large relative decreases were evident in the Eastern US., Europe, Russia and
271 in parts of Southeast Asia. In contrast, large relative increases were apparent in Western Canada,
272 parts of South America, the Middle East, India and China. Somewhat similar patterns were also
273 evident for ozone (Figure 5)

274 The trends in $\text{PM}_{2.5}$ are examined in more detail in Figures 6a-c which display population-
275 weighted mean (95% uncertainty interval) distributions of concentrations at the country level for
276 selected regions. Plots including all other countries are presented in the Supporting Information
277 (Figures S3-S6), along with all of the country-level population-weighted exposure data (mean,

278 95% uncertainty interval) for both PM_{2.5} and ozone for 1990, 1995, 2000, 2005, 2010 and 2013)
279 (File S1; Supporting Information). By way of example, Table 1 presents population-weighted
280 estimates for PM_{2.5} and ozone for 1990 and 2013 for the world's ten most populous countries.
281 Large proportional increases in mean population-weighted PM_{2.5} concentrations were apparent in
282 India, China, Brazil, Bangladesh, India, China and Pakistan, with decreases observed in the U.S.,
283 Indonesia, Russia, Japan, and Nigeria.

284 Between 1990 and 2013, decreases in population-weighted mean concentrations of PM_{2.5} were
285 evident in most of the high income countries (Figure 6a), in contrast to consistent increases in
286 South Asia (Figure 6b), much of Southeast Asia, and especially in China (Figure 6c). At the
287 country-level, the highest population-weighted mean concentration estimated for 2013 was
288 Mauritania (70 µg/m³), followed by China (55 µg/m³), Saudi Arabia (54 µg/m³), Kuwait (49
289 µg/m³), Bangladesh (48 µg/m³), India (47 µg/m³), Pakistan and Nepal (46 µg/m³). The lowest
290 country-level population-weighted estimates were for several Pacific and Caribbean island
291 nations, Australia and Norway (≤ 6 µg/m³). Population-weighted ozone levels also increased
292 throughout most of the most heavily populated countries from 1990 - 2013, although to a lesser
293 degree than seen for PM_{2.5}. There were modest decreases in population-weighted ozone levels in
294 the U.S., Mexico and Canada as well as parts of Europe and several countries in southeast Asia
295 (Indonesia, Malaysia, Singapore) (Table S1; Supporting Information).

296 We also compared estimates using the updated methodology described in this manuscript for the
297 year 2010 to those reported previously from GBD 2010² for the same year (Figure S7;
298 Supporting Information). This is a comparison of methodology, in contrast to the description of
299 temporal changes described above. Our updated estimates resulted in lower levels in areas of
300 North Africa, the Middle East and the Gobi Desert, all areas that were impacted by high levels of

301 windblown mineral dust. Slightly higher levels were estimated with the updated methodology in
302 Brazil and elsewhere in South America with noticeably higher levels in India, Pakistan and
303 Bangladesh. Somewhat lower levels were also estimated for some areas of eastern China. These
304 differences may be due to additional temporal coverage that is incorporated into the current
305 satellite-based and ground measurements. In North Africa the lower levels reflect changes in
306 mineral dust emissions that were driven by changes in local meteorology, and the higher levels in
307 India, Bangladesh and Pakistan likely reflect increases in emissions that may not have been
308 represented in the earlier methodology that extrapolated 2005 estimates to 2010. In China, the
309 somewhat lower levels were likely affected by the inclusion in the calibration of substantially
310 more ground measurements of high concentrations from China which tend to reduce the slope of
311 the calibration function (see Figure S2; Supporting Information).

312 At the country-level, population-weighted mean estimates for PM_{2.5} for the year 2010 were very
313 similar for most countries between those estimated for GBD 2010 and GBD 2013, and
314 discrepancies reflect the same patterns described above. Estimates for China were noticeably
315 lower for GBD 2013 (54.8 µg/m³) compared to GBD 2010 (72.6 µg/m³), as were several
316 countries with high contributions from windblown mineral dust (Saudi Arabia: 53.8 vs 61.7
317 µg/m³; Qatar: 40.1 vs 69.0 µg/m³; United Arab Emirates: 40.9 vs 79.5 µg/m³ for GBD 2013 vs
318 GBD 2010, respectively). Higher levels were estimated in GBD 2013 for countries in South Asia
319 (India: 43.4 vs 32.0; Bangladesh: 45.7 vs 31.1 6; Pakistan: 43.4 vs 38.1; Nepal: 41.5 vs 32.7
320 µg/m³ for GBD 2013 vs GBD 2010, respectively).

