health emergency if it is accompanied by an explicit statement from authors that they had shared data and results with authorities and legitimate bodies responding to the emergency at the earliest possible opportunity. Such a recommendation would provide a strong but not an onerous positive incentive.

The model for this suggestion is the farsighted decision by ICMJE journal editors not to accept trials that have not been prospectively registered. That decision transformed the availability of prospective trial information in the public domain. The simplest method for data sharing in health emergencies would be to require authors to make a statement that they had offered to share data and results and provide supporting evidence, which would be published alongside the paper.

As users, funders, and producers of research we are proud of the part the academic and public health community played alongside courageous clinical staff in helping to combat Ebola, as it has in other global health emergencies. Although those who did not share data and information at the earliest opportunity were a minority in this global effort, this failure was damaging. Many groups have responsibilities to improve data sharing in epidemics and health emergencies, but journal editors are in a strong position to provide positive incentives to share data early, and we would encourage them to do so actively.

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**Tackling climate change: the greatest opportunity for global health**

“Tackling climate change could be the greatest global health opportunity of the 21st century.” This finding, the central message of the second Lancet Commission on Health and Climate Change, attempts to answer the stark conclusion of the first Lancet Climate Change Commission, published in 2009—namely, that “Climate change is the biggest global health threat of the 21st century.”

When climate change is framed as a health issue, rather than purely as an environmental, economic, or technological challenge, it becomes clear that we are facing a predicament that strikes at the heart of humanity. Health puts a human face on what can sometimes seem to be a distant threat. By making the case for climate change as a health issue, we hope that the civilisational crisis we face will achieve greater public resonance. Public concerns about the health effects of climate change, such as undernutrition and food insecurity, have the potential to accelerate political action in ways that attention to carbon dioxide emissions alone do not.

To facilitate action to address the threat of climate change, our 2015 Commission on Health and Climate Change provides nine recommendations for governments to consider. They include: scaling up financing for climate-resilient health systems
worldwide; ensuring a rapid phase out of coal from the global energy mix; encouraging a transition to cities that support and promote healthy lifestyles for the individual and the planet; establishing the framework for a strong, predictable, and international carbon pricing mechanism; rapidly expanding access to renewable energy in low-income and middle-income countries; ensuring adequate local capacity and political support to develop low-carbon healthy energy choices; adopting mechanisms to facilitate collaboration between Ministries of Health and other government departments and empowering health professionals; agreeing and implementing an international agreement which supports countries in transitioning to a low-carbon economy; and investing in climate change and public health research.

Despite the optimism of the Commission, we recognise and acknowledge a widespread lack of awareness of climate change as a health issue. To overcome this gap in understanding, the 2015 Lancet Commission proposes the formation of an independent, international Countdown to 2030: Global Health and Climate Action coalition to monitor progress and action on the health dimensions of the climate crisis. Health professionals have a vital part to play in tackling the health impacts of climate change. The Commission calls on health professionals to lead the response to the health threats of climate change.

Tackling the health threats of climate change will also need an international multidisciplinary approach. The 2015 Lancet Commission represents a unique collaboration between European and Chinese academics, involving climate, social, political, and environmental scientists, geographers, experts in biodiversity and energy policy, engineers, economists, and, of course, health professionals. The Lancet Commission on Health and Climate Change has been led by both the University College London Institute for Global Health in the UK and Tsinghua University in China, with working meetings held and launch events planned in both London and Beijing. The Lancet has sought to foster collaboration between great universities and research institutes globally to address these neglected but serious threats to human health.

We have pledged our long-term support to the work of the two Lancet Climate Change Commissions. We will continue to engage actively in the campaign to address the health threats of climate change, using the best available science as a platform for our advocacy work. We will also continue our strategic collaboration with Commissioners and report the work of the Countdown to 2030 project every 2 years.

Climate change is the defining challenge of our generation. Health professionals must mobilise now to address this challenge and protect the health and wellbeing of future generations.

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