inevitably unreliable, but that does not mean that the *total* numbers of malaria deaths are correspondingly unreliable.[4] The main question is whether the overall proportion of deaths ascribed to malaria was at least approximately correct. The case series described by your correspondents do not directly address this; most are hospital-based (and therefore underestimate the relative importance of malaria as a cause of death in untreated patients) and, importantly, none includes a representative sample of all deaths. Hence, although N K Shah and colleagues suggest a case-fatality rate of only 0·1–0·3% for *P falciparum*, the true risk of death in rural untreated individuals with fever due to *P falciparum* could well be an order of magnitude higher.

Our study provides substantial evidence that malaria causes far more deaths in rural India than had previously been estimated by indirect methods; it also shows that there are even larger numbers of avoidable rural deaths from acute febrile illnesses other than malaria.

We declare that we have no conflicts of interest.

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Doctors talk climate change—students take action

Ian Roberts and Robin Stott (Nov 27, p 1801)[1] call for collective action from health professionals against the causes of climate change. Students can have a vital role in the debate on the effects of climate change on health.

The International Federation of Medical Students' Associations (IFMSA) represents more than 1·2 million medical students from more than 100 countries. Climate change is a key policy focus of the federation, which pursues meaningful political action in the national and international arenas. Students have developed intensive workshops on climate change and health. Run all over the world, these aim to empower more students with the skills needed for meaningful action. Attendees are encouraged to lead by personal example and influence the institutions where we study and work to reduce emissions. In Australia, for example, educational videos and posters cover the hospital common rooms, announcing a "Code green emergency".[2]

On the national scene, medical students urge ministers of health to discuss the health-related effects of climate change with their environment and energy ministers. In the UK, for example, medical students have targeted the general public through a petition and their politicians by marching in front of Parliament.[3]

On the basis of our experiences, we urge the following:

(1) Climate change and its effect on health should be included in students' core medical curricula.[4] Future doctors should become familiar with the scientific evidence and be comfortable with their role in society as public health advocates.

(2) Health professionals as individuals and their representative organisations must lobby their local and national authorities to reduce emissions. The Climate and Health Council can have a mediating role in this process.

(3) Human health should be on the agenda of the international negotiations in the upcoming UN 17th Conference of Parties in Durban, South Africa, so as to achieve a fair, ambitious, and legally binding global treaty.

If we ignore the initial symptoms of climate change, the effects on health become greater. If we fail to adapt to climate change adequately, we as future physicians will be the first to cope with the catastrophic consequences.

For the **IFMSA** website see http://www.ifmsa.org/

We declare that we have no conflicts of interest.

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Health benefits of policies to mitigate climate change

The Comment on health co-benefits of policies to tackle climate change (Nov 27, p 1802)[1] is timely in reinforcing points made in earlier publications in *The Lancet*. It is also an encouraging example of how academies, through their