AUGUST 2026

THE DRAFT AIR QUALITY (AMENDMENT) REGULATIONS (NORTHERN IRELAND) 2026

Consultation Response

Paul R. Price, Caitlin McIlhennon and Orla Kelleher

EJNI
ENVIRONMENTAL JUSTICE NETWORK IRELAND

EJNI response to Consultation on the Draft Air Quality (Amendment) Regulations (Northern Ireland) 2026

Question one:

Proposed new annual average limits, targets and objectives for particulate matter (PM10 and PM2.5).

To what extent to you agree with the proposed new annual average limit value of 20 µg/m3 for PM10?

Strongly agree
Agree
Neutral
Disagree
Strongly disagree

Please limit your response to 1500 characters or less.

While the new annual average limit value and objective value of 20 µg/m^3 for PM10 at least aligns with the WHO 2021 report's AQG Interim target 4 level, it does not meet the WHO recommended level[1] of 15 µg/m^3, and it does not set the scientifically evidenced WHO recommended level as an objective or target value.

Also, EJNI note that achieving the particulate limits is highly dependent on climate mitigation achievement,[2] including meeting the net zero by 2050 target and the UK Climate Change Committee (CCC) balanced pathways. However, the UK CCC has stated that Northern Ireland's policies remain too weak to meet the necessary net zero target or associated pathways, particularly due to insufficient livestock emission mitigation.[3]

Question two:

To what extent do you agree with the proposed new annual average objective of 20 µg/m3 for PM10?

Strongly agree
Agree
Neutral
Disagree
Strongly disagree

[1] World Health Organisation, 'WHO Global Air Quality Guidelines' (2021), available here.
[2] Pisoni, Enrico, Stefano Zauli-Sajani, Claudio A. Belis, et al. 'High Resolution Assessment of Air Quality and Health in Europe under Different Climate Mitigation Scenarios'. *Nature Communications* 16, no. 1 (2025): 5134. Available here.
[3] Louise Cullen. 'Climate Change: NI "needs Radical Action" to Meet Net Zero Goal'. *BBC News*, 2 March 2023.

Please limit your response to 1500 characters or less.

The proposed objective value of 20 µg/m^3 for PM10 is the same as the proposed annual average limit value, which therefore does not set the scientifically evidenced WHO recommended safe level of 15 µg/m^3 as the ambition level. Failing to set the WHO recommendation as the objective value is insufficient ambition. A stretch objective value is essential to enable Northern Ireland to implement measures to achieve continuous air quality improvement.

We therefore strongly recommend amending the proposed legislation to set a PM10 target of 15 µg/m^3, with a firm deadline—such as 2035—to strengthen air quality standards.

The recent increase in electric vehicle numbers and greater uptake of heat pumps, due to higher expected prices for imported fossil fuels and liquid biofuels, may well be helpful in further cutting PM10 emissions from vehicle exhaust and domestic oil-fired heating. However, an increase in EVs and heat pump numbers should not be allowed to cover for ongoing high, or rising, PM10 pollution due to wood-fired heating and animal agriculture. Therefore, raising PM10 ambition by setting a near-term 2035 time horizon for achieving the 15 µg/m^3 objective would also drive necessary, stricter regulation of wood fuel use for residential heating and stringent enforcement of limits on agricultural nitrogen use and losses, especially in livestock farming.

Question Three:

To what extent to you agree with the proposed new annual average limit value of 10 µg/m3 for PM2.5?

Strongly agree
Agree
Neutral
Disagree
Strongly disagree

Please limit your response to 1500 characters or less.

While the new annual average limit value and objective value of 10 µg/m^3 for PM2.5 at least aligns with the WHO 2021 report's AQG Interim target 4 level, the proposed is double the WHO recommended level[4] of 5 µg/m^3.

As the consultation document states, the proposed value is better aligned with existing commitments for Ireland, England, Scotland, and Wales.

However, we note that meeting the PM2.5 limit is highly dependent on meeting the net zero by 2050 target and the UK CCC balanced pathways, yet the UK CCC has stated that Northern Ireland's policies are too weak to meet the target or the pathways, particularly due to insufficient limits on livestock production to enable resultant emission mitigation.[5] Therefore, meeting the limit value will require NI to implement and enforce stronger policies and measures to limit livestock production, as well as achieving the necessary rates of electrification of heating and transport without fail.

