An Emission Control Area zone for the Mediterranean Sea

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Ministère de la Transition écologique et solidaire

www.ecologique-solidaire.gouv.fr

Introduction

- Air pollution is still responsible for about 790 000 extra deaths in Europe (*European Heart Journal* study, 2019)
- Heavy fuel oil ships are the most harmful transport fuel in use today
- Several pollutants : particulate matter (PM), ozone (03), nitrogen dioxide (NO2) and sulfur dioxide (SO2)



Air quality in Europe

 Air quality is a priority for European authorities as the directive 2008/50/EC shows it

Infringement procedures have been initiated against a significant number of Member States though : 20 Member States out of 28



Air quality in Europe

- Several countries have already been referred to the CJEU for non-compliance with air quality standards for NO2 and PM10
- Mediterranean Member States are likely to be convicted in the short- or medium-term



 Thus, the implementation of an ECA zone in Mediterranean Sea will help to comply with european air quality standards

Stakeholders :

ECAMED set-up : 4 steps

- Step 1 : detailed description of maritime shipping traffic in the Mediterranean Sea
- Step 2 : calculation of current emissions and scenarios
- Step 3 : simulation of air pollutant concentrations and deposition
- Step 4 : costs-benefits analysis















Brief presentation of the ECAMED study

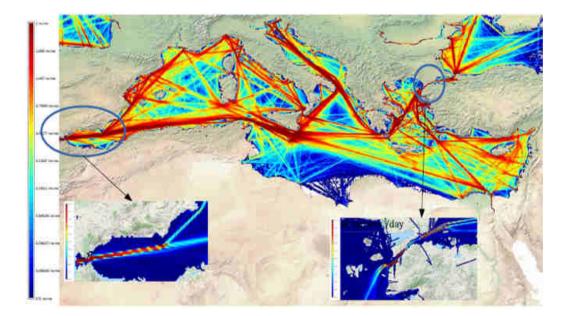
- General methodological aspects :
 - Reference period for traffic datas: 2015
 - **Pollutants :** SO2, NO2, ozone, PM
 - Meteorology : 2010
 - Domain : all the Mediterranean Sea
 - Constant traffic
 - Official emission factors
 - Concentrations simulated by a french consolidated chemistrytransport model (CHIMERE)
 - Mortality and morbidity : calculated and monetized thanks to the model Alpha Risk Poll
 - Qualitative analysis of the impacts on ecosystems
 - Costs calculated thanks to fuel prices and technologies



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Step 1 : Detailed description of ship traffic







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Step 2 : calculation of current emissions and scenarios

Equation used to calculate emissions based on AIS data from ships :

$$E(i, lon, lat, t) = \sum_{j} \sum_{m} \sum_{p} \left[\Delta t \sum_{e} (P_e, LF_e(lon, lat, t), EF_{e,i,j,m,p}) \right]$$

- 5 scenarios :
 - Reference situation (2015/2016)
 - 2020 reference scenario
 - SECA scenario
 - Scenario SECA/NECA 50 %
 - Scenario SECA/NECA 100 %



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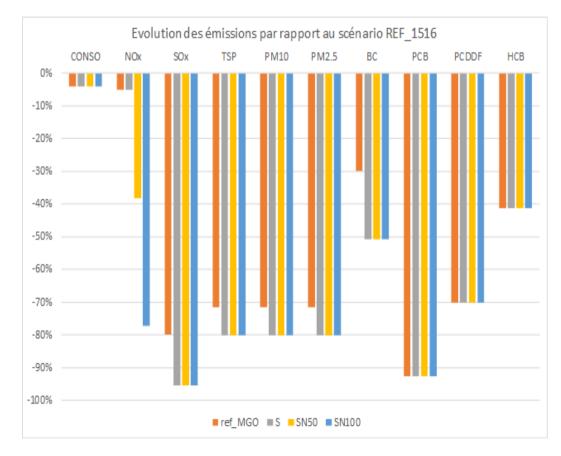
Step 2 : calculation of current emissions and • Results : Scenarios

- The IMO Global Sulphur Cap 2020 will
 - reduce the emissions of :
 - SOx by 80 %
 - PM by 72 %
 - NOx by 5 %
 - The implementation of a SECA :
 - SOx by 95 %
 - PM by 80 %
 - Black Carbon by 51 %
 - NOx by 5 %

