



INTEGRATING ACTION ON AIR POLLUTION

Key asks for the fourth UN High-Level Meeting on NCDs and Mental Health

Air pollution poses a major public health and economic threat, causing **8.1 million deaths each year** – nearly **90% due to noncommunicable diseases (NCDs)**.¹ Low- and middle-income countries (LMICs) are disproportionately affected, with over 90% of air pollution-related deaths occurring there.² Economically, air pollution **cost governments US\$8.1 trillion in 2019** (6.1% of global GDP),³ and increases household medical expenses, especially for those living with NCDs, including mental and neurological conditions, heightening risks of financial hardship in LMICs.^{4,5}

Fortunately, **air pollution interventions are cost-effective and equitable**.⁶ For instance, US measures with the Clean Air Act from 1970 have prevented around 2.3 million premature deaths while delivering a return-on-investment of 30:1.⁷ Climate change policies can also bring co-benefits for air pollution, as both crises share fossil fuels as a common driver; and climate change exacerbates air pollution levels through, for instance, rising temperatures and more frequent and intense wildfires. Globally, coordinated health and climate actions could save nearly two million lives by reducing air pollution.⁸

In 2018, the Political Declaration of the third High-Level Meeting of the UN General Assembly on the prevention and control of NCDs acknowledged that air pollution is a critical risk factor for NCDs. But since then, **air pollution interventions have not been adopted as part of national NCD responses at the scale or pace needed** to improve the lives of millions of people at risk of or living with NCDs and to meet SDG target 3.4 to reduce premature NCD mortality by one-third by 2030.

The fourth High-Level Meeting of the UN General Assembly on the prevention and control of NCDs and the promotion of mental health and well-being (HLM4), taking place on 25 September 2025 in New York, presents a **critical opportunity to fully integrate air pollution into the global response to NCDs and mental health**. The following advocacy asks on air pollution align with [NCD Alliance's five key priorities for the HLM4](#) and are designed to support policymakers in embedding air pollution more effectively into NCD and mental health strategies.

Accelerate action on air pollution by:

- Fully integrating air pollution into policies and programmes for the prevention and control of NCDs, including mental health and neurological conditions, aligning national NCD plans with the updated WHO road map for an effective global response to the adverse health effects of air pollution.
- Urgently and comprehensively regulating the practices of high-polluting industries, including the fossil fuels industry, supporting just and equitable transitions from all fossil fuels to renewable energy.
- Reiterating WHO's mandate⁹ to produce a menu of cost-effective 'best buy' policy interventions on air pollution, with a transparent timeline and urgent deadline.

Break down silos between human and planetary health responses by:

- Acknowledging air pollution as the biggest environmental risk factor for health and the need to protect the right to a clean, healthy, and sustainable environment as essential to enjoy the right to health.
- Prioritising air pollution interventions that target major sources of pollution across sectors (such as emissions from energy use, transport, waste, agriculture, industry, construction, and buildings).
- Aligning with related policy frameworks and processes, such as the WHO global plan of action on climate change and health.

Mobilise investment for air quality by:

- Phasing out subsidies for all fossil fuels (coal, oil and gas) that can be invested in access to safe clean energy, affordable and nutritious sustainable diets, and social protection services.
- Proactively increasing the Official Development Assistance allocated to air pollution and better integrating air quality interventions within international climate and development financing.
- Investing in evidence generation on the cost-effectiveness of air quality interventions and the economic costs of inaction.

Build accountability into the integration of air pollution in the global NCD and mental health response by:

- Expanding, standardising and mainstreaming data on air pollution in NCD and mental health surveillance, monitoring, and reporting activities.
- Establishing baselines and monitoring networks for policy measures to tackle air pollution and reduce inequalities and ensuring routine reports.
- Requesting technical assistance from WHO and other relevant UN agencies where needed to gather, use and align relevant data.

Meaningfully engage communities who cannot avoid breathing polluted air, including people affected by or living with NCDs, by:

- Proactively resourcing and involving CSOs and individuals with lived experience in social participation mechanisms for the co-development and implementation of air pollution interventions.
- Developing guidance on conflict-of-interest management to safeguard civil society participation and policy development from vested interests misaligned with NCDs, such as the fossil fuel industry.
- Improving health literacy and understanding towards the health effects of indoor and outdoor air pollution and learning from the communities most affected by air pollution.

NCD Alliance has drafted proposed text for the HLM4 Political Declaration that addresses bottlenecks and challenges in the response to date, as well as forward-looking priorities that have the potential to accelerate action.

The **following language recommendations** are relevant to the above advocacy asks on air pollution:

Preamble text

Note the urgent need to address air pollution, primarily driven by fossil fuel use, which constitutes a critical and escalating global health and environmental challenge and stress the interlinkages between the increasing morbidity and mortality of noncommunicable diseases and the intensifying climate crisis, including extreme heat events and adverse weather patterns, and the threat they pose to the resilience of health systems.

Source: own based on WHO global air quality guidelines.

Operative paragraphs

Commit to the integration of air pollution mitigation measures into national policies and programs aimed at the prevention and control of noncommunicable diseases, aligning national noncommunicable disease strategies based on the updated roadmap of the WHO for an effective global response to the adverse health impacts of air pollution and its target of a fifty percent reduction in the population-attributable fraction of mortality from anthropogenic sources of air pollution by 2040.

Source: Updated Road map for an enhanced global response to the adverse health effects of air pollution, to be approved by the WHA May 2025.

Reaffirm the right to a clean, healthy, and sustainable environment and recognize that air pollution is a major risk factor for noncommunicable diseases, with fossil fuel extraction and combustion as main drivers of both air pollution and the climate crisis, decide to implement policies transitioning away from fossil fuels to renewable energy, in a just and equitable manner, adopt greater regulations on climate-impacting industries, and promote healthy, active communities by addressing the impact of environmental determinants of noncommunicable diseases including all forms of pollution and unsustainable and unhealthy food systems, creating climate-resilient health systems to ensure the highest attainable standard of physical and mental health.

Source: A/RES/76/300, A/RES/73/2 paragraph 32, A/RES/79/1 paragraph 29(c).

Commit to implement fiscal measures, including health-oriented subsidy reforms that support access to healthy, sustainable diets and clean energy sources, and adopting tobacco taxation policies aligned with the WHO Framework Convention on Tobacco Control's recommendation of at least 75% of retail price, and other health taxes to significantly increase the price of unhealthy products such as alcohol, sugar-sweetened beverages, and other processed foods high in fat, sodium, and/or sugar, as a means to simultaneously reduce consumption of these health-harming products and related healthcare costs, as well as create potential revenue streams for health and development financing.

Source: A/RES/73/2 paragraphs 21 and 44(c), A/RES/74/2 paragraph 44, and own based on WHO Fiscal Policies to Promote Healthy Diets, WHO Manual on Sugar-Sweetened Beverage Taxation Policies to Promote Healthy Diets, WHO Global report on the use of alcohol taxes.

Resolve to safeguard health governance and policymaking processes, including multisectoral and multistakeholder mechanisms and other participatory approaches from conflicts of interest and undue influence from health-harming industries to ensure that private interests do not override public health goals and to address these commercial determinants of health.

Source: A/RES/78/4 paragraph 45.



As the HLM4 Political Declaration negotiations kick off, these language recommendations may evolve.

Please refer to the latest version in the live document available [here](#).



NCD Alliance has also produced an advocacy guide on integrating air pollution towards the HLM4 and beyond.

The executive summary of the guide can be found [here](#).

References

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