[4] World Health Organisation. 'WHO Global Air Quality Guidelines' (2021), available here.
[5] Louise Cullen, 'Climate Change: NI "needs Radical Action" to Meet Net Zero Goal'. *BBC News*, 2 March 2023.

Question four:

To what extent you agree with the proposed new annual average target value of 8 µg/m3 for PM2.5?

Strongly agree
Agree
Neutral
Disagree
Strongly disagree

Please limit your response to 1500 characters or less.

Northern Ireland should adopt the WHO recommended level[6] of 5 µg/m^3 as the annual average target level for PM2.5. Experts recommend adoption of the WHO level to drive air quality improvements.[7]

Adopting the WHO recommendation would align with and motivate other policies required to limit PM2.5, above all the need to limit and reduce ammonia pollution.

An EJNI analysis[8] of ammonia mitigation to date and ammonia emissions shows that Northern Ireland has abjectly failed to reduce its very high level of ammonia pollution. In fact, ammonia emissions (almost entirely due to livestock rearing) have increased by more than 10% over the past 15 years. Therefore, ammonia levels need to be cut to the 2010 level very quickly with further reductions beyond that.

Peer-reviewed research states "*excess reactive nitrogen (Nr), including nitrogen oxides (NOx) and ammonia (NH3), contributes strongly to fine particulate matter (PM2.5) air pollution in Europe, posing challenges to public health*".[9] It finds that, "*[w]hen costs are considered, strategies […] uniformly shift in favor of NH_3 controls, as NH_3 controls up to 50% remain 5-11 times more cost-effective than NO_x per unit $PM_{2.5}$ reduction, emphasizing the priority of NH_3 control policies for Europe*."[10]

Therefore, limiting ammonia pollution, by limiting livestock agriculture and anaerobic digestion plants, is a crucial cost-effective measure to limit PM2.5.

Question five:

To what extent do you agree with the proposed compliance date of 1 January 2028 for these new limit values, target values and objectives for PM10 and PM2.5?

Strongly agree
Agree
Neutral
Disagree
Strongly disagree

Please limit your response to 1500 characters or less.

---

[6] World Health Organisation. 'WHO Global Air Quality Guidelines' (2021), available here.
[7] The Institution of Environmental Sciences (IES), IAQM Forum - WHO Air Quality Targets: Should the UK Adopt Them and How Should We Implement Them? (2022) 01:26:23.
[8] Paul Price, Caitlin Mcilhennon & Orla Kelleher, 'Response to the Consultation on Updating Ireland's Clean Air Strategy 2025' EJNI (2026). Available here.
[9] Liu, Zehui, Harald E. Rieder, Christian Schmidt, et al. 'Optimal Reactive Nitrogen Control Pathways Identified for Cost-Effective PM2.5 Mitigation in Europe'. *Nature Communications* 14, no. 1 (2023): 4246. Available here.
[10] Ibid.

As noted in the previous answers, EJNI does have criticisms of the new limit values, target values and objectives for PM10 and PM2.5. However, the proposed compliance date of 1 January 2028 is a reasonable date for required compliance with the proposed values – or, ideally, better-than-proposed values.

Question six:

Do you agree or disagree with the conclusions of the Rural Needs Impact Assessment (RNIA)?

Strongly agree
Agree
Neutral
Disagree
Strongly disagree

Please limit your response to 1500 characters or less.

The Assessment states that the policy is not likely to impact rural or urban areas because annual compliance is already being achieved. However, future compliance cannot be relied on if negative developments in rural policy areas such as continued agricultural expansion or the ongoing increase in wood burning are not limited by regulation. Moreover, previous consultation submissions have emphasised inadequate monitoring site coverage in rural areas.[11]

Relatedly, the DAERA 2026 RNIA report[12] is unsatisfactory because it relies on other proposals which are inadequate to limit the ongoing harms to rural residents and protected ecosystems from increasing rural air pollution, particularly from animal agriculture and wood burning.

The report's point 15 is misleading as the Revised Operational Protocol on ammonia and air pollution impacts does not mention socioeconomic rural needs and it does not reference particulate matter impacts on rural communities, only protected sites. The Protocol points out that the impacts of ammonia emissions and other nitrogen pollution are continuing to rise, presenting a challenging and growing problem.