321

322 **Discussion**

323 We have extended previous global estimates of long-term average exposure to PM_{2.5} and ozone
324 at 0.1 x 0.1° resolution to support the Global Burden of Disease 2013. Specifically, we applied
325 improved satellite-based estimates that also incorporated additional information on temporal
326 trends, as well as chemical transport model simulations incorporating internally consistent
327 emissions trends from 1990 – 2013. Further, we have incorporated a substantially larger number
328 of available surface measurements of PM_{2.5} to calibrate the estimates based on satellite retrievals
329 and chemical transport model simulations. Given the increasing emphasis with in the Global
330 Burden of Disease on country-level (and sub-country) reporting, we also provided population-
331 weighted estimates of exposure to PM_{2.5} and ozone for 188 different countries for the years 1990,
332 1995, 2000, 2005, 2010 and 2013. As such, these data represent one of the most extensive
333 collections of global air pollution concentration estimates produced to date. Given the advances
334 in our methodology used to develop these estimates, compared to those previously reported², we
335 consider these estimates to be more accurate.

336
337 Although these estimates incorporated recent advances in satellite-based estimation, newly
338 developed emissions inventories and substantially more ground measurements, they are not
339 without limitations. Given the need to produce similar estimates in future years in support of
340 regular updates to the Global Burden of Disease³⁰ and other assessments, we anticipate further
341 enhancements to the methodology to address these limitations. Specifically, we note that there is
342 still poor agreement between these estimates and ground-based measurements in some locations,
343 notably in parts of South America (e.g. Chile), southern Poland and Turkey, and in specific
344 urban areas with high levels of ambient PM_{2.5} such as Ulaanbaatar, Mongolia (Figure S8;
345 Supporting Information) where ground measurements were underestimated by our approach.

346 The same underestimation of ground level measurements in southern Poland and Ulaanbaatar
347 was identified by van Donkelaar et al, who suggested that higher wintertime (and in the case of
348 Ulaanbaatar also nighttime) emissions when satellite retrievals are more limited due to more
349 frequent winter cloud cover (or unavailable at night) are likely to be responsible¹⁴. A similar
350 phenomenon may also be contributing to poor agreement in Chile where winter, nighttime wood
351 burning is a major contributor to elevated PM_{2.5} concentrations^{31,32}. We do note however, that
352 these same discrepancies and general underestimation of ground measurements in specific
353 locations are not restricted to the satellite-based estimates as they are also evident in TM5-
354 FASST simulations suggesting that both approaches may fail to accurately estimate ground-level
355 PM_{2.5} in relatively small areas having very high levels.

356
357 In addition, we used available PM₁₀ ground measurements to estimate PM_{2.5} concentrations in
358 locations where PM_{2.5} measurements were not available. Our use of PM_{2.5}:PM₁₀ ratios for the
359 measurement calibration dataset represents a balance between measurement specificity and
360 spatial representativeness of the ground measurements. For example in North Africa and the
361 Middle East, South Asia, and high-income Asia Pacific countries, less than 20% of available
362 ground measurements were of PM_{2.5}. Despite increases in the number of available PM_{2.5}
363 measurements used in our calibration (4073 in this analysis compared to 679 in that reported
364 previously²), more than 50% of the ground measurements that were used were estimated from
365 PM₁₀ measurements. Given the importance of these estimates in the calibration, we placed
366 additional importance on using location-specific PM_{2.5}:PM₁₀ ratios to estimate PM_{2.5}
367 concentrations, for example using ratios from measurements within 50km in 30% of cases and
368 in-country ratios for an additional 23% of cases. Further, our regression calibration included a

369 term to account for the use of direct vs estimated PM_{2.5} measurements. Van Donkelaar et al.,
370 using the same satellite-derived estimates included here, reported 58%, 53% and 65% of
371 explained variability in ground measurements of PM_{2.5} in North America, Europe and elsewhere,
372 respectively¹⁴. In comparison, our candidate simple regression model, which treated directly
373 measured and estimated ground PM_{2.5} measurements equally, explained 60% of variability in
374 ground measurements, while the (advanced) calibration model that was ultimately used
375 explained slightly more variability (64%). Overall, there is a need for additional PM_{2.5}
376 measurements and greater global coverage. The establishment of a new global network to
377 address these shortcomings and to improve the capability of satellite-based estimates of global
378 particulate matter levels offers the promise of enhanced accuracy and representativeness³³. The
379 need for additional air pollution measurements was also specifically highlighted in the recent
380 World Health Assembly Resolution on Air Pollution³⁴.

