

Emergency action on climate and nature crisis cannot wait for the pandemic, says unprecedented joint editorial from health journals

Today medical, nursing, and public health journals across the world have simultaneously published an editorial calling for world leaders to take emergency action to transform societies and limit climate change, restore biodiversity, and protect health. The editorial will be published in over 200 leading journals, including *The Lancet*, the *East African Medical Journal*, the *Chinese Science Bulletin*, the *New England Journal of Medicine*, the *International Nursing Review*, the *National Medical Journal of India*, *The British Medical Journal*, the *Revista de Saúde Pública (Brazil)*, and the *Medical Journal of Australia*. Never have so many journals combined to publish the same editorial.

The editorial is being published in advance of the UN General Assembly, one of the last international meetings taking place before the (COP26) climate conference in Glasgow, UK in November. This is a crucial moment to urge all countries to deliver enhanced and ambitious climate plans to honour the goals of the Paris Agreement. In a year of Covid-19 and crucial environmental conferences, the editorial warns that the greatest threat to global public health is the continued failure of world leaders to take adequate action to keep the global temperature rise below 1.5°C and to restore nature.

Current promises are not enough

For decades, health professionals and health journals have warned of the severe and growing impacts on health from climate change and the destruction of nature. Heat related mortality, health impacts from destructive weather events and the widespread degradation of ecosystems essential to human health are just a few of the impacts that we are seeing more of due to a changing climate. These impacts disproportionately affect the most vulnerable, including children and the elderly, ethnic minorities, poorer communities and those with underlying health conditions.

The editorial warns that while recent targets to reduce emissions and conserve nature are welcome, they are not enough and are yet to be matched with credible short and longer term plans. It urges governments to intervene to transform societies and economies, for example by supporting the redesign of transport systems, cities, production and distribution of food, markets for financial investments, and health systems. Such investments will produce huge positive benefits, including high quality jobs, reduced air pollution, increased physical activity, and improved housing and diet. Better air quality alone would realise health benefits that easily offset the global costs of emissions reductions. These measures will also improve the social and economic determinants of health, the poor state of which may have made populations more vulnerable to the covid-19 pandemic.

Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization, said:

“The risks posed by climate change could dwarf those of any single disease. The COVID-19 pandemic will end, but there is no vaccine for the climate crisis. The IPCC report shows that every fraction of a degree hotter endangers our health and future. Similarly, every action taken to limit emissions and warming brings us closer to a healthier and safer future.”

Global cooperation hinges on wealthy nations doing more

The editorial argues that sufficient global action can only be achieved if high-income countries do far more to support the rest of the world and to reduce their own consumption. Developed countries must commit to increasing climate finance: fulfilling their outstanding commitment to provide \$100 billion a year, have a dual focus on mitigation and adaptation, including improving the resilience of health systems. Crucially, the editorial argues that this money should be provided in the form of grants, rather than loans, and should come alongside forgiving large debts, which constrain the agency of so many low-income countries. Additional funding must be marshalled to compensate for inevitable loss and damage caused by the consequences of the environmental crisis.

Any warming makes our planet more unsafe, and the recent IPCC report shows that until the world has reached net-zero greenhouse gases the planet will continue to warm. We are already seeing these impacts globally and we already know that the consequences of the environmental crisis fall disproportionately on those countries and communities that have contributed least to the problem. A business as usual scenario would spell disaster for the planet. Governments must seize this opportunity to put forward ambitious climate goals for the sake of our health, for people worldwide and future generations.

Professor Lukoye Atwoli, Editor-in-Chief of the East Africa Medical Journal, and one of the co-authors of the editorial, said:

"While low and middle income countries have historically contributed less to climate change, they bear an inordinate burden of the adverse effects, including on health. We therefore call for equitable contributions whereby the world's wealthier countries do more to offset the impact of their actions on the climate, beginning now, and continuing into the future."

Ambassador Aubrey Webson, Chair of the Alliance of Small Island States (AOSIS) and Ambassador, Antigua and Brabuda, and Permanent Representative to the United Nations, said:

"Our world is on the brink of climate chaos from the ravages of a warming world, and it will take extraordinary action to turn this around. Even at 1.5°C of warming, nobody is more at risk than the Small Island States. This editorial reiterates the demand that governments need to be doing more on reducing emissions and to ensure that we all transition to a just, equitable and fairer world. Equitable funding must be at the core of our response so that vulnerable nations like the Small Islands can have a fighting chance. We need developed countries to keep their promise to provide US\$ 100 billion in finance with a higher goal by 2025, and we also need to re-look the reality of what it will actually cost developing countries to implement the commitments we have undertaken in the Paris Agreement. This is not simply a matter of money. It is a matter of our actual survival."

