

2026 CLIMATE AND HEALTH POLICY PRIORITIES FOR AUSTRALIA

This document summarises key priority areas of focus for Australia, supported by evidence from indicators in the 2026 Report of the Lancet Countdown.

1

STRENGTHEN THE SAFEGUARD MECHANISM TO REDUCE INDUSTRIAL EMISSIONS AND PROTECT HEALTH



Strengthen the Safeguard Mechanism to reduce health harms from climate change through an ambitious post-2030 emissions reduction trajectory, greater on-site abatement, broader scheme coverage where appropriate, and limits to reliance on external offsets.

Fossil-fuel emissions are the primary driver of climate change and impose a substantial and preventable health burden on all Australians.^{1,2} Around 23% of Australia's land area experienced at least one month of extreme drought per year from 2021–25, up from 8% from 1981–90 (Indicator 1.2.2). The health burden falls hardest on those least able to withstand it: for example, Australian infants experienced three heatwave days each year from 2021–25, up 8% since 1986–2005 (Indicator 1.1.1). Reducing the emissions driving these impacts is a public health priority.

The Safeguard Mechanism is Australia's principal policy for reducing emissions from facilities emitting more than 100,000 tonnes CO₂-e annually.³ It regulates over 200 of Australia's largest emitters, including mining, oil and gas, manufacturing, and transport, which collectively account for around 30% of Australia's greenhouse gas emissions.⁴ While facility baselines decline over time, this does not necessarily translate into equivalent reductions in on-site emissions, as facilities can meet obligations by surrendering Australian Carbon Credit Units (ACCUs), Safeguard Mechanism Credit Units and via other compliance flexibilities rather than on-site abatement. In 2024–25, 13.4 million credit units were surrendered.³

The Department of Climate Change, Energy, the Environment and Water's 2026–27 review provides an opportunity to strengthen the mechanism.⁵ It is considering the 2030–35 baseline decline rate, incentives for on-site abatement, scheme coverage, and the future role of ACCUs and other credits.⁵ Prioritising on-site measures that reduce fossil-fuel combustion and co-emitted pollutants would maximise the immediate health value of industrial decarbonisation, while stronger baseline settings, appropriate coverage, and limits on excessive external offset reliance would drive greater physical emissions reductions.

2

IMPLEMENT NATIONAL HEAT-HEALTH PROTECTION THROUGH PRIMARY HEALTH NETWORKS



Provide dedicated funding and national guidance for Primary Health Networks to strengthen heat-health prevention in primary care. Enable PHNs to use local heat-risk information to target vulnerable communities and support primary care providers to identify high-risk patients and deliver preventive care before and during extreme heat.

Heat exposure is increasing in Australia and causes substantial illness and mortality.⁶ In 2025, Australians experienced 4.6 heatwave days, 66% of which were attributable to climate change (Indicator 1.1.1). From 2020–24, heat-related mortality among people aged over 65 represented a cost of AU\$1.5 billion annually, a 119% increase from 2000–4 (Indicator 4.1.2).

Heat can cause heat stress, heat exhaustion and heatstroke, and exacerbate cardiovascular, renal, and other chronic conditions.⁷ Chronic illness, heat-sensitive medications, social isolation, inadequate housing and limited access to cooling increase vulnerability, making these risk factors important for identifying people who may benefit from targeted preventive care and outreach.⁸

Heat-health responses are delivered through state and territory arrangements. The Australian Government has committed to developing a National Heat-Health Action Plan with nationally consistent guidance and tailored protection for at-risk groups.⁹ The Australian Climate Service Heat-Health Risk Index provides local information on heat exposure and vulnerability.¹⁰ Together, they provide a basis for strengthening preventive action, including through primary care, for populations at greatest risk from extreme heat.

Australia's 31 Primary Health Networks (PHNs) work within defined geographical regions to assess local health needs, commission services, and support primary care providers.¹¹ Providing PHNs with dedicated funding and national heat-health guidance would enable them to use local risk information to: identify vulnerable communities; commission targeted outreach; and support primary care practices to identify high-risk patients. Primary care providers could incorporate heat action into chronic disease care, review heat-sensitive medications, assess access to cooling, and arrange follow-up during extreme heat.¹² Using PHNs to strengthen heat-health prevention in primary care would therefore provide a mechanism to translate national guidance and local risk information into preventive action for people at risk from extreme heat.

3

ELECTRIFY HOSPITALS TO PROTECT HEALTH AND REDUCE HEALTH SECTOR EMISSIONS



Reduce health harms from healthcare's fossil-fuel use by embedding hospital electrification and energy-efficiency targets in the forthcoming National Health System Decarbonisation Roadmap. To enable this, support commonwealth coordination and co-funding for state and territory implementation, and prioritise fossil-gas equipment replacement and renewable electricity procurement.

Australia's health system accounts for 5.4% of national greenhouse gas emissions.¹³ In 2023, the healthcare sector emitted 19.8 Mt CO₂-e, 17% lower than in 2016 (Indicator 3.5), but Australia also ranked 11th globally for per-capita healthcare greenhouse gas emissions in 2020.⁶ Reducing health-sector emissions is a public health imperative.

