Fossil fuel subsidies and health

In calling for a switch of fossil fuel subsidies to funding of universal health coverage,1 Vinay Gupta and colleagues (June, 2015) miss two health-relevant issues: all fossil fuels are not the same and all subsidies are not the same. Liquefied petroleum gas (LPG) has major, direct health advantages in household cooking in countries of low and middle income, its primary use. Indeed, the Global Burden of Disease study2 estimate that 4 million premature deaths annually are attributable to solid cookfuels was calculated using LPG as a benchmark. In other words, the burden could be described as due to the absence of full LPG availability. Simply removing LPG subsidies would have substantial negative health effects by reverting hundreds of millions back to biomass or coal. Targeting of most fossil fuel subsidies is, however, notoriously ineffective, with only 7% distributed to the lowest quintile.3 Thus, it is not appropriate to compare fossil fuel subsidies with targeted support for health coverage. Indeed, if appropriate targeting is achieved with modern information technologies, rather than being described as subsidies, public funds to enhance health coverage and LPG use by the poor could be better characterised as social investments as with expenditures on primary education and primary health care.

We declare no competing interests.

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*Kirk R Smith, Ambuj Sagar
krksmith@berkeley.edu

School of Public Health, University of California, Berkeley, CA 94720, USA (KRS); and Department of Humanities and Social Sciences, Indian Institute of Technology Delhi, New Delhi, India (AS)