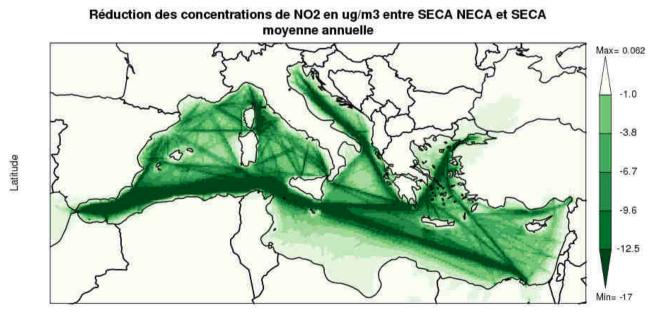


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- The implementation of a **NECA** will reduce **nitrogen** emissions by :
 - 38 % if 50 % of ships are TIER III
 - and 77 % if all the ships are TIER III



 Impact of a SECA/NECA on nitrogen dioxide annual mean concentrations compared to the 2020 situation (offshore)

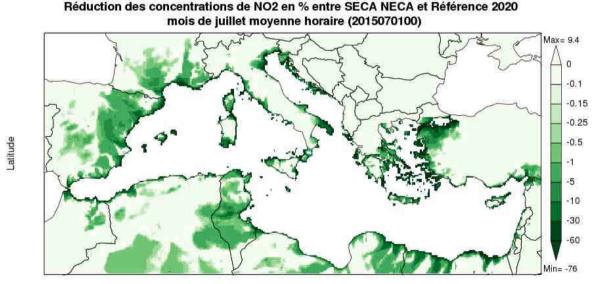


Longitude

Absolute NO₂ annual mean concentration differences between SN100 and REF_MGO scenarios (in g/m³)



 Impact of a SECA/NECA on nitrogen dioxide annual mean concentrations compared to the 2020 situation (in-land)



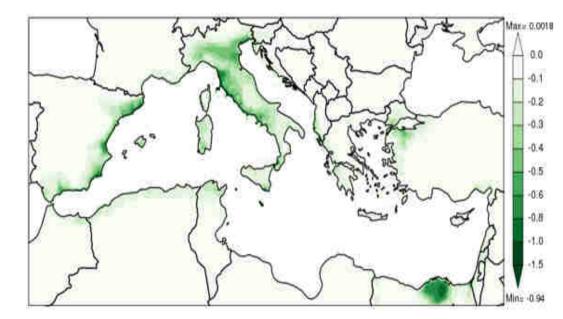


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MINISTÈRE DE LA TRANSITION ÉCOLOGIQUE ET SOLIDAIRE Longitude

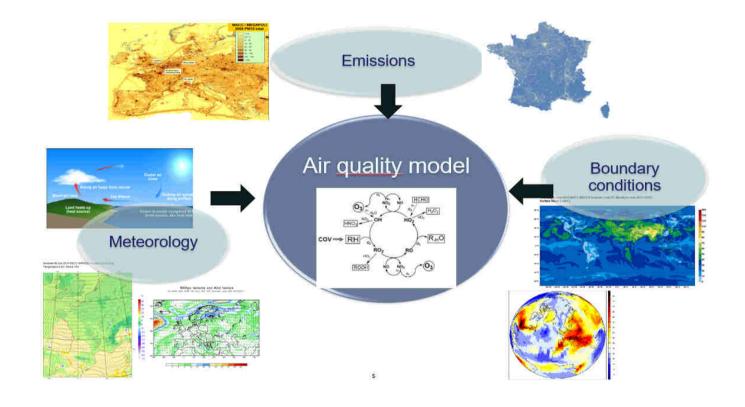
Relative NO₂ annual mean concentration differences between SN100 and REF_MGO scenarios (in). Focus on land territories

 Impact of a SECA/NECA on fine particulate matter annual mean concentrations compared to the 2020 situation (in-land)



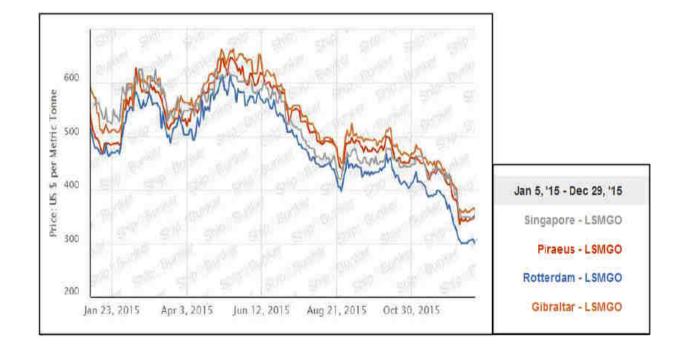


DE LA TRANSITION ÉCOLOGIQUE ET SOLIDAIRE Absolute PM_{2.5} annual mean concentration differences between SN100 and REF_MGO scenarios (in $\mu g/m^3$). Focus on land territories



