**AUTHOR RESPONSE**

Referee: 1  
  
COMMENTS TO THE AUTHOR(S)  
The authors have addressed all my comments and incorporated discussions on the uncertainty and limitations of the presented results.

We’re glad our revisions have adequately addressed your comments.  
  
Referee: 2  
  
COMMENTS TO THE AUTHOR(S)  
Thank you for revising the manuscript and responding to the comments. While I can understand the author's claim, the claim appears to overreach the supporting evidence. I still do not think that the responses and the revisions justify attributing the mortality to temporal changes in NDVI and applying a single risk function across the world. A lack of appropriate evidence does not warrant the use of evidence that is not fit for the intended purpose. It should be demonstrated that the result of the meta-analysis captures the effect of temporal changes in NDVI. Applying a single risk function might be justified if the causal relationship and underlying physiological or pathological mechanisms are clear and expected to be common in humans, but this is not the case.

Thank you for your comments. We’ve added to the discussion section the limitation of the spatial nature of the meta-analysis being applied to temporal differences in NDVI.

*“Moreover, the studies included in the meta-analysis compare NDVI across locations. Our study assumes that the mortality relationships found when comparing spatial differences in NDVI can be applied to temporal differences.”*

*“A few studies have tested the causal pathways linking urban greenspace to reduced mortality and found evidence that greenspace is associated with health through better air quality, increased physical activity, and reduced stress (Zhang et al., 2021). City walkability (safety, pedestrian infrastructure, traffic, etc.), time spent near home where we have measured their exposure (employment type, leisure time, etc.), and baseline environmental hazards (heat, air pollution, noise, etc) may impact the strength of the greenspace-health relationship across different cities in addition to individual factors like age, socioeconomic status, and gender.”*

It is necessary to limit the claim to reflect the existing evidence to assure the credibility of the study. For example, limiting the regional scope of the study to the developed countries in the temperate climate zone and estimating the mortality difference between factual and counterfactual scenarios (not temporal changes) would be an alternative option.  
  
  
Referee: 3  
  
COMMENTS TO THE AUTHOR(S)  
I thank the authors for addressing the comments.  
  
Re the uncertainty:  
- There is no mention of how uncertainty is assessed in the revised manuscript.  
- I understand the issues about computational burden, but from a probability standpoint, simply using the bounds of HR and y\_0 to derive the confidence intervals is wrong. Two random variables are at play here.  
  
Referee: 4  
  
COMMENTS TO THE AUTHOR(S)  
The authors have addressed all the questions that I proposed.

We’re glad our revisions have adequately addressed your comments.  
  
Referee: 5  
  
COMMENTS TO THE AUTHOR(S)

EDITORIAL BOARD MEMBER'S REPORT:  
The manuscript was improved and clarified in response to the comments from 4 reviewers, and most review comments were properly responded. However, some minor issues remain.

1) The main conclusions of this meta analysis is based a simple statistical approach with 2014-2023 NDVI time series, and there is a major uncertainty and limitation. Suggest to further extend discussion to highlight the limitation and uncertainty, and explain the key mechanisms behind NDVI driven morality across different climate zones.

2) Figure 1 doesn't present clear trends or temporal/spatial contrasts among regions, and the crowded curves in figures are quite confusing. suggest to further define the figure by using highly summarized data instead to better reflect key patterns.