



CLIMATE<sup>AND</sup>  
HEALTH  
ALLIANCE

## Submission to the Review of Australia's Climate Change Policies

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## About the Climate and Health Alliance

The Climate and Health Alliance (CAHA) is a not-for-profit organisation that is a national alliance of organisations and people in the health sector working together to raise awareness about the health risks of climate change and the health benefits of emissions reductions.

CAHA's members recognise that health care stakeholders have a particular responsibility to the community in advocating for public policy that will promote and protect human health.

Membership of the Climate and Health Alliance includes a broad cross section of the health sector with 28 organisational members, representing hundreds of thousands of health care professionals from a range of disciplines, health care service providers, institutions, academics, researchers, and health consumers.

The Climate and Health Alliance, as its name suggests, is concerned with the health threats from climate change, and the organisation works to raise awareness of those risks and advocate for effective societal responses, including public policies, to reduce risks to health.

The Climate and Health Alliance has produced a number of reports and publications. It produced the [Coal and Health in the Hunter: Lessons from One Valley for the World](#) report in 2015; led the development of the multi-stakeholder [Joint Position Statement and Background Paper on Health and Energy Choices](#) in 2014; produced the joint report '[Our Uncashed Dividend](#)' with The Climate Institute in 2012 on the health benefits of reducing greenhouse gas emissions; conducted a national [Roundtable on the Health Implications of Energy Policy](#); prepared a [Briefing Paper](#) on the same topic; produced a film on the risks to health and climate from coal and gas, [The Human Cost of Power](#); conducted a national [Forum on Climate and Health: Research, Policy and Advocacy in 2013](#); jointly hosted a [Public Seminar on Protecting Health from Climate Change](#) in 2014; organised the [2015 Our Climate Our Health Seminar](#), featuring an innovative thought experiment: [Imagining 2030 as a healthy low carbon world](#); and contributes to conferences, community dialogues, and forums, both nationally and internationally on these issues.

For more information about the membership and governance of the Climate and Health Alliance, please see Appendix A. For further information see [www.caha.org.au](http://www.caha.org.au)

## Introduction

Australians are particularly vulnerable to the changing climate. Our communities will be affected by the increased risk of heat-related illnesses and deaths, impacts from food and water insecurity, occupational health impacts, mental illness and stress associated with environmental damage and concern about climate change, domestic violence following disasters, and increased respiratory and cardiovascular diseases [1-3].

To date, human health has been afforded a lack of priority in Australia's national mitigation and adaptation policy and strategy actions. As such, Australia's health sector is underprepared to deal with the health risks associated with climate change, and equally, to capitalise on the benefits of mitigation actions. Communities have been left anxious about the inability of the healthcare system to respond to recent events such as Melbourne's November 2016 thunderstorm asthma event and the 2011 Queensland floods.

CAHA would like to address the terms of reference of the inquiry as follows:

### **1. The opportunities and challenges of reducing emissions on a sector-by-sector basis.**

Tackling climate change has been described as the greatest global health opportunity of the 21st century [4]. Many climate change mitigation and adaptation policies offer significant co-benefits that will result in reduced rates of obesity, diabetes, cardiovascular and respiratory disease, improved life expectancy and reduced burden on health care systems. These additional co-benefits serve as further evidence that climate change action should not be viewed as a cost, but rather as an opportunity to reduce the social and economic burden of ill-health while making accelerated progress towards climate goals.

Countries such as the United States and member nations of the EU are already harnessing these co-benefits. The European Commission estimates that reduced air pollution from climate change mitigation policies could deliver health benefits of up to €38 billion per year by 2050 [5]. The US Environmental Protection Agency estimates that the health benefits from implementing the Clean Power Plan could result in a

total of 3600 fewer premature deaths and 90,000 fewer paediatric asthma attacks in 2030 alone, resulting in an annual economic saving of up to \$54 billion [6]. The human health benefits associated with air quality improvements from these policies can offset the cost of implementation by up to ten times, even before the inclusion of other economic benefits such as avoided damage to agriculture or public buildings and infrastructure from corrosive pollutants [7].

The health co-benefits of a transition to a decarbonised economy are immense and readily achievable [4]. Australia's vast renewable energy potential is well documented, and numerous scenarios modeling a transition to 100% renewable energy have demonstrated our capacity to do so in a short time frame [8, 9].

