The development of a Health and Wellbeing Climate Adaptation Plan (H-CAP)

An overview of the issue, stakeholders, risks, and responses
Who is leading this work?

National Climate Change Adaptation Research Facility (NCCARF)

Climate and Health Alliance (CAHA)

engaged by the Department of the Environment and Science (DES) to develop a health and wellbeing climate adaptation plan (H-CAP)

in partnership with those providing healthcare, childcare and aged care in Queensland.
Who is the health and wellbeing community (target audience)?

Who are we talking to in development of plan?

• Steering Committee includes Queensland Health, QCOSS, NRMRQ (Regional Groups Collective)

• Stakeholders include: hospitals, primary health services, public health, aged care and childcare services, health unions, researchers, academics, and you!
What we hope to achieve

• A **high level framework** to guide health and wellbeing sector decision-making in addressing climate change and associated health impacts

• **Innovation and resilience** in managing the risks associated with a changing climate

• **Harness the opportunities** provided by action to respond

• Build on existing policy & establish **key directions** for future
One of those existing policy frameworks

- A high level framework to guide government policy and decision-making
- Intended to support the development of policy responses to help Australia mitigate and adapt to minimise the threats to health from climate change
- Provides a framework against which to report against the Lancet Countdown indicators
- Supports Australia to meet its commitments under the Paris Agreement
Launch in Parliament House in Canberra – July 2017

Framework for a Climate Health and Wellbeing Strategy for Australia
What do we know about climate change and the health and wellbeing sector?

Figure 2: The direct and indirect effects of climate change on health and wellbeing
Health and well-being services in Qld are vulnerable

• Extreme weather can cause interruptions to essential services (eg Cyclone Larry in 2006 caused closure of Innisfail Hospital)

• Heatwaves cause surges in demand – increases in heat stress, heart attacks

• Post event trauma often a significant health impact – family violence, mental health (eg 2011 floods ‘intangible’ costs $7.4 billion)
What have we heard so far?

We’ve heard from:

• Primary health care services, community health, women’s health, academic institutions, aged care, childcare (60% over 100 staff)
• 64% highly aware of health risks from climate change; 33% some level awareness)
• 5% have undertaken any risk assessment
• 34% concerned about risks to assets; 43% concerned re risks to safety and quality of care
• 50% said biggest challenge managing complex interactions
• Lack of awareness / information preventing best possible decisions
• 62% engaged in some adaptation activities
Recent literature on infrastructure vulnerability

- Underfunded building and infrastructure maintenance and capital works
- Poor road access for new patients and back-up medical supplies
- Generators built in basements prone to flooding
- Lack of accommodation for staff trapped on site
- Poor coordination with other emergency and health agencies such as aged care
- Access roads being cut off
- Health facilities managers being excluded from disaster management and planning
- Many processes that actually help services cope are informal and not built into plans

Loosemore, M, and Chand, A. Barriers To Building Resilience To Extreme Weather Events In Australian Hospitals, UNSW. Available at: http://www.arcom.ac.uk/-docs/proceedings/6f43d85eb7a4398cc685ba4988a57e28.pdf
Health co-benefits from air pollution and mitigation costs of the Paris Agreement: a modelling study

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Abstract

Although the co-benefits from addressing problems related to both climate change and air pollution have been recognised, there is not much evidence comparing the mitigation costs and economic benefits of air pollution reduction for alternative approaches to meeting greenhouse gas targets. We analysed the extent to which health co-benefits would compensate the mitigation cost of achieving the Paris Agreement target of holding the increase in global average temperature to well below 2.0°C.

Introduction

The Paris Agreement on climate change entered into force in November 2016, and the global target of keeping global average temperature increase below 2.0°C was agreed upon in 2015. The costs of implementing the Paris Agreement are significant, and the question arises whether the economic benefits of health co-benefits can offset these costs.

Background

The health co-benefits of reducing air pollution are well-documented, and the global burden of disease from air pollution is estimated to be the highest for low- and middle-income countries, where air pollution is a major killer. The potential for health co-benefits to offset the costs of climate change mitigation has been highlighted in various studies, and the role of health co-benefits in the Paris Agreement is under consideration.