Dr Fiona Godlee, Editor-in-Chief of The BMJ, and one of the co-authors of the editorial, said:

"Health professionals have been on the frontline of the Covid-19 crisis. And they are united in warning that going above 1.5C and allowing the continued destruction of nature will bring the next, far deadlier crisis. Wealthier nations must act faster and do more to support those countries already suffering under higher temperatures. 2021 has to be the year the world changes course - our health depends on it."

HE Sheikh Hasina, Prime Minister of Bangladesh and Chair of the Climate Vulnerable Forum, said:

"Every country must pursue an ambitious target to curb Greenhouse gas emissions to keep the global temperature-rise below 1.5°C. Developed nations should facilitate the green recovery of the CVF-V20 countries. Dedicated support is required for reducing the cost of capital and encouraging private sector participation. Strict implementation of the Paris Agreement is the only way to check global emissions and thereby global warming. The time to take action to save the planet is not tomorrow, but today."

Eric J. Rubin, M.D., Ph.D., Editor-in-Chief of The New England Journal of Medicine, and one of the co-authors of the editorial, said:

"The environment and health are inextricably intertwined. The changing climate is endangering us in many ways, including its critical impacts on health and health care delivery. As medical and public health practitioners, we have an obligation not only to anticipate new health care needs but also to be active participants in limiting the causes of the climate crisis."

Dr Peush Sahni, Editor-in-Chief of the National Medical Journal of India, and one of the co-authors of the editorial, said:

"The recent examples of extreme weather all over the globe have brought into focus the reality that climate change is. We must act now lest it is too late. We owe it to the future generations."

Dr Richard Smith, Chair of the UK Health Alliance on Climate Change, and one of the co-authors of the editorial, said:

"Health professionals have long been concerned about the harm to health from climate change, but our voices have not been heard clearly in the global debate. This unprecedented joint publication shows our global concern and how we want to be part of acting on climate change."

Notes for Editors

- This editorial was co-authored by 19 people, listed below, including the editors in chief of 17 health journals based around the world. It is supported - and will be published - by an international group of over 200 health journals. A full list of journals who are publishing is attached to this press release. It can also be found at: <https://www.bmj.com/content/full-list-authors-and-signatories-climate-emergency-editorial-september-2021>.
- The editorial co-authors are:
 - Lukoye Atwoli, editor in chief, *East African Medical Journal*
 - Abdullah H. Baqui, editor in chief, *Journal of Health, Population and Nutrition*
 - Thomas Benfield, editor in chief, *Danish Medical Journal*
 - Raffaella Bosurgi, editor in chief, PLOS Medicine
 - Fiona Godlee, editor in chief, *The BMJ* (British Medical Journal)
 - Stephen Hancocks, editor in chief, *British Dental Journal*
 - Richard Horton, editor in chief, *The Lancet*
 - Laurie Laybourn-Langton, senior adviser, UK Health Alliance on Climate Change
 - Carlos Augusto Monteiro, editor in chief, *Revista de Saúde Pública* (Brazil)
 - Ian Norman, editor in chief, *International Journal of Nursing Studies*
 - Kirsten Patrick, interim editor in chief, *CMAJ* (Canadian Medical Association Journal)
 - Nigel Praities, executive editor, *Pharmaceutical Journal*
 - Marcel GM Olde Rikkert, editor in chief, *Dutch Journal of Medicine*
 - Eric J. Rubin, editor in chief, *NEJM* (New England Journal of Medicine)
 - Peush Sahni, editor in chief, *National Medical Journal of India*
 - Richard Smith, chair, UK Health Alliance on Climate Change
 - Nicholas J. Talley, editor in chief, *Medical Journal of Australia*
 - Sue Turale, editor in chief, *International Nursing Review*
 - Damián Vázquez, editor in chief, *Pan American Journal of Public Health*
- The editorial has been coordinated by the UK Health Alliance on Climate Change (UKHACC), a coalition of leading UK health bodies including The Royal Colleges of Physicians, GPs and Surgeons, the Royal College of Nursing, the British Medical Association, the British Medical Journal, and *The Lancet*. Together UKHACC advocates on behalf of health professionals for responses to climate change which simultaneously protect and promote public health.
- The full text of the editorial has been attached with this press release.
- A collection of quotes from journal editors, health leaders (e.g. leaders of the WMA, International Council of Nurses etc.) and frontline health professionals can be found here: <https://docs.google.com/document/d/1qZ7C3EPebkxlrUrVmK6tp2u1iXRJQ3brLC2a4-uoZEE/>