Hospitals are particularly energy intensive because they operate continuously and require heating, cooling, ventilation, sterilisation, hot water and specialised equipment.¹⁴ Much of their operational energy demand is met through purchased electricity and fossil gas, including gas used for space and water heating and sterilisation.^{13,14} Coal still supplied over 46% of Australia's electricity generation in 2023 (Indicator 3.1.1), reinforcing the need for renewable electricity procurement to scale up alongside electrification. Australian modelling indicates that energy efficiency and electrification could reduce hospital energy intensity by around 40% by 2040 and, with projected grid decarbonisation, it could reduce operational emissions by around 80%.¹⁴

The National Health and Climate Strategy commits to a health-system emissions-reduction trajectory and decarbonisation roadmap addressing energy and the built environment.¹⁵ The forthcoming National Health System Decarbonisation Roadmap provides a policy vehicle for nationally coordinated hospital electrification and energy-efficiency targets. Commonwealth coordination and co-funding could support state and territory implementation, prioritising fossil-gas equipment replacement and renewable electricity procurement.

Recent Australian cost-benefit modelling estimated that progressively electrifying public hospitals over a decade could reduce annual emissions by around 312,000 tonnes CO₂-e and save approximately AU\$59 million in annual energy costs once implemented.¹⁶ Embedding hospital electrification in the national roadmap would drive coordinated action to reduce fossil-fuel dependence, emissions, and energy costs across Australia's public hospitals.



Call to Action

Strengthening Australia's response to climate-related health harms requires coordinated action across regulation, primary care, and health infrastructure. Reforming the Safeguard Mechanism, translating heat-health commitments into locally targeted preventive care, and embedding hospital electrification in national decarbonisation planning would reduce emissions and strengthen protection for populations most at risk.

Contributors

This brief was developed by the Lancet Countdown and Australian Nursing and Midwifery Federation.

This document was written by:

- Melanie Eslick BA, BN, MNurs, MPH (NSWNMA/ANMF NSW)
- Catelyn Richards BN, ML'ship (ANMF Federal)
- Micah DJ Peters BHSc, MA(Q), PhD (ANMF Federal)
- Lucinda Woodward BScN, GC-CCH (ANMF Vic)

Review on behalf of the Lancet Countdown: Mahnoor Saeed, MMP, Ellen Connorton MPA, DSc and Marina Romanello MFPH, PhD.



For more of the latest data on health and climate change, you can find country data sheets by scanning the QR code.

References

1. Australian Government Department of Health and Aged Care. (2023). *National Health and Climate Strategy*. Commonwealth of Australia. <https://www.health.gov.au/resources/publications/national-health-and-climate-strategy>
2. Intergovernmental Panel on Climate Change (IPCC). (2022). *Climate Change 2022: Impacts, Adaptation and Vulnerability*. IPCC. <https://www.ipcc.ch/report/ar6/wg2/>
3. Clean Energy Regulator. (2026). *2024–25 Safeguard data*. Australian Government. <https://cer.gov.au/markets/reports-and-data/safeguard-data>
4. Australian Energy Council. (2026, July 2). *The Safeguard Mechanism Review is here – what does it mean for electricity?* <https://energycouncil.com.au/the-safeguard-mechanism-review-is-here-what-does-it-mean-for-electricity/>
5. Australian Government Department of Climate Change, Energy, the Environment and Water. (2026). *Safeguard Mechanism Review consultation paper*. Australian Government. <https://consult.dcceew.gov.au/2026-27-safeguard-mechanism-review>
6. Beggs, P. J., et al. (2025). The 2024 report of the MJA–Lancet Countdown on health and climate change: Australia emerging as a hotspot for litigation. *Medical Journal of Australia*, 222(6), 272–296. <https://doi.org/10.5694/mja2.52616>
7. Australian Institute of Health and Welfare. (2024). *Australia's health 2024: Extreme weather related injuries in Australia over the last decade*. <https://www.aihw.gov.au/reports/australias-health/extreme-weather-injuries>
8. Bhatta, M., Field, E., Cass, M., et al. (2023). Examining the heat health burden in Australia: A rapid review. *Climate*, 11(12), 246. <https://doi.org/10.3390/cli11120246>
9. Australian Government Department of Health and Aged Care. (2023). *National Health and Climate Strategy*. Commonwealth of Australia. <https://www.health.gov.au/resources/publications/national-health-and-climate-strategy>
10. Australian Climate Service. (2026). *Heat-health risks*. <https://www.acs.gov.au/pages/risks-heat-health>
11. Australian Government Department of Health, Disability and Ageing. (2025). *What Primary Health Networks do*. <https://www.health.gov.au/our-work/phn/what-PHNs-do>
12. Wylie, K., Foong, L. H., Loo, K., & Hamrosi, M. (2025). Heat health in general practice: An evidence-based approach to the prevention of heat-related illness. *Australian Journal of General Practice*, 54(1–2). <https://www1.racgp.org.au/ajgp/2025/january-february/heat-health-in-general-practice>
13. De Sain, R., Irwin, A., McGushin, A., Dryburgh, L., Cooper, G., & Skellern, M. (2025). *Estimates of Australian health system greenhouse gas emissions 2021–22*. Australian Centre for Disease Control. <https://www.cdc.gov.au/resources/publications/estimates-australian-health-system-greenhouse-gas-emissions-2021-22>
14. Fry, J., Bone, A., Hoogland, M., Pichler, P.-P., Webber, T., & Yokomizo, H. (2026). *Energy efficiency and decarbonisation pathways for Australian public hospitals*. *Circular Economy and Sustainability*. <https://doi.org/10.1007/s44498-026-00069-1>
15. Australian Government Department of Health and Aged Care. (2023). *National Health and Climate Strategy*. Commonwealth of Australia. <https://www.cdc.gov.au/resources/publications/national-health-and-climate-strategy>
16. Healthy Futures, & Lucid Consulting Australia. (2026). *All-Electric healthy hospitals: A cost benefit analysis*. Healthy Futures. https://www.healthyfutures.net.au/all_electric_healthy_hospitals