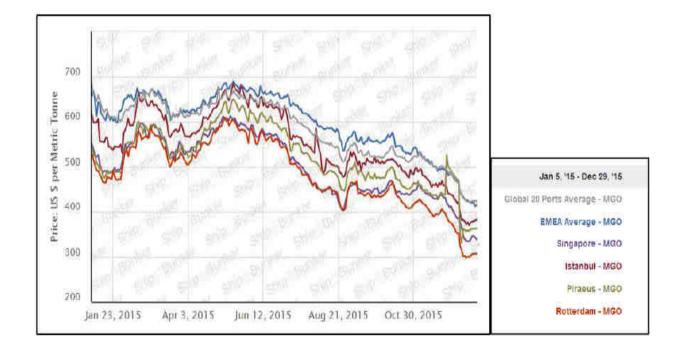


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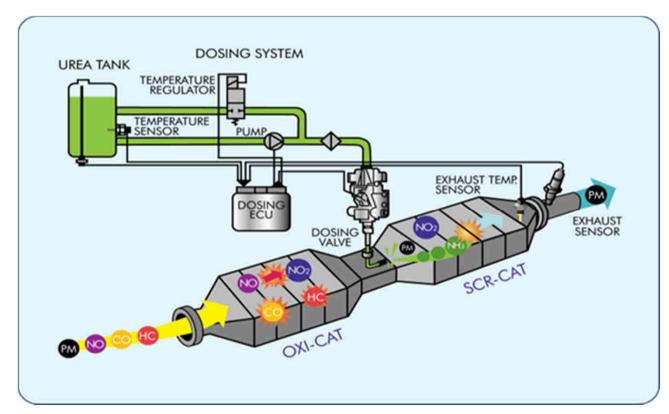
Price trends for LSMGO Max 0.10% Sulphur Distillate (USD\$ per metric ton) in 2015





Price trends for MGO Max 1.50% S (USD\$ per metric ton) in 2015







Selective Catalytic Reduction is one of the most widely used mean to comply with Tier III standards, id est to reduce NOx emissions

NB : only applies to new ships

Step 4 : Health impacts

Health impact	Impact unit	Pollutant	Unit valuation (€ price base 2015)
Acute Mortality (All ages) median VOLY*	Premature deaths	- O ₃	66 728
Respiratory hospital admissions (>64)	Cases		2 567
Cardiovascular hospital admissions (>64)	Cases		2 567
Minor Restricted Activity Days (MRADs all ages)	Days		49
Chronic Mortality (All ages) LYL median VOLY	Life years lost	PM _{2.5}	66 728
Chronic Mortality (30yr +) deaths mean VSL**	Premature deaths		2 567 364
Infant Mortality (0-1yr) mean VSL	Premature deaths		3 851 047
Chronic Bronchitis (27yr +)	Cases		61 987
Bronchitis in children aged 6 to 12	Cases		680
Respiratory Hospital Admissions (All ages)	Cases		2 567
Cardiac Hospital Admissions All ages)	Cases		2 567
Restricted Activity Days (all ages)	Days		106
Asthma symptom days (children 5-19yr)	Days		49
Lost working days (15-64 years)	Days		150
Bronchitis in children aged 5 to 14	Cases	NO ₂	680
Respiratory Hospital Admissions (All ages)	Cases		2 567
Chronic Mortality (All ages) LYL median VOLY	Life years lost		66 728
Chronic Mortality (30yr +) deaths mean VSL	Premature deaths		2 567 364

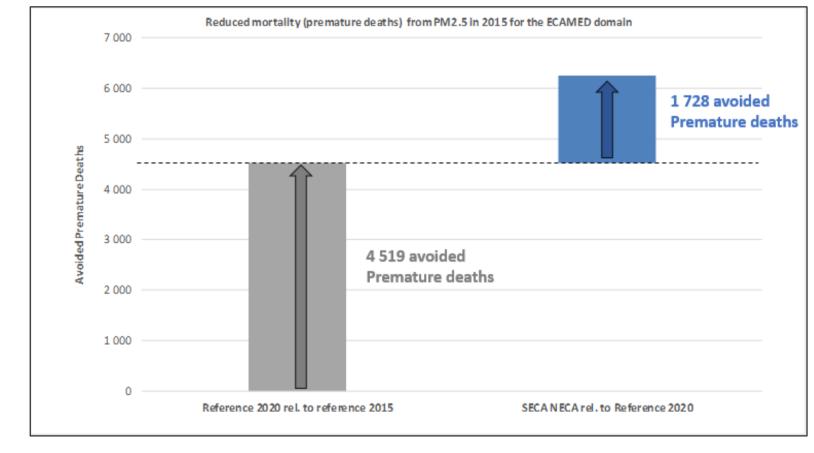
(*) VOLY = Value of Life Year; (**) VSL = Value of Statistical Life; values for the willingness to pay by society to reduce the risk of premature mortality.

