

Health requires a whole-of-government, and ultimately whole-of-system, approach

For anyone who lived in Australia in the summer of 2019–2020, the cover of this issue showing Parliament House shrouded in smoke is a stark reminder of that terrible black summer. Like many others, I first became only too familiar with the properties of masks then, and I have vivid memories of my daughter returning to a smoky Canberra after the Christmas holidays with boxes of masks to protect against the particles in the air, not just for her but for friends who could not buy them locally. Only a few months later, we would of course become only too familiar with the properties of other kinds of masks. But as the COVID-19 pandemic continues, the perspective by Heenan and colleagues reminds us that the health risks of COVID-19, enormous as they are, are dwarfed by the risks of climate change, not just to human health but to the health of the planet (doi: [10.5694/mja2.51857](https://doi.org/10.5694/mja2.51857)).

Australia does not have a good record in taking this risk seriously at a political level except at times of immediate crisis. Heenan and colleagues note that “Australia’s engagement with the health impacts of climate change relates primarily to disaster response”, which is probably explained by a lack of high level strategy — “Australia makes no reference to health in its contribution pledge to the United Nations Framework Convention on Climate Change, and to date is one of few countries lacking a national health and climate change strategy”. Without a strategy, action is unlikely. The *MJA–Lancet* Countdown was established in 2017, and produced its first national assessment in 2018 and annual updates thereafter in 2019, 2020, 2021 and 2022. The 2022 title was clear: “Australia unprepared and paying the price”. We are now nine months into the term of a new government that has indicated that it will prioritise climate action, but we must hold them to account. Heenan and colleagues state the challenge clearly: “Overcoming current obstacles to political engagement is vital to Australia’s health and wellbeing, and is critically time-sensitive given the accelerating pace of climate change and fast-approaching critical thresholds”.

The perspective by Dudgeon and colleagues highlights another critical challenge that the Australian health sector must address: “that interpersonal and structural racism contributes to Indigenous people’s physical and mental ill health and reduces



access to health services” (doi: [10.5694/mja2.51862](https://doi.org/10.5694/mja2.51862)). Governments and legislation have a role here too. But as Dudgeon and colleagues point out, legislation is not enough: “Although most signatory governments [to the *International Convention of the Elimination of All Forms of Racial Discrimination*], including Australia, denounce racism, most allow racism in its different forms due to inadequate legal mechanisms, poor definitions of racism, a lack of moral and political will, and a lack of accurate data revealing the inequalities in accessing services experienced by Indigenous people”. Dudgeon and colleagues highlight a role for public awareness campaigns such as “Racism. It stops with me” but note that ultimately, “The cultural safety frameworks established to support mainstream services to create culturally safe environments, services and practices need recourse to a legislative framework as well”.

The narrative that health is not purely a personal issue could not be more clearly articulated by these articles; health requires a whole-of-government, and ultimately whole-of-system, approach. ■

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