Methods

We used a comprehensive modelling approach to estimate the costs of implementing the Paris Agreement and the associated health co-benefits. The models used were based on the Intergovernmental Panel on Climate Change (IPCC) and the Global Burden of Disease Study (GBD) databases.

Results

The estimated cost of implementing the Paris Agreement was US$22-42 trillion, while the estimated health co-benefits were US$12-33 trillion. The health co-benefits were found to be more significant in low- and middle-income countries, where air pollution is a major killer.

Discussion

The results suggest that the health co-benefits of reducing air pollution can significantly offset the costs of implementing the Paris Agreement, particularly in low- and middle-income countries. This finding supports the inclusion of health co-benefits in the Paris Agreement as a means of enhancing its effectiveness.

Conclusion

The health co-benefits of reducing air pollution can significantly offset the costs of implementing the Paris Agreement, particularly in low- and middle-income countries. This finding supports the inclusion of health co-benefits in the Paris Agreement as a means of enhancing its effectiveness.
Risk assessment

• Risk assessment is vital for evaluating scale and extent of risk – including assessment of vulnerable populations (can be done at state-wide as well as regions and local catchment)

• Legal implications – the recent Hutley legal opinion states that directors of boards (including health sector boards) who fail to account for climate risk in their strategic and operational plans could be found *personally liable* in a court

• Lack of guiding policy and few risk assessments being conducted means services don’t know what they don’t know
Adaptation must also include mitigation

• Hospitals and health services are contributing to climate change (e.g. health sector is responsible for 7% of national emissions)

• Building resilience / adaptation to climate change must also include transitioning to low carbon operations (state commitments to net zero emissions by 2050 cannot begin in 2030 or 2040…)

• Choose no regrets/ win-win-win options
Examples of how (some) hospitals and health services are responding

Global Green and Healthy Hospitals Network

Free to join!
Only Health Care members
• Hospitals
• Health Systems
• Health Care Organisations

Request to be a member via:
www.greenhospitals.net
Examples of how (some) hospitals and health services are responding

- Australian and New Zealand hospitals and health services that are part of the Global Green and Healthy Hospitals network are building resilience, reducing emissions, and promoting public health by:
  - Securing their energy supply
  - Improving energy efficiency
  - Promoting healthier, low emissions transport
  - Raising awareness with staff engagement programs
  - Minimising waste, recycling, influencing suppliers
  - Undertaking risk assessment
Members of the Global Green and Healthy Hospitals network contribute case studies to inform others and spur progress towards a global best practice for low carbon, climate resilient healthcare (seen here in AHHB).
What do we know - and what don’t we know

• The evidence suggests (most) health services are not yet preparing to adapting to climate change – despite being impacted

• This poses risks to safety and quality and continuity of care

• Australia is lagging behind other nations in responding to the health impacts of climate change

• CAHA consultation revealed serious concerns
Policy recommendations from national Framework

• Evaluate the economic savings from additional health benefits associated with a range of emissions reductions strategies

• Ensure health professionals are able to recognise, prepare for and respond to the health impacts of climate change through education and training

• Include evaluation of climate risks, where relevant, in health policy development (federal, state and municipal levels) including areas such as health infrastructure, population and community health, the health workforce and safety and quality of care
Indicator categories & examples (country level)

1. Climate Change Impacts, Exposures and Vulnerability
   – E.g. health effects of heatwaves, Change in labour capacity,
2. Adaptation Planning and Resilience for Health
   – E.g. Detection and early warning, preparedness for climate health emergencies; Climate information services for health
3. Mitigation Actions and Health Co-benefits
   – E.g. Healthcare sector emissions, Clean fuel use for transport
4. Economics and Finance
   – E.g. Economic losses due to climate related extreme events, Spending on adaptation for health and health related activities
5. Public and Political Engagement
   – E.g. media coverage of health and climate change