381
382 High levels of uncertainty in our estimates exist in regions of elevated windblown mineral dust.
383 The latter is partially driven by TM5-FASST use of standard dust contributions that do not align
384 with a specific year and the temporally variable levels of resuspended mineral dust in affected
385 regions. As we observed variability between regions in the function used to calibrate the fused
386 estimates ground measurements, there is a need to improve the incorporation of measurement
387 information. For example, in future work we aim to make use of the increasing number of
388 surface measurements, especially those in China, and to implement advanced approaches to
389 incorporate ground measurements and other information more directly into the estimates. Future
390 availability of additional ground measurements may also increase the feasibility of allowing
391 spatially varying calibration functions. This might be achieved by geographically weighted

392 regression³⁵ or hierarchical modelling. For the latter, calibration models for different regions may
393 include a global calibration together with regional random effects. Such models sit naturally
394 within a Bayesian framework. Recent advances in computational methods for inference, for
395 example those based on Integrated Nested Laplace Approximations^{36,37}, have increased the
396 feasibility of implementing such complex models in this setting. Harmonization of measurement
397 approaches between jurisdictions would also be beneficial.

398 Because we estimated year 2013 concentrations based upon year 2010 concentrations and trends
399 in satellite-based estimates from 2010 to 2011, differences between estimates for 2010 and 2013
400 from this analysis may be overly influenced by short-term variability in meteorology rather than
401 longer-term trends in emissions, the latter being more stable over the 5-year periods included in
402 our estimates. However, as noted in Methods, the annual satellite-based estimates are 3-year
403 moving averages, centered on the year of interest (for example 2010 includes retrievals from
404 2009-2011) which should partially mitigate this instability.

405 The updated global exposure estimates presented here represent a further advance in
406 characterizing global population exposure to ambient air pollution for use in burden of disease
407 assessment and other impact analyses. The global coverage allows for estimation of
408 concentrations in areas without extensive ground monitoring, including for example, rural areas
409 with large emissions from household use of solid fuels⁶. Like our previous GBD 2010 estimates,
410 these are based on PM_{2.5} mass concentrations. Although there is considerable interest in, and
411 active research concerning, the effects of the myriad constituents of ambient air pollution, ozone
412 and PM_{2.5} mass concentrations remain the most robust and consistent indicators of health-
413 damaging air pollution from combustion and other major sources^{38,39}. Use of these estimates in
414 combination with chemical transport model simulations can provide information on sector-

415 specific contributions to ambient concentrations and disease burden to inform air quality
416 management⁴⁻⁷. Improvements in the quality of these estimates and the application of a
417 consistent methodology to evaluate temporal trends in exposure over a 23 year period should
418 inform the choice of air quality management strategies and other approaches to mitigate the
419 health impacts of air pollution exposure. Accordingly, we are committed to making these
420 estimates available for others to use and have provided the associated files of country-level
421 population weighted (File S1) and gridded estimates (linked to population data and urbanicity
422 indicators, File S2) and a data dictionary (File S3) in the Supporting Information. Given the
423 evidence indicating the importance of ambient air pollution to global disease burden^{1,8}, we
424 anticipate a need for regular updating and improving of these estimates and their use in policy
425 assessments and comparative analyses.

426

427

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436

437

	1990	2013	%	1990	2013	%
Country	PM_{2.5}	PM_{2.5}	Change	Ozone	Ozone	Change
China	39.3	54.3	38.0	57.0	64.5	13.2
India	30.2	46.7	54.3	61.5	74.0	20.2
United States	16.4	10.7	-34.5	70.3	67.0	-4.7
Indonesia	21.0	14.8	-29.7	47.3	39.6	-16.1
Brazil	9.7	16.5	70.4	43.4	51.0	17.3
Pakistan	36.5	46.2	26.3	59.0	68.8	16.5
Nigeria	31.0	29.5	-4.7	66.3	67.5	1.9
Bangladesh	29.9	48.3	61.6	59.4	72.0	21.3
Russia	19.7	14.2	-27.6	48.6	48.3	-0.6
Japan	19.4	16.0	-17.5	56.8	60.5	6.7

438

439 **Table 1.** 1990, 2013 and percent change since 1990 in annual average PM_{2.5} (µg/m³) and
440 seasonal mean 1 hour daily maximum ozone (ppb) concentrations for the world's ten most
441 populous countries.

442

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