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Appendix one: the editorial

Call for emergency action to limit global temperature increases, restore biodiversity, and protect health

Wealthy nations must do much more, much faster

Lukoye Atwoli, Editor in Chief, *East African Medical Journal*; Abdullah H. Baqui, Editor in Chief, *Journal of Health, Population and Nutrition*; Thomas Benfield, Editor in Chief, *Danish Medical Journal*; Raffaella Bosurgi, Editor in Chief, *PLOS Medicine*; Fiona Godlee, Editor in Chief, *The BMJ*; Stephen Hancocks, Editor in Chief, *British Dental Journal*; Richard Horton, Editor in Chief, *The Lancet*; Laurie Laybourn-Langton, Senior Adviser, *UK Health Alliance on Climate Change*; Carlos Augusto Monteiro, Editor in Chief, *Revista de Saúde Pública*; Ian Norman, Editor in Chief, *International Journal of Nursing Studies*; Kirsten Patrick, Interim Editor in Chief, *CMAJ*; Nigel Praities, Executive Editor, *The Pharmaceutical Journal*; Marcel GM Olde Rikkert, Editor in Chief, *Dutch Journal of Medicine*; Eric J. Rubin, Editor in Chief, *The New England Journal of Medicine*; Peush Sahni, Editor in Chief, *National Medical Journal of India*; Richard Smith, Chair, *UK Health Alliance on Climate Change*; Nicholas J. Talley, Editor in Chief, *Medical Journal of Australia*; Sue Turale, Editor in Chief, *International Nursing Review*; Damián Vázquez, Editor in Chief, *Pan American Journal of Public Health*.

The UN General Assembly in September 2021 will bring countries together at a critical time for marshalling collective action to tackle the global environmental crisis. They will meet again at the biodiversity summit in Kunming, China, and the climate conference (COP26) in Glasgow, UK. Ahead of these pivotal meetings, we—the editors of health journals worldwide—call for urgent action to keep average global temperature increases below 1.5°C, halt the destruction of nature, and protect health.

Health is already being harmed by global temperature increases and the destruction of the natural world, a state of affairs health professionals have been bringing attention to for decades.¹ The science is unequivocal; a global increase of 1.5°C above the pre-industrial average and the continued loss of biodiversity risk catastrophic harm to health that will be impossible to reverse.^{2,3} Despite the world's necessary preoccupation with covid-19, we cannot wait for the pandemic to pass to rapidly reduce emissions.

Reflecting the severity of the moment, this editorial appears in health journals across the world. We are united in recognising that only fundamental and equitable changes to societies will reverse our current trajectory.

The risks to health of increases above 1.5°C are now well established.² Indeed, no temperature rise is “safe.” In the past 20 years, heat related mortality among people aged over 65 has increased

by more than 50%.⁴ Higher temperatures have brought increased dehydration and renal function loss, dermatological malignancies, tropical infections, adverse mental health outcomes, pregnancy complications, allergies, and cardiovascular and pulmonary morbidity and mortality.^{5,6} Harms disproportionately affect the most vulnerable, including children, older populations, ethnic minorities, poorer communities, and those with underlying health problems.^{2,4}

Global heating is also contributing to the decline in global yield potential for major crops, falling by 1.8-5.6% since 1981; this, together with the effects of extreme weather and soil depletion, is hampering efforts to reduce undernutrition.⁴ Thriving ecosystems are essential to human health, and the widespread destruction of nature, including habitats and species, is eroding water and food security and increasing the chance of pandemics.^{3,7,8}

The consequences of the environmental crisis fall disproportionately on those countries and communities that have contributed least to the problem and are least able to mitigate the harms. Yet no country, no matter how wealthy, can shield itself from these impacts. Allowing the consequences to fall disproportionately on the most vulnerable will breed more conflict, food insecurity, forced displacement, and zoonotic disease—with severe implications for all countries and communities. As with the covid-19 pandemic, we are globally as strong as our weakest member.