The report's RNIA point 16 references the Proposed Ammonia Strategy and states that it will have a positive impact on all NI residents by reducing air pollution. However, there is no guarantee that this will be the case, especially if market prices for meat and milk increase to drive further livestock production.

Question seven:

Do you agree or disagree with the conclusions of the Equality and Disability screening?

Strongly agree
Agree
Neutral
Disagree
Strongly disagree

Please limit your response to 1500 characters or less.

The screening decides that an equality impact assessment will not be carried out. However, the proposed target and objective limits do not set challenging annual targets aligned with meeting the WHO guideline

[11] DAERA. 'Public Synopsis of Responses to the Clean Air Strategy Discussion Document - 23 June 2022'. June 2022.
[12] DAERA. 'Rural Needs Annual Monitoring Report 2024-2025' (2026).

limits by a set date, which limits ambition in achieving more equitable health outcomes for all people in NI, most especially for disabled people, those with health issues worsened by air pollution, and children.

Therefore, the screening should note that requiring achievement of the WHO guideline limits (by stated year) would target a greater improvement in public health than the less challenging proposed annual limits. Likewise, setting maximum limits on 24-hour average readings would benefit all people, especially those most vulnerable to air pollution health impacts.

WHO reviews demonstrate long term health impacts occurring at levels well below target levels. Monitored air quality readings in NI over shorter time periods are frequently above current and WHO particulate guideline levels. Therefore, adopting the strongest WHO guidelines for annual target levels is important to drive policy to improve public health. A new study demonstrating "remarkable" improvement in London primary school children's lung function since the introduction of Ultra Low Emissions Zone (ULEZ) in April 2019 shows the extraordinary successes that can be achieved by enforced regulation.[13]

Question eight:

Do you have any additional comments you wish to raise with regards to the draft Regulations or consultation documents?

Please limit your response to 1500 characters or less.

In 2019, the UN Special Rapporteur on Human Rights and the Environment identified a range of substantive and procedural obligations on States to respect human rights in the context of air pollution.[14] It notes that States should establish air quality legislation that incorporate the WHO guidelines "*as legally binding national standards*." A failure to align, or chart a pathway to aligning, with the WHO Guidelines renders States vulnerable to rights-based litigation.[15]

We welcome the objectives of these amendments to support cross border consistency and address transboundary air pollution. The consultation document demonstrates a gap between Northern Ireland and Ireland in terms of annual mean targets for PM2.5 and PM10. This regulatory divergence undermines the effectiveness of air quality measures. EJNI has also developed recommendations to support enhanced all-island coordination to address transboundary air pollution.[16]

The improved limits and objectives will only be meaningful if Health Impact Assessments (HIA) are undertaken together with Air Quality Assessments (AQAs) to assess air pollution mitigation as an essential part of existing and proposed planning decisions. The key all-island reference for good practice is *Health Impact Assessment Guidance: A Manual* (2021).[17] The aim in all AQAs and related HIAs must be to protect human health by actively ensuring ongoing improvements in local, regional and NI air quality to better protect human health and sensitive ecologies.[18]

---

[13] Baraniuk, Chris. 'Child Lung Health in London Has Improved since ULEZ Was Introduced, Study Claims'. *BMJ* 394 (August 2026): e100598. Available here.
[14] David R Boyd, Issue of Human Rights Obligations Relating to the Enjoyment of a Safe, Clean, Healthy and Sustainable Environment: Report of the Special Rapporteur (UN Human Rights Council, 2019) UN Doc A/HRC/40/55.
[15] Orla Kelleher 'Possibilities for a right to clean air after Case C-61/21 - JP v Ministre de la Transition écologique and Premier ministre' (2023) 25(1) Irish Journal of European Law.
[16] Paul Price, Caitlin Mcilhennon & Orla Kelleher, 'Response to the Consultation on Updating Ireland's Clean Air Strategy 2025' EJNI (2026). Available here.
[17] Institute of Public Health, 'Health Impact Assessment Guidance: A Manual' (2021), available here.
[18] The Institution of Environmental Sciences (IES), 'IAQM Forum - WHO Air Quality Targets: Should the UK Adopt Them and How Should We Implement Them?' (2022) 01:26:23.