Concentrations response functions according to WHO/Europe (2013) - HRAPIE study - Health Risks of Air Pollution in Europe. 67% of NO_2 chronic mortality accounted for in monetary cost (benefit) to avoid risk of double counting with $PM_{2.5}$ chronic mortality.



MINISTÈRE DE LA TRANSITION ÉCOLOGIQUE ET SOLIDAIRE Synthesis of health impacts (mortality and morbidity) considered in the ECAMED HIA and their monetary unit values

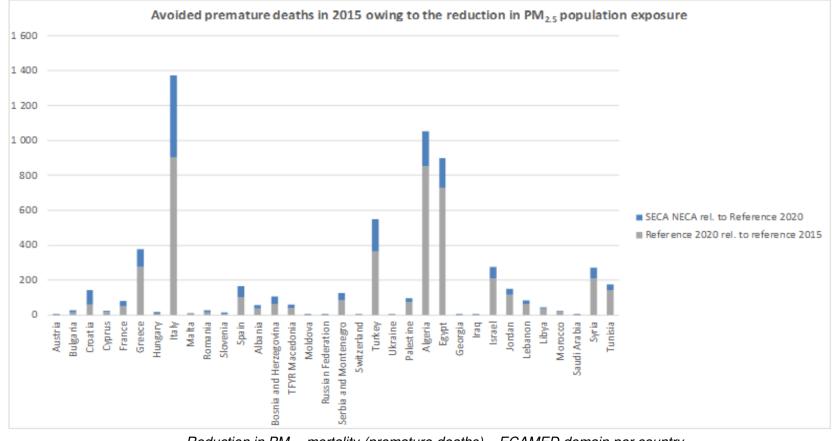
Step 4 : Health impacts



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MINISTÈRE DE LA TRANSITION ÉCOLOGIQUE ET SOLIDAIRE Reduction in PM25 mortality (premature deaths) – overall ECAMED domain

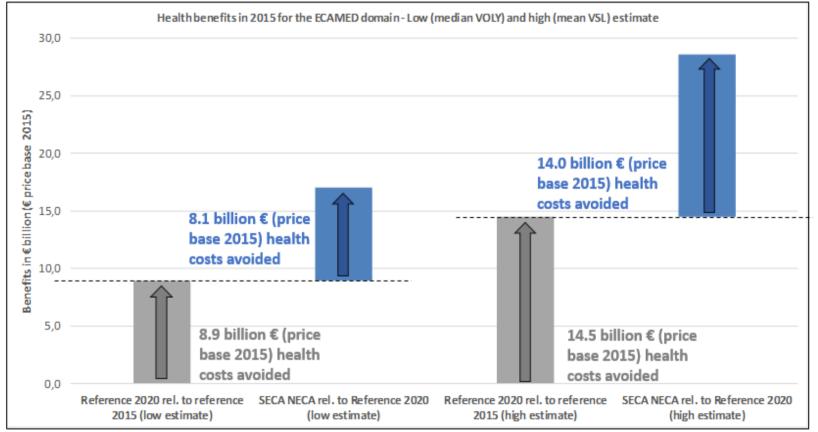
Step 4 : Health impacts



Reduction in PM₂₅ mortality (premature deaths) – ECAMED domain per country

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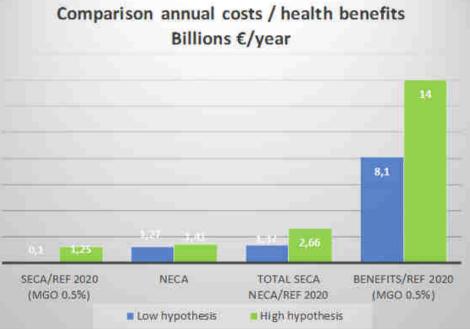


Aggregate health benefits - overall ECAMED domain



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Whatever the mitigation scenario, benefits are always significantly higher than the costs



Final results of the cost-benefits analysis



Conclusion

- In the worst-case scenario, health benefits of implementing a SECA/NECA are 3 times higher than costs
- All data sets have been archived and will be used for further analysis (second half of 2019 / first half of 2020)
- France, Europe and REMPEC : 3 different and complementary studies



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Timeline

<u>2019</u>

- Awareness with the 3 feasibility studies (France, EU, REMPEC)
- Presentation of the study during MEPC 74 (13th May) and a side event (14th May)
- REMPEC Focal points meeting (11th to 13 June) -> agreed on SECA covering all Med Sea
- Summit of the Two Shores (24th June) -> agreed on the necessity of a SECA
- Presentation to the mediterranean ports Forum MedPort (25th June)
- Bilateral meetings (with States and institutions)

<u>2020</u>

- Further studies with REMPEC, CEREMA, INERIS
- Preparation of a submission and involvement of the co-sponsors
- Submission to IMO at MEPC 76 (autumn 2020) with Mediterranean countries





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