Accountability frameworks for climate change and health: research is leading the way

As I am writing this Editor's Choice, I am in the process of preparing our house in Queensland for a cyclone, predicted to hit Brisbane in about 48 hours. The cover topic of this month's issue of the *MJA* is therefore very much at the front of my mind.

This issue contains the seventh report of the *MJA–Lancet* Countdown on health and climate change, which examines five broad domains: health hazards, exposures and impacts; adaptation, planning and resilience for health; mitigation actions and health co-benefits; economics and finance; and public and political engagement (https://doi.org/10.5694/mja2.52616). The analyses by Beggs and colleagues have some unsurprising but still concerning findings: the exposure to heatwaves in Australia is growing, which in turn increases the risk of heat stress; other health threats such as bushfires and drought — "features of the continent for millennia" — are amplified by climate change. Cyclones, as we are currently facing, are noted as major causes of economic losses. This year, the authors also report against a new indicator: climate litigation over the past decade. The findings are instructive: one case is "a legally significant acceptance, by government, of the science concerning the health impacts of climate change". However, litigation is just one driver of change. As the authors note: "Nationally, regionally and globally, the next five years are pivotal in reducing greenhouse gas emissions and transitioning energy production to renewables. Australia is now making progress in this direction. This progress must continue and accelerate, and the remaining deficiencies in Australia's response to the health and climate change threat must be addressed".

Another perspective in this issue of the *MJA* discusses the importance of Australia endorsing a fossil fuel non-proliferation treaty (https://doi.org/10.5694/mja2.52610). Colagiuri and colleagues outline the aims of the Fossil Fuel Non-Proliferation Treaty and why it is relevant to health. Starkly put, we are not on track to meet the goals of the Paris Agreement — and as events in the United States unfold, it seems as if political will is shifting even further away from support for the agreement. The authors argue that the Fossil Fuel Non-Proliferation Treaty is a way to directly address the key driver of the climate crisis. It has not been signed by Australia, perhaps unsurprisingly, though eleven Pacific nations, which well understand the risk, have signed on. Endorsing the Fossil Fuel Non-Proliferation Treaty would, the authors argue, be "more than just a climate strategy for Australia; it represents a vital step towards advancing global health justice and fostering regional solidarity".

How pharmaceutical companies are progressing in their carbon emission plans is assessed in a research article by Burch and colleagues (https://doi.org/10.5694/mja2.52621). Drawing on publicly available documents on actions during 2015–2023 for the ten largest pharmaceutical companies operating in Australia, they show a very mixed set of results. Some have Science Based Targets initiative (SBTi)-approved targets, monitoring, commitments and evidence of action; others have commitments to SBTi-approved targets but limited publicly disclosed records; and others are without public commitments to achieving net zero emissions, and minimal or no SBTi-approved targets. As the authors conclude, the companies are moving at different rates. Though this is just a snapshot, such monitoring and public documentation are vital for policy makers in supporting change.

The final article I will highlight touches on a topic — snake bite and its sequelae — that may become more relevant as the climate warms and humans are more exposed to snakes (https://doi.org/10.5694/mja2.52622). In a study spanning 15 years, Isbister and colleagues analyse data from people bitten by snakes, whether they had an early collapse, and the features associated with the collapse. Not surprisingly, they found that early collapse is associated with poorer outcomes. Data on these patients are not easy to collect, but the conclusion that early collapse requires prompt identification and cardiopulmonary resuscitation is a useful clinical finding.

Increasingly, the association between a changing climate and the effects on human health are becoming clearer and more urgent. If there is one overarching lesson from all these articles, it is that as every year passes, the importance of action becomes even necessary, and the time frame for action is shortening. ■

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