CAHA notes that the sectors that must be addressed with urgency are those which contribute the most to Australia's greenhouse gas emissions – namely the energy, transport and agriculture sectors [10].

With particular regard to assisting the health sector to respond to climate change, there is a need to create a supportive environment through policy to encourage and obligate the health sector to mitigate. Specific programs to support the implementation of environmental sustainability and low carbon initiatives in healthcare services are needed to improve sector resilience, reduce emissions, and prevent public health risks associated with climate change.

Measures for investing in sustainable healthcare and preparing the health sector to deal with existing and future health effects of climate change include:

- Establishment of a national sustainable health care unit within the Commonwealth Department of Health to support the health sector to implement sustainability initiatives through the provision of tools, resources and guidance, to provide leadership and direction to state and territory initiatives, and to collect and report national data on health care sustainability performance;
- Establishment of state and territory health care sustainability units tasked with: 1) Establishing appropriate metrics, 2) Measuring the carbon and environmental footprint of health services, and 3) Supporting health organisations within their jurisdiction to reduce and monitor their carbon emissions and environmental impacts;
- Establish connections between health organisations, as well as international

partners and non-health sector institutions, to support the development of innovative, low-carbon models of care which may include: the judicious use of resources and reducing clinical waste, information communication technology, broadening primary and community care, and the use of social capital;

- Supporting health services to use renewable energy and reduce carbon emissions in the healthcare procurement supply chain, addressing emissions in manufacturing of healthcare equipment, reducing emissions through use of building space, heating and cooling and subsequently deliver substantial emissions reductions;
- Ensuring disaster management plans are developed in consultation with communities, using the expertise of first responders and health professionals, and reflecting specific localised risks of natural disasters and epidemics; and
- The development of a climate resilience national health performance standard;
- Mandating the inclusion of health and climate change science in all health professional curricula; and
- Investing in continuing professional education programs for health professionals to ensure there is an adequately staffed and skilled workforce cognisant of climate risks and able to respond to the increased burden on the population and health services from climate change.

## **2. The impact of policies on jobs, investment, trade competitiveness, households and regional Australia.**

With regards jobs, investments and households, CAHA recommends Australia adhere to its obligations under the 2015 UNFCCC Paris Agreement to apply a “health lens” to climate policies [3, 11]. Climate and energy policies must therefore explicitly address health and equity, and as such:

- Protect the most vulnerable individuals;
- Avoid disproportionate impacts on vulnerable people, low income households and the organisations that support them; and
- Assist the successful transition of communities that are especially vulnerable to economic shocks or physical risks as a result of climate change or climate policy.

CAHA notes that communities in regional Australia face a higher magnitude of vulnerability to climate change. Rural and regional areas are characterized by a greater dependence on agricultural productivity and primary industries. [12]. In smaller communities where expenditure by farming families is a significant source of income, economic stability in the town is directly affected by changes to the profitability of agriculture [13]. Climatic volatility thus has the ability to fundamentally undermine the long-term economic viability of regional areas, as demographic shifts can fuel the deterioration of regional infrastructure and local amenities [14].

The exacerbation of socio-economic hardship in rural and regional communities increases exposure to psychosocial risk factors such as reduced personal autonomy, negative self perception, stress, insecurity and social isolation [15]. We know that the capacity of health systems to respond effectively to the short and longer term impacts of climate change is likely to be particularly limited in rural areas where existing services are insufficiently resourced to meet current demand [15].

CAHA would also like to make reference to the particular importance of strong action on climate change for protecting the health and well-being of Indigenous Australians. While Indigenous Australians (and indigenous people globally) have little historical responsibility for contribution to climate change, they are acutely sensitive to the transformative effect it is having on their traditional landscapes [16, 17]. Climate change is likely to have immense cultural impacts in Indigenous communities. The capacity of Indigenous Australians to respond to changes in the climate is likely to be undermined by the complex challenges of poverty and intergenerational disadvantage [18]. It is postulated that the changes in the ecological landscape will contribute to a growing burden of distress and mental illness in many indigenous communities [19].

### **3. The integration of climate change and energy policy, including the impact of state-based policies on achieving an effective national approach.**

A whole of government approach is required to ensure climate change policies are integrated across all areas. It is imperative that the health and well-being of the community be considered in *all* policy domains, not simply those whose primary objective pertains to health [11]. Integrated policies and programs will help build stronger communities, ensure a strong and resilient economy, deliver environmental

benefits, address the drivers of vulnerability and disadvantage and tackle the impacts of climate change.