Rises above 1.5°C increase the chance of reaching tipping points in natural systems that could lock the world into an acutely unstable state. This would critically impair our ability to mitigate harms and to prevent catastrophic, runaway environmental change.^{9,10}

Global targets are not enough

Encouragingly, many governments, financial institutions, and businesses are setting targets to reach net-zero emissions, including targets for 2030. The cost of renewable energy is dropping rapidly. Many countries are aiming to protect at least 30% of the world's land and oceans by 2030.¹¹

These promises are not enough. Targets are easy to set and hard to achieve. They are yet to be matched with credible short- and longer-term plans to accelerate cleaner technologies and transform societies. Emissions reduction plans do not adequately incorporate health considerations.¹² Concern is growing that temperature rises above 1.5°C are beginning to be

seen as inevitable, or even acceptable, to powerful members of the global community.¹³ Relatedly, current strategies for reducing emissions to net zero by the middle of the century implausibly assume that the world will acquire great capabilities to remove greenhouse gases from the atmosphere.^{14,15}

This insufficient action means that temperature increases are likely to be well in excess of 2°C,¹⁶ a catastrophic outcome for health and environmental stability. Crucially, the destruction of nature does not have parity of esteem with the climate element of the crisis, and every single global target to restore biodiversity loss by 2020 was missed.¹⁷ This is an overall environmental crisis.¹⁸

Health professionals are united with environmental scientists, businesses, and many others in rejecting that this outcome is inevitable. More can and must be done now—in Glasgow and Kunming—and in the immediate years that follow. We join health professionals worldwide who have already supported calls for rapid action.^{1,19}

Equity must be at the centre of the global response. Contributing a fair share to the global effort means that reduction commitments must account for the cumulative, historical contribution each country has made to emissions, as well as its current emissions and capacity to respond. Wealthier countries will have to cut emissions more quickly, making reductions by 2030 beyond those currently proposed^{20,21} and reaching net-zero emissions before 2050. Similar targets and emergency action are needed for biodiversity loss and the wider destruction of the natural world.

To achieve these targets, governments must make fundamental changes to how our societies and economies are organised and how we live. The current strategy of encouraging markets to swap dirty for cleaner technologies is not enough. Governments must intervene to support the redesign of transport systems, cities, production and distribution of food, markets for financial investments, health systems, and much more. Global coordination is needed to ensure that the rush for cleaner technologies does not come at the cost of more environmental destruction and human exploitation.

Many governments met the threat of the covid-19 pandemic with unprecedented funding. The environmental crisis demands a similar emergency response. Huge investment will be needed, beyond what is being considered or delivered anywhere in the world. But such investments will produce huge positive health and economic outcomes. These include high quality jobs, reduced air pollution, increased physical activity, and improved housing and

diet. Better air quality alone would realise health benefits that easily offset the global costs of emissions reductions.²²

These measures will also improve the social and economic determinants of health, the poor state of which may have made populations more vulnerable to the covid-19 pandemic.²³ But the changes cannot be achieved through a return to damaging austerity policies or the continuation of the large inequalities of wealth and power within and between countries.

Cooperation hinges on wealthy nations doing more

In particular, countries that have disproportionately created the environmental crisis must do more to support low- and middle-income countries to build cleaner, healthier, and more resilient societies. High income countries must meet and go beyond their outstanding commitment to provide US\$100 billion a year, making up for any shortfall in 2020 and increasing contributions to and beyond 2025. Funding must be equally split between mitigation and adaptation, including improving the resilience of health systems.

Financing should be through grants rather than loans, building local capabilities and truly empowering communities, and should come alongside forgiving large debts, which constrain the agency of so many low-income countries. Additional funding must be marshalled to compensate for inevitable loss and damage caused by the consequences of the environmental crisis.

As health professionals, we must do all we can to aid the transition to a sustainable, fairer, resilient, and healthier world. Alongside acting to reduce the harm from the environmental crisis, we should proactively contribute to global prevention of further damage and action on the root causes of the crisis. We must hold global leaders to account and continue to educate others about the health risks of the crisis. We must join in the work to achieve environmentally sustainable health systems before 2040, recognising that this will mean changing clinical practice. Health institutions have already divested more than US\$42 billion of assets from fossil fuels; others should join them.⁴

The greatest threat to global public health is the continued failure of world leaders to keep the global temperature rise below 1.5°C and to restore nature. Urgent, society-wide changes must be made and will lead to a fairer and healthier world. We, as editors of health journals, call for governments and other leaders to act, marking 2021 as the year that the world finally changes course.

