


INTEGRATING ACTION ON AIR POLLUTION

An advocacy guide towards the
fourth UN High-Level Meeting on NCDs
and Mental Health & beyond



TIME TO  LEAD
GLOBAL WEEK FOR ACTION ON NCDs
18-25 SEPTEMBER 2025

Executive summary

This advocacy guide is aimed at supporting civil society organisations (CSOs) in making the case for the political prioritisation of air pollution as a critical risk factor for noncommunicable diseases (NCDs), including mental health and neurological conditions. It aims to assist CSOs in their preparations for 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), happening on 25 September 2025 in New York, and its follow-up.

The guide is relevant for CSOs working at local, national, regional, and international levels who seek to mobilise their governments to act on air pollution within NCD plans. It also intends to support CSO engagement in other related policy processes, such as the implementation of the Paris Agreement.

This guide contains key facts explaining why air pollution is central to the global NCD response. It provides a list of priority advocacy asks for how air pollution should be considered at the HLM4 and in its resulting Political Declaration. It also details a series of strategies that CSOs can use, either as individual advocates and organisations or as coalitions for a common cause, to make the case for bold and urgent action on air pollution as an issue for people living with or affected by NCDs.

The executive summary of the guide is being launched at the Second Global Conference on Air Pollution and Health of the World Health Organization (WHO) in March 2025. The full guide will be published by May 2025.

Air pollution

- Is the **biggest environmental risk factor for NCDs, including mental health and neurological conditions**, and the leading contributor to the global disease burden¹.
 - Causes **8.1 million deaths each year**, of which almost **90% are from NCDs**²– undermining the attainment of Sustainable Development Goals (SDGs) targets 3.4 and 3.9 by 2030.
 - Causes almost **1 in 2 of all deaths from chronic obstructive pulmonary diseases (COPD)**².
 - Causes more than **1 in 4 deaths from ischaemic heart disease and stroke**².
 - Causes almost **1 in 5 of all deaths from lung cancer and type 2 diabetes**².
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1 GBD 2021 Risk Factors Collaborators (2024). Global burden and strength of evidence for 88 risk factors in 204 countries and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. *Lancet* (London, England), 403(10440), 2162–2203. Available [here](#).

2 Health Effects Institute. 2024. State of Global Air 2024. Special Report. Boston, MA. Health Effects Institute. Available [here](#).

However, air pollution is highly preventable

- The vast majority of NCDs attributable to air pollution could be reduced **by improving air quality through proven policies³**, such as:
 - transitioning away from fossil fuels, the major driver of air pollution, and promoting clean modes of power generation, including through fiscal policy reforms;
 - facilitating access to cleaner heavy-duty diesel vehicles and low-emission vehicles and fuels;
 - promoting cleaner industrial technologies that reduce and capture harmful emissions;
 - regulating the energy efficiency of buildings;
 - making cities greener, and prioritizing rapid urban transit, walking, and cycling networks;
 - facilitating access to affordable clean household energy for cooking, heating, and lighting;
 - managing municipal and agricultural waste to avoid open incineration.
- It can be addressed through effective, cost-effective, equitable, and scalable interventions, **yet air pollution action remains dangerously underfunded and inadequately integrated** into NCD policy and practice.

Inadequate action on air pollution

- **Cost governments around the world \$8.1 trillion in 2019** – the equivalent of 6.1% of global gross domestic product (GDP)⁴.
- **Is diverting limited resources away from the NCD response**, contributing to rising healthcare costs that reduce capacity to respond to other NCDs and health threats.
- **Undermines the rights of all people, particularly persons affected by or living with NCDs**, to achieve the highest attainable standard of health, both in day-to-day life, and by **worsening the prognosis for people living with NCDs** such as cancer and respiratory illnesses.
- **Undermines the enabling conditions for growing nutritious food and supporting physical activity**, both essential for the prevention of NCDs.
- **Is worsened by the production, manufacturing, and distribution of other NCD risk factor products**, such as tobacco, alcoholic beverages, and unhealthy foods and beverages.

How many people are dying from NCDs caused by air pollution in your country?



3 NCD Alliance. (2024). Risk factors and prevention: air pollution. Available [here](#).

4 World Bank. (2022). The Global Health Cost of PM2.5 Air Pollution: A Case for Action Beyond 2021. International Development in Focus; ©Washington, DC: World Bank. License: CC BY 3.0 IGO. Available [here](#).

