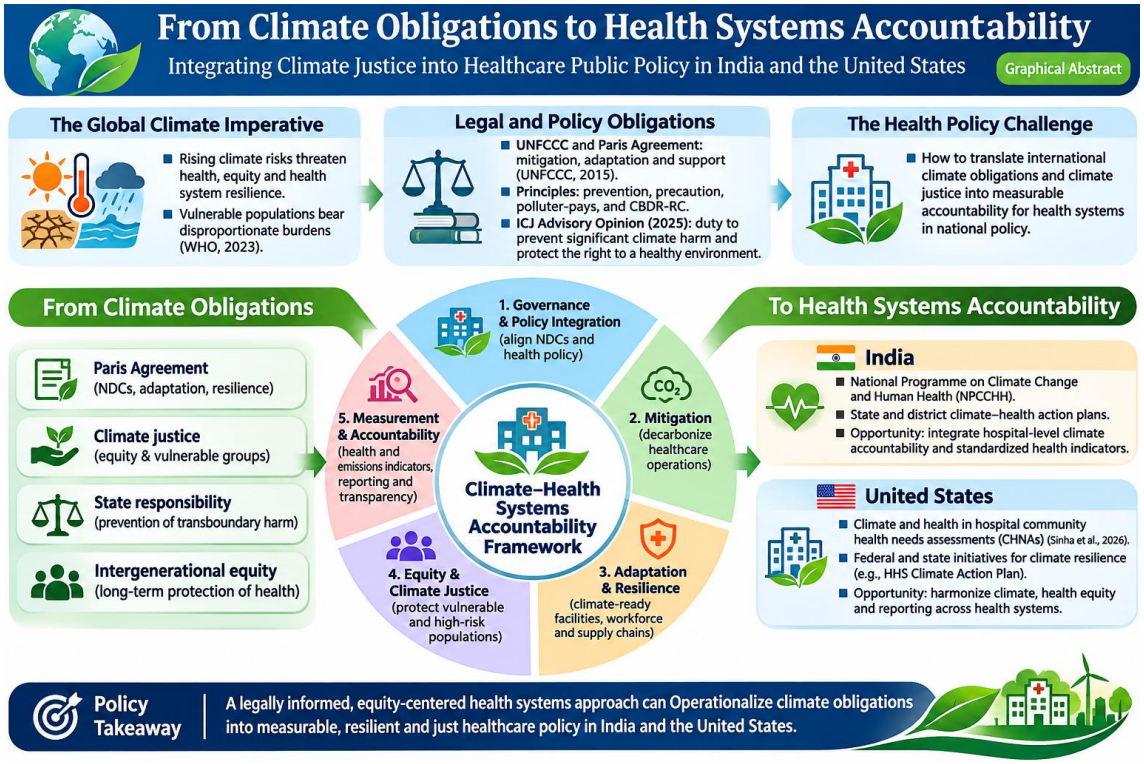
IOSR Journal of Environmental Science, Toxicology and Food Technology (IOSR-JESTFT)
e-ISSN: 2319-2402, p- ISSN: 2319-2399.Volume 20, Issue 11 Ser. I (November 2026), PP 30-33
www.iosrjournals.org

From Climate Obligations to Health Systems Accountability: Integrating Climate Justice into Healthcare Public Policy in India and the United States

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Abstract
Climate change is a shared responsibility to protect public health, sustain health care delivery and reduce the health sector's contribution to environmental impacts. International legislation on climate is progressively defining the obligations of States, but the implementation at the facility level is not homogeneous. This perspective draws upon doctrines of international law, the advisory judgment of the International Court of Justice of 2025, advice from the World Health Organization, and select policy formulations in India and the United States. The paper proposes a Climate-Health Systems Accountability Framework that links legal obligations to risk assessment, equity-oriented service continuity, sustainable operations, transparency in metrics and public accountability. The framework is a normative recommendation and not an instrument that has been experimentally validated. The comparative application may enhance the operational meaning of climate justice in the health care sector.

Date of Submission: 02-11-2026 Date of Acceptance: 12-11-2026



Graphical Abstract: Climate–Health Systems Accountability Framework: Translating Global Climate Obligations into Healthcare Policy : An integrated framework connecting climate law, governance, mitigation, adaptation, equity, and accountability to strengthen resilient healthcare systems and advance climate justice across India and America.

Keywords*: environmental equity; healthcare frameworks; responsibility; India; United States; climatic adaptability; governmental policy*

I. Introduction

Climate change is a determinant of health and a risk to the agencies responsible for protecting it. Existing inequalities may be exacerbated by higher temperatures, flooding, damaged infrastructure, broken supply chains and changing disease patterns. The World Health Organization (WHO, 2023) advocates for climate-resilient and low-carbon health systems. The policy question is not only whether governments recognize the damage caused by climate change, but also about the distribution, financing, assessment and evaluation of responsibilities at the national, subnational and health institution levels.

International environmental law lays a foundation of prevention, precaution, cooperation, intergenerational equity and common but differentiated duties and respective capabilities (CBDR-RC) . These concepts form the core of the course literature that supports this synthesis, and the point made here is that the public health implications of these concepts need a structured accountability framework and not the spontaneous benevolence of institutions.

From international duties to operational obligations

The Paris Agreement establishes a common temperature target and nationally determined climate action within a common procedural architecture (United Nations, 2015). The International Court of Justice (ICJ, 2025) in its advisory opinion of 23 July 2025 clarified the responsibilities of states under climate agreements, customary international law and relevant human rights law, including obligations of due diligence and cooperation. The advisory opinion is not a binding judgment between parties to litigation, but its interpretation provides an authoritative basis for judging the conduct of states.

These state-level responsibilities should not be read as imposing a new international legal obligation on every hospital right away. Or, alternatively, domestic legislation, financial restrictions, certification standards, procurement procedures and public reporting can render the larger tasks as practical expectations. This translation is especially important in settings where vulnerable populations are at greatest risk and least able to cope with disruptions in treatment.

India and the United States: distinct entry points

India's National Program on Climate Change and Human Health (NPCCHH) aims to build capacity and preparedness in public health to reduce climate-related illness, mortality, injury and vulnerability (National Center for Disease Control [NCDC], n.d.). But implementation must extend beyond awareness to facility-level risk assessments, robust infrastructure, surveillance, personnel preparedness and locally appropriate financing. The Council on Energy, Environment and Water (CEEW, 2024) stresses in a policy analysis the need for stronger asset-level assessment and adaptation planning for healthcare infrastructure.

The United States has a different institutional entry point: hospital community health needs assessments (CHNAs) and related community-benefit planning. Locke et al. (2026) examined how climate-related health issues are addressed in a national sample of 566 CHNAs drawn from 2021–2024 and found that federal CHNA standards do not explicitly mandate that they be included. Hence, the presence of a national program or an established reporting framework should not be equated with demonstrable climate-health accountability.

Proposed Climate–Health Systems Accountability Framework

Five interrelated domains can help make climate justice actionable. First, risk disclosure: Hospitals and health authorities should disclose risks, dependencies on services, vulnerable populations and anticipated disruptions. Second, equity-weighted continuity: preparedness should be targeted to services and communities that would be disproportionately affected by disruption, such as emergency care, maternal services, dialysis and chronic disease management. Third, mitigation with safeguards: reforms of energy, procurement, transport and waste should lower emissions without compromising safe clinical treatment. Fourth, measurable performance: organizations must measure the reliability of backup power, water supply continuity, heat presentations, disruption of critical services, personnel readiness and greenhouse gas benchmarks. Fifth, public accountability: funding, remedial actions, community engagement and regular independent evaluations should be based on results (Figure1).

The WHO (2023, 2024) operational advice supports integration of resilience and environmental sustainability but the five-domain structure and the above indicators are the author's proposed synthesis. Indicators should be

risk-adjusted, achievable in resource-limited facilities and validated before being used as punitive accrediting thresholds.

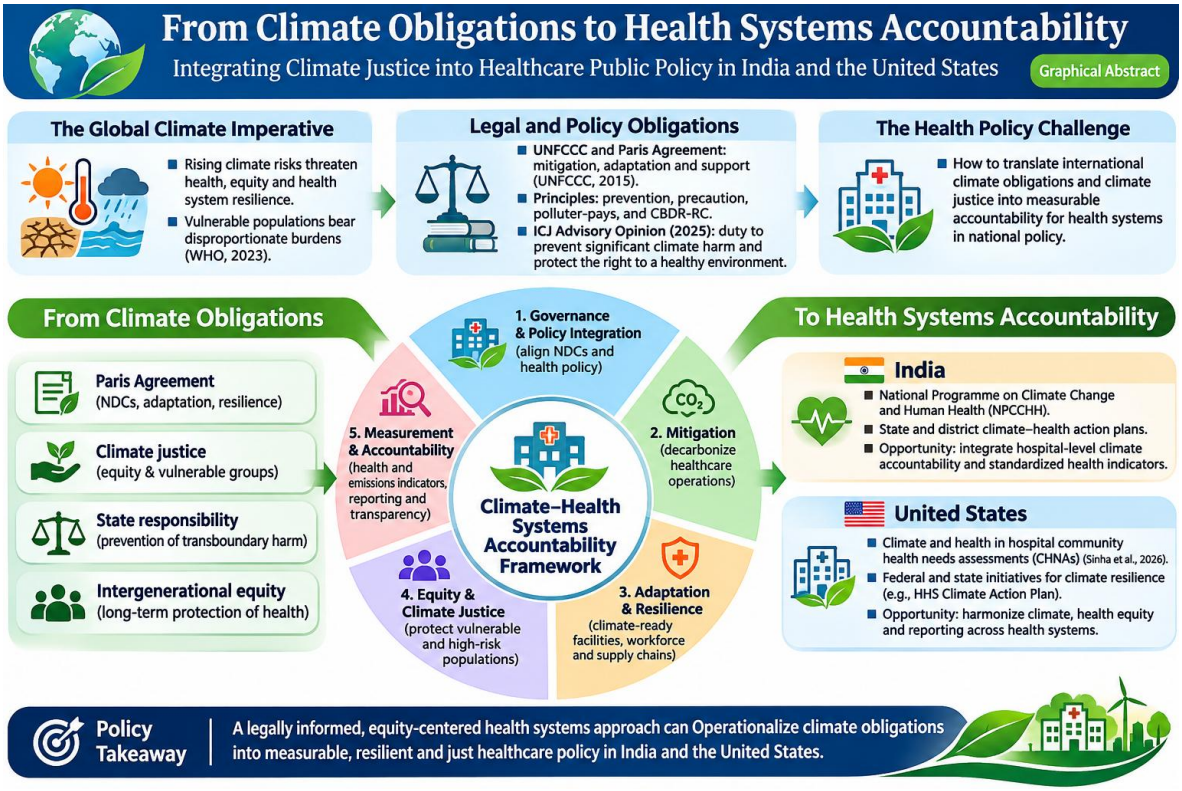


Figure 1. Proposed Climate–Health Systems Accountability Framework : An integrated framework linking climate obligations with governance, mitigation, adaptation, equity, and measurable accountability to strengthen healthcare resilience, environmental justice, and sustainable health policy.

Policy consequences and research agenda

In India, a pilot could integrate district climate-health planning with quality improvement dashboards at facility-level and disaster preparedness. In the US, Community Health Needs Assessments might be systematically incorporating climate exposure, at-risk populations, and resilience strategies. India–US bilateral research could look at common basic measures, but allow for different regulatory and finance approaches. Rather than assuming that more reporting automatically leads to better outcomes, a staged mixed-method evaluation should consider feasibility, data completeness, equity implications, service continuity and implementation cost.

The comparison hypothesis is that readiness can be improved and climate commitments can be made more evident in health care delivery by legally informed, equity-sensitive accountability. This remains a hypothesis requiring future testing rather than an established causal conclusion.

II. Conclusion

Climate justice in healthcare is relevant when global responsibilities are translated into institutional responsibilities that are specific, adequately resourced and audit-able. India and the United States provide different settings for assessing such translation. A context-specific collaborative accountability structure could connect climate legislation with health system resilience and measurable public policy outcomes.

Disclosures

Contribution of authors : AMS- Concept development and literature review, manuscript Writing.
Acknowledgement: Centre for Science and Environment (CSE), New Delhi, USIEF(Kolkata), India
Financial Disclosures: Sarosij Ray and Nandarani Ray Research Support Fund
Conflicts of Interest: There are no conflicts of interest.
Ethical declaration: This material is the authors' own original work, which has not been previously published elsewhere.

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