Competing interests. All authors have completed the ICMJE conflict of interest form. FG serves on the executive committee for the UK Health Alliance on Climate Change and is a Trustee of the Eden Project. RS is the chair of Patients Know Best, has stock in UnitedHealth Group, has done consultancy work for Oxford Pharmagenesis, and is chair of the Lancet Commission of the Value of Death. The other authors declare no competing interests.

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Note: This editorial is being published simultaneously in many international journals. Please see the full list here: <https://www.bmj.com/content/full-list-authors-and-signatories-climate-emergency-editorial-september-2021>

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Appendix two: publishing journals

This editorial is being published simultaneously in the following journals:

Acta Orthopaedica et Traumatologica Turcica
Advances in Nursing Science
Advances in Nutrition
African Journal of Laboratory Medicine
Afro-Egyptian Journal of Infectious and Endemic Diseases
Age and Ageing
Alcohol and Alcoholism
Allergy
Alpha Psychiatry
American Journal of Clinical Pathology
American Journal of Health-System Pharmacy
American Journal of Hypertension
American Society of Microbiology
Animal Bioscience
Annals of African Surgery
Annals of Behavioral Medicine
Annals of Oncology
Annals of Public Health
Annals of the Rheumatic Diseases
Annals of the Royal College of Surgeons of England
Archives of Disease in Childhood
Archives of the Turkish Society of Cardiology
Asia Pacific Journal of Public Health
Balkan Medical Journal
Belgian Journal of Medicine
Biosis: Biological Systems
BJOG
BMJ Case Reports
BMJ Evidence-Based Medicine
BMJ Global Health
BMJ Health & Care Informatics
BMJ Innovations
BMJ Leader
BMJ Military Health
BMJ Nutrition, Prevention & Health
BMJ Open
BMJ Open Gastroenterology
BMJ Open Ophthalmology
BMJ Open Quality
BMJ Open Respiratory Research
BMJ Open Science
BMJ Open Sport & Exercise Medicine
BMJ Paediatrics Open
BMJ Quality & Safety
BMJ Sexual & Reproductive Health

BMJ Supportive & Palliative Care
BMJ Surgery, Interventions, & Health Technologies
Bosnian Journal of Basic Medical Sciences
Brain
Brain Communications
British Dental Journal
British Journal of Clinical Pharmacology
British Journal of General Practice
British Journal of Ophthalmology
British Journal of Sports Medicine
British Medical Bulletin
Bulletin of the World Health Organization
Cadernos de Saúde Pública
Canadian Journal of Respiratory Therapy
Canadian Medical Association Journal
Cardiovascular Research
Caribbean Medical Journal
Chinese Science Bulletin
CIN: Computers, Informatics, Nursing
Clinical Medicine
Croatian Medical Journal
Crohn's & Colitis 360
Cureus Journal of Medical Science
Current Developments in Nutrition
Danish Medical Journal
Diseases of the Colon & Rectum
Dutch Journal of Medicine
East African Medical Journal
EBioMedicine
EClinicalMedicine
Emergency Medicine Journal
EP Europace
European Heart Journal
European Heart Journal - Acute Cardiovascular Care
European Heart Journal - Cardiovascular Imaging
European Heart Journal - Case Reports
European Heart Journal - Digital Health
European Heart Journal - Quality of Care and Clinical Outcomes
European Heart Journal – Cardiovascular Pharmacotherapy
European Journal of Cardio-Thoracic Surgery
European Journal of Cardiovascular Nursing
European Journal of Hospital Pharmacy
European Journal of Preventive Cardiology
European Journal of Public Health
Evidence-Based Mental Health
Evidence-Based Nursing
Family Medicine and Community Health
Family Practice
Finnish Medical Journal
Frontline Gastroenterology