Key advocacy asks on air pollution

for 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

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. This document updated the “4x4” NCD approach to a “5x5” NCD approach, also including mental health and neurological conditions as major NCDs.

Ever since, there has been a gradual but inadequate uptake of air pollution in the “5x5” NCD approach. Air pollution interventions are not becoming aligned with the NCD response at the scale or pace of change needed to improve the lives of millions of people at risk of or living with NCDs and to meet SDG target 3.4—reducing premature NCD mortality by one-third by 2030. What is required is an explicitly more inclusive approach including air pollution action in national NCD strategies and plans, informed by policy frameworks such as the WHO updated road map for an enhanced global response to the adverse health effects of air pollution, to be adopted by the World Health Assembly (WHA) in May 2025⁵.

The following advocacy asks on air pollution for the HLM4 build on the **five key priorities of the NCD Alliance** for this meeting: **accelerate implementation, break down siloes, mobilise investment, deliver accountability, and engage communities**. The full guide offers additional context and details on these policy asks, including specific sub-asks.

Accelerate action on air pollution, by:

- **Fully integrating air pollution into policy and programmes for the prevention and control of NCDs, including mental health and neurological conditions.** Political commitment without implementation is inadequate. This should include aligning national NCD plans with the updated WHO road map for an effective global response to the adverse health effects of air pollution and its target of a 50% reduction in the population-attributable fraction of mortality from anthropogenic sources of air pollution by 2040.
 - **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 to accelerate progress on NCDs and many other areas, such as climate change.
 - **Reiterating WHO’s mandate⁶ to produce a menu of cost-effective ‘best buy’ policy interventions on air pollution** as a major NCD risk factor, with a transparent timeline and urgent deadline.
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⁵ Version already endorsed by the WHO Executive Board in February 2025 is available [here](#).

⁶ World Health Organization. (2019). WHA72(11): Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. Available [here](#).

Break down siloes between human and planetary health, by:

- **Acknowledging air pollution as the biggest environmental risk factor for health**, impacting not only NCD and mental health responses in primary health care and universal health coverage, but also in health promotion and the social determinants of health, as well as the protection of the right to a clean, healthy, and sustainable environment as essential to enjoy the right to health and health-related human rights⁷.
- **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), facilitating multisectoral collaboration and policy coherence for health.
- **Aligning with related policy frameworks and processes, such as the WHO global plan of action on climate change and health**, to be adopted by the WHA in May 2025, and integrating the health and health equity benefits of air pollution interventions in the Nationally Determined Contributions (NDCs) due to be published in 2025.

Mobilise investment for air quality, by:

- **Phasing out subsidies for all fossil fuels (coal, oil and gas) thereby improving air quality while creating revenue streams for health and development financing**, that can be invested in access to safe clean energy, affordable and nutritious sustainable diets, and social protection services.
- **Proactively increasing the tiny fraction of Official Development Assistance allocated to air pollution**; also better integrating air quality interventions within international climate and development financing, to a level that matches the disease burden and supporting UN agencies and international financial institutions to increase development financing for action on air pollution.
- **Investing in evidence generation on the cost-effectiveness of air quality interventions and the economic costs of inaction**. This includes the scaling-up and wider use of the [AirQ+ tool](#) in policy and planning.

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

- **Expanding, standardizing and mainstreaming data on air pollution in NCD and mental health surveillance, monitoring, and reporting activities**. Examples include integrating air pollution into the targets of the WHO NCD Global Monitoring Framework, the indicators of the WHO NCD Global Progress Monitor, the WHO NCD and mental health country profiles, the NCD Country Capacity Survey, and the STEPwise approach to NCD risk factor surveillance.
- **Establishing baselines and monitoring networks** for policy measures to tackle air pollution and reduce inequalities, and routinely reporting on the health harms of air pollution and the health and economic benefits of interventions.
- **Requesting technical assistance from WHO and other relevant UN agencies** to align national air quality guidelines with global standards and targets, gather and use data on the impacts of air pollution on morbidity, mortality, and quality of life, and expand the number of NCDs for which disaggregated data related to air pollution are collected.

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, to ensure their responsiveness to community needs and health inequities.
- **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 and other high-polluting commercial actors.
- **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**. Emphasis should be placed on context-specific health promotion at the community level, and with health professionals.

⁷ United Nations Digital Library. (2022). A/76/L.75. The human right to a clean, healthy and sustainable environment: draft resolution. Available [here](#).

