

Global health action delayed: people's health and wellbeing denied

Jonathan Abrahams^{a,g}, Fiona Armstrong^{b,c}, Chiedza Malunga^d and Philipp du Cros^{e,f}

^a Monash University Disaster Resilience Initiative, Monash University Accident Research Centre, Monash University, Melbourne, Victoria, Australia

^b School of Public Health and Preventive Medicine, Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, Victoria, Australia

^c Transitions to Sustainable Healthcare Systems, Monash Sustainable Development Institute, Monash University, Melbourne, Victoria, Australia

^d Monash Health Refugee Health and Wellbeing, Dandenong, Victoria, Australia

^e Department of Infectious Diseases, Monash Medical Centre, Clayton, Victoria, Australia

^f International Health, Burnet Institute, Melbourne, Victoria, Australia

^g Corresponding author: jonathan.abrahams@monash.edu

Article history

Publication date: 19 June 2024

Citation: Abrahams J, Armstrong F, Malunga C, du Cros P. Global health action delayed: people's health and wellbeing denied. *Public Health Res Pract.* 2024;34(2):e3422411. <https://doi.org/10.17061/phrp3422411>

Decisions have consequences

Despite the public health mantra of 'prevention is better than cure', too often, public health across the world is forced into 'catch-up' mode, evident in two of the major themes of this issue of the journal: climate change and immunisation. The immunisation rates of refugees and asylum seekers highlight the need for culturally sensitive, targeted care delivered locally; while the upstream global climate drivers increasingly contributing to the displacement of those same populations require urgent global investment, cooperation and action, and implementation of carefully designed strategies at planetary, national, regional and local level. These two complex and interlinked public health challenges have not seen proactive investment at anywhere near the scale required.

The decision to invest, disinvest or avoid investment in public health, whether in health systems or action on the social, economic, cultural, environmental, commercial and biological determinants of health, has real consequences for people's physical, emotional, spiritual and mental health and wellbeing. These consequences extend to other health-influencing aspects of society, such as childhood development, livelihoods, and mobility inside countries and between countries. Health investment and action delayed is health and wellbeing denied.

Some signs of health policy progress as climate risks grow

The 2023 *Lancet Countdown*, an annual global analysis of progress on climate change and health, reports that "*multiple and simultaneously rising risks of climate change are amplifying global health inequities and threatening*

the very foundations of human health".¹ How might this impact on displacement? Well, in 2022, 153.8 million people were living less than 1 metre above the current sea level. The current and future impacts of climate change on global populations are unprecedented and dramatic, in particular for the most vulnerable; those who have contributed the least to the problem and who often possess the least capacities and require much-needed additional resources for adaptation.

As [Lokmic-Tomkins and Bone](#) write², determined public health advocacy at the global level over many decades is finally delivering advances in policy at the UN, but there remains a huge gap between evidence, investment and action to avert further and increasing catastrophic health consequences of climate change. Without effective mitigation (i.e. deep and rapid cuts in greenhouse gas emissions), the consequences of global heating on human health from the harmful effects of extreme weather, declines in agricultural productivity, biodiversity loss, spread of infectious diseases and sea level rise will increase rapidly in coming years and decades.

While some recent developments on climate and health policy are welcome^{3,4}, a lack of commitment to funding for adequate mitigation and adaptation measures – and the contradictory position of continuing political support for the fossil fuel industry in Australia and many high-emission countries – belie government claims to leadership on climate change. While the current Australian Government has directed funding to the Pacific Resilience Facility and rejoined the Global Climate Fund⁵, Australia has yet to make any commitment to the global United Nations Loss and Damage Fund to support societies, economies, and cultures of developing countries most vulnerable to climate change impacts, falling well short of the requirements.⁶

The 2024–2025 Australian Federal Budget, the first after the release of its first *National Health and Climate Strategy*, contained no dollars to support its implementation.^{7,8} This level of responsiveness (or lack of it) that we see in Australia is not untypical of many of the world's high-income countries. There is an important role for public health leadership and advocacy in wealthy nations such as Australia to insist that we do better — both for our populations, and those most affected by climate change, wherever they live.

Refugee under-immunisation

Refugees are considered an under-immunised group globally. Under-immunisation is one of the top 10 health issues identified in refugees after arrival in Australia, such that catch-up immunisation is an important public health strategy for the settlement and health of refugees and asylum seekers. The current lack of a collaborative approach to policy, healthcare practice and settlement planning is resulting in fragmented immunisation delivery.

Different healthcare services are involved depending on where people are settled in Australia. Large urban centres have refugee-specific health services offered through a bespoke service on arrival, while refugees and asylum seekers who are settled in smaller urban and rural settings are usually linked with primary care services.

[Ginige et al.](#) provide a brief report on this issue from a qualitative study on catch-up immunisations for humanitarian arrivals on the Gold Coast in South East Queensland, Australia.⁹ Their findings of key challenges faced by community members and those faced by primary care providers highlight the importance of geographically targeted strategies.

The viewpoint by [Mahimbo](#) in this issue, provides five practical avenues to improving immunisation in refugee and asylum seeker populations in Australia, highlighting the need for systemic investment in strengthening primary care provider capacity, tailored communication and opportunities to improve immunisation information systems.¹⁰

Current estimates of more than 110 million displaced people due to conflict, violence, persecution or human rights violations are the highest on record¹¹, emphasising a global challenge that, like climate change, can seem beyond the scope and resources of a country's public health system's response. While only one of a multitude of problems faced by people experiencing displacement, the value of immunisation to protect populations from vaccine-preventable diseases cannot be overstated given the impact climate change will have on the emergence and spread of communicable diseases, with ongoing and unpredictable health risks for population wellbeing globally posed by epidemics and pandemics.

Avenues for concerted action

So rather than being in catch-up mode, how can we harness the transformative power and influence of public health for the public good? Health is one of the most important values, assets and concerns for people. Like a number of countries, the Australian Government has released a national wellbeing framework that has five themes for wellbeing, the first of which is 'healthy', followed by 'secure, sustainable, cohesive and prosperous'.¹² Health workers are among the most trusted and closest confidants of people and communities. They have intimate intelligence and knowledge about people, their lives, their needs, their abilities and their aspirations. Health professionals are not only the voice of public health, they are among the best placed in society to promote the voice and agency of communities, in particular, those who are invisible or marginalised, on issues that truly matter most to them.

Beyond the examples of climate change, refugee health and immunisation presented here, there are many other areas of public health where unrelenting advocacy, greater investment and concerted actions are needed

today without harmful delays. Elevating public health to the forefront of our societal priorities will make inclusive, fair and equitable societies more achievable.

Acknowledgements

JA is co-chair of the World Health Organization (WHO) Health and Emergency and Disaster Risk Management Research Network and was employed by the WHO until July 2022. He was also a member of the World Meteorological Organization Study Group on Integrated Health Services until March 2024. FA serves as a strategic advisor to the Monash Sustainable Development Institute.

Peer review and provenance

Internally peer reviewed, invited.

Competing interests

None declared.

Author contributions

All authors contributed to the writing, editing and reviewing of the manuscript.

References

1. Romanello M, di Napoli C, Green C, Kennard H, Lampard P, Scamman D, et al. The 2023 report of the Lancet Countdown on health and climate change: the imperative for a health-centred response in a world facing irreversible harms. *The Lancet-Countdown* 2023; 402(10419):2346–94.
2. Lokmic-Tomkins Z, Bone A. Global health and climate action: achievements and imperatives from COP 28. *Public Health Res Pract.* 2024;34(2):e3422412.
3. Department of Health and Aged Care. National Health and Climate Strategy. Canberra, ACT: Australian Government; 2023 [cited 2024 May 29]. Available from: www.health.gov.au/our-work/national-health-and-climate-strategy
4. Alliance for Transformative Action on Climate and Health (ATACH) – WHO hosted network. Countries and areas. Geneva: WHO; 2024 [cited 2024 May 29]. Available from: www.atachcommunity.com/atach-community/countries-and-areas/
5. Department of Climate Change, Energy, the Environment and Water. COP28: Australia announces support for the Pacific. Canberra, Act: Australian Government; 2023 [cited 2024 May 29]. Available from: www.dcceew.gov.au/about/news/cop28-australia-announces-support-for-pacific
6. United Nations Climate Change. Pledges to the Loss and Damage Fund (As communicated by the COP28 Presidency). New York, US: United Nations Framework Convention on Climate Change; 2024 [cited 2024 May 29]. Available from: unfccc.int/process-and-meetings/bodies/funds-and-financial-entities/loss-and-damage-fund-joint-interim-secretariat/pledges-to-the-loss-and-damage-fund
7. Department of Health and Aged Care. Budget 2024–25: Budget overview. Canberra, ACT: Australian Government; 2024 [cited 2024 May 29]. Available from: www.health.gov.au/resources/publications/budget-2024-25-budget-overview
8. Doctors for the Environment Australia (DEA). Budget 2024-25 Climate and health: missing in action – Victoria: DEA; 2024 [cited 2024 May 29]. Available from: www.dea.org.au/budget_2024_25_climate_and_health_missing_in_action
9. Ginige S, Seale H, Alexander K. Improving access to catch-up immunisations for humanitarian arrivals: a qualitative study. *Public Health Res Pract.* 2024;34(2):e3422417.
10. Mahimbo A. Improving rates of immunisation in refugee populations in Australia. *Public Health Res. Pract.* 2024;34(2):e3422414.
11. UNHCR, The UN Refugee Agency. Refugee Data Finder. Geneva: UNHCR; 2023 [cited 2024 May 29]. Available from: www.unhcr.org/refugee-statistics/
12. The Treasury. Measuring What Matters Statement. Canberra, Act: Australian Government; 2023 [cited 2024 May 29]. Available from: treasury.gov.au/sites/default/files/2023-07/mwm_framework_20230721.pdf

Copyright: 

© 2024 Abrahams et al. This article is licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Licence, which allows others to redistribute, adapt and share this work non-commercially provided they attribute the work and any adapted version of it is distributed under the same Creative Commons licence terms. See: www.creativecommons.org/licenses/by-nc-sa/4.0/