Gaceta Sanitaria
Gastrointestinal Nursing
General Psychiatry
Global Health Action
Global Heart
Global Journal of Medicine and Public Health
Health Policy and Planning
Health Promotion International
Health Promotion Journal of Australia
Heart
Huisarts en wetenschap
Human Molecular Genetics
Human Reproduction
IJQHC Communications
Indian Journal of Medical Ethics
Indian Journal of Medical Research
Inflammatory Bowel Diseases
Injury Prevention
Innovation in Aging
Integrated Healthcare Journal
International Journal of Epidemiology
International Journal of Gynaecology & Obstetrics
International Journal of Gynecological Cancer
International Journal of Health Policy and Management
International Journal of Integrated Care
International Journal of Medical Students
International Journal of Nursing Studies
International Journal of Older People Nursing
International Journal of Pharmacy Practice
International Nursing Review
JAMIA Open
JMIR Public Health & Surveillance
JNCI Cancer Spectrum
Journal of Child Health Care
Journal of Clinical Pathology
Journal of Crohn's and Colitis
Journal of Epidemiology & Community Health
Journal of Health and Caring Sciences
Journal of Health, Population and Nutrition
Journal of Medical Ethics
Journal of Medical Genetics
Journal of Medical Imaging and Radiation Sciences
Journal of Nepal Paediatric Society
Journal of Neurology Neurosurgery & Psychiatry
Journal of Open Health Data
Journal of Pharmaceutical Health Services Research
Journal of Pharmacy and Pharmacology
Journal of Public Health
Journal of Surgical Case Reports
Journal of Surgical Protocols and Research Methodologies

Journal of the American Medical Informatics Association
Journal of the Medical Association of Thailand
Journal of the National Cancer Institute
Journal of the Norwegian Medical Association
Journal of the Royal Society of Medicine
Journal of Travel Medicine
Journal of Tropical Pediatrics
Journal of Turkish Society of Microbiology
Kafkas Universitesi Veteriner Fakültesi Dergisi
Khyber Medical University Journal
La Revista Universitas Medica
Lab Medicine
Medical Humanities
Medical Journal of Australia
Medical Mycology
Medwave
Nephrology Dialysis Transplantation
Neuro-Oncology Advances
Neuro-Oncology Practice
Neurology
New England Journal of Medicine
Nicotine & Tobacco Research
Nurse Author & Editor
Nursing Inquiry
Nutrition Reviews
Occupational and Environmental Medicine
Occupational Medicine
Oxford Open Climate Change
Oxford Open Immunology
Pacific Rim Journal of International Nursing Research
Paediatrics & Child Health
Palliative Medicine
Pan American Journal of Public Health
Pediatric Infectious Disease Society of the Philippines Journal
Pediatric Nursing
The Pharmaceutical Journal
PLOS Medicine
Postgraduate Medical Journal
Psychiatry and Clinical Psychopharmacology
PTJ: Physical Therapy & Rehabilitation Journal
Revista de la Facultad de Medicina Humana
Revista de Saúde Pública
Rheumatology
RMD Open
Schizophrenia Bulletin
Schizophrenia Bulletin Open
Sexually Transmitted Infections
SLEEP
SLEEP Advances
Stroke and Vascular Neurology

The American Journal of Clinical Nutrition
The BMJ
The Gerontologist
The Journal of Climate Change and Health
The Journal of Nutrition
The Journals of Gerontology, Series A
The Lancet
The Lancet Child & Adolescent Health
The Lancet Global Health
The Lancet Microbe
The Lancet Planetary Health
The Lancet Psychiatry
The Lancet Public Health
The Lancet Regional Health - Americas
The Lancet Regional Health - Europe
The Lancet Regional Health - Western Pacific
The National Medical Journal of India
The Pan-American Journal of Ophthalmology
Thorax
Tobacco Control
Translational Behavioral Medicine
Tropical Journal of Pharmaceutical Research
Turkish Archives of Otorhinolaryngology
Turkish Archives of Pediatrics
Turkish Journal of Anaesthesiology and Reanimation
Turkish Journal of Biochemistry
Turkish Journal of Cardiovascular Nursing
Turkish Journal of Orthodontics
Turkish Thoracic Journal
Veterinary Record
VOICE
Western Journal of Emergency Medicine
Women's Healthcare: A Clinical Journal for NPs
World Journal of Pediatric Surgery

In addition, the following journals are supporting the editorial

American Family Physician
International Journal of Cancer
Journal of Manipulative and Physiological Therapeutics
Pakistan Journal of Medical Sciences
Philippine Journal of Otolaryngology Head and Neck Surgery
The Lancet Digital Health
The Lancet Gastroenterology & Hepatology
The Lancet Haematology
The Lancet Healthy Longevity
The Lancet HIV
The Lancet Respiratory Medicine
The Lancet Rheumatology
Open Journal of Bioresources
Veterinary Anaesthesia and Analgesia

Journal of Advanced Nursing
Journal of Clinical Nursing
Nursing Open
Revista Venezolana de Salud Pública
Revista Médica del Uruguay
Revista Argentina de Salud Pública