Key actions for civil society organisations to ensure the political prioritisation of air pollution

In preparation for the HLM4 on 25 September 2025

- **Promote these recommended advocacy asks, by:**
 - Identifying and engaging policymakers interested in action on air pollution and health, such as Ministers of Health, Ministers of Environment, Ministers of Energy, Ministers of Finance (or their equivalents). These policymakers may be interested in, or have championed, air quality interventions, including interventions for emissions reductions, energy transition initiatives, and fossil fuel subsidy reforms.
 - Monitoring and engaging the parts of governments that will be participating and contributing in air pollution discussions around the HLM4, such as deliberations for the WHO updated road map on air pollution, and/or the WHO global plan of action on climate change and health, as well as in direct HLM4 preparations. This might include ministries listed above, but also engaging your head of state or government and their executive office, as well as country delegations to the WHO and the UN.
 - Engaging policymakers at all levels involved in processes related to the next UN Climate Change Conference (UNFCCC COP30), including the preparatory meetings, such as the Subsidiary Body for Scientific and Technological Advice, and the Subsidiary Body for Implementation, in June 2025.
 - Engaging with UN Member States' missions in New York, including attachés with responsibilities for health and climate.
 - Strengthening in-country relationships to understand processes for informing the national delegation to the HLM4, and sharing advocacy asks with them directly.
- **Demand the inclusion of persons with lived experience of NCDs and air pollution** in engagement events in support of the HLM4, recognising that all people who live with NCDs are affected by air pollution either through causing or worsening their disease and condition, or in shaping their quality of life and wellbeing.
- **Generate and widely disseminate evidence and leverage sources of data** on the health and economic impacts of air pollution with policymakers.
- **Provide specific recommendations about language** and guidance for the Political Declaration of the HLM4.
- **Provide knowledge and intelligence with umbrella organisations** that mobilise and coordinate civil society, including but not limited to NCD Alliance. This might also include engaging interdisciplinary expertise, such as from the environmental justice community.
- **Work across civil society and academia to provide peer support and technical support to policymakers**, such as through knowledge exchange and advocacy across government sectors.
- Register, share the registration links with other supportive CSOs for, and **participate in:**
 - the **Multistakeholder Hearing for the HLM4**, scheduled for 2 May 2025 (noting that registration closes on 31 March 2025);
 - the **78th session of the WHA**, scheduled for 19-27 May 2025, which will include discussions on the updated WHO road map for an enhanced global response to the adverse health effects of air pollution, and the WHO global plan of action on climate change and health; and
 - the **HLM4 itself**, on 25 September 2025.
- **Host or support the development of side events, national events, and/or meetings** alongside the HLM4.

After the HLM4 and beyond

- **Engage policymakers to translate international commitments and developments on air pollution and NCDs** into concrete domestic policies and funding allocations.
- **Host national events and meetings to promote and amplify the commitments** related to air pollution in the HLM4 Political Declaration.
- **Encourage governments to adopt and integrate air quality in multisectoral policymaking for sustainability**, such as fiscal policies, industrial planning, national energy transition plans, transport and infrastructure planning, urban development, waste management plans, and pathways for food systems transformation.
- **Advocate for governments that champion air quality in the HLM4 to advance these priorities in future UNFCCC COPs** (including aligning air pollution with this year's NDCs ahead of COP30 and establishing an air pollution day at future COPs) and other processes relating to planetary health, such as the 17th meeting of the Conference of the Parties to the Convention on Biological Diversity (COP17) in 2026.
- **Monitor, or continue to encourage governments to support, a target on air pollution within the revised WHO NCD Global Monitoring Framework** and wider mainstreaming of air pollution into surveillance, monitoring, and reporting activities for NCDs, including mental health and neurological conditions.
- **Work together to establish a global accountability mechanism for air pollution commitments**, that could inform the development of national shadow reports.
- **Support further context-specific evidence generation** on the health effects of air pollution, on the health and economic benefits and cost-effectiveness of air quality interventions, and on the costs of inaction, including capturing healthcare costs, and the co-benefits of cleaner air to economies, equity, and the wider sustainable development agenda.
- **Develop and share materials, tools, and resources for purposes of national advocacy** with policymakers and across civil society, such as policy briefs, evidence reviews, and case studies.
- **Collaborate to monitor policy developments and disseminate intelligence** in favour of prioritising air pollution in national NCD responses.
- **Build coalitions among CSOs** with interest in air pollution action to maintain momentum and accountability.

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**Accelerating action on NCDs to promote health,
protect rights and save lives**

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