The National Climate Resilience and Adaptation Strategy, published by the Commonwealth Government, highlights that all levels of government share responsibility in responding to the challenge that climate change presents to health and well-being, while acknowledging that there are no national programs specifically targeting this area [20]. While there are examples of adaptation and mitigation actions being undertaken at the State, Territory and local levels that focus on climate change and health impacts, this is occurring in the absence of an overarching policy directive at the Federal level.

At an international level, the Federal Government must be proactive in its interactions with international institutions and communities to ensure that Australia is participating in dialogues related to global efforts to tackle climate change. Australia is bound to action by numerous international obligations, and must be vigilant in ensuring other nations fulfil their similar commitments. Further, as a leader in the Pacific region, Australia has a responsibility to assist those neighbours who have contributed little to the causes of climate change, but are among the most vulnerable to its effects [21]. We must work closely with our less resilient neighbours on mitigation and adaptation in order to protect health and wellbeing in the Pacific from the devastating harm of climate change.

On the national front, policy interventions that must originate from a Federal Government level include:

- The establishment of a national authority, with accompanying policies, to deliver a national energy transition, including a plan for the orderly and predictable closure of coal-fired power generation by 2030;
- Reformation of energy market rules and institutions to ensure renewable energy and storage technologies are able to improve energy system stability and the fairness of pricing, while protecting health and well-being;
- A national moratorium on unconventional and marine gas exploration and mining;
- The establishment of a National Clean Air Act, through the federal government legislating national standards for air quality with mechanisms for monitoring, reporting and enforcement;

- The rapid removal of all subsidies towards fossil fuel industries so that the true costs of fossil fuels to the community are reflected in the price of the energy generated; and
- A national carbon price that accounted for the social and environmental externalities of fossil fuel generation could reduce the burden of these costs on the community, offset the costs of expansion of renewable energy sources and be used for health promotion activities.

The Federal Government and Federal and State Departments of Health have a particular responsibility to support the creation of a climate resilient health sector – increasing the sustainability of the sector itself, and ensuring it can operate effectively in a changing climate. Engagement and education across all levels of the health care sector is necessary to facilitate the participation, research and responsibility across multiple levels and jurisdictions needed for successful action in this area.

At the community level, supporting communities in anticipating and adapting to climate risks is essential to protecting health and well-being. Federal, State and local governments have a responsibility in ensuring ongoing engagement and education efforts are made to enhance understanding of specific community vulnerabilities and opportunities for action to avoid health risks and improve health outcomes.

CAHA and many other health organisations are calling for the adoption of a National Strategy on Climate, Health and Well-being - a framework for government at all levels to work collaboratively with the health care sector to both ensure the health and well-being of present and future generations is protected and the health co-benefits of climate change action are captured. Such a strategy requires effective governance arrangements which facilitate horizontal and vertical collaboration in implementing the National Strategy's objectives, projects and initiatives, and which ensure that health and climate considerations are thoroughly integrated in government-wide strategies. These government arrangements might include:

- The nomination or establishment of an intergovernmental principal committee on climate change and health to advise the Australian Health Ministers Advisory Council (AHMAC) and to be responsible for oversight and reporting to AHMAC on the implementation of the Strategy;
- The establishment of climate change and health as a theme for which the

COAG Health Council has responsibility for considering the advice and recommendations of the AHMAC principal committee on climate change and health; and

- The nomination or establishment of a National Agency (liaising with and supported by the Department of Health) with responsibility for evaluation, monitoring and reporting on the outcomes and effectiveness of the programs and initiatives arising from the Strategy.

#### **4. The role and operation of the Emissions Reduction Fund and safeguard mechanism.**

A national carbon price that accounted for the social and environmental externalities of fossil fuel generation could reduce the burden of climate related costs on the community, offset the costs of expansion of renewable energy sources and be used for health promotion activities

CAHA notes that an Emissions Reduction Fund (ERF) is fraught with obstacles that undermine its utility in enabling Australia meeting our Paris Agreement obligations. The ERF is likely to be less economically efficient than a national carbon price, requires significant work (and thus delays) to set credible emissions-intensity baselines, and would be unique in the international sphere, thus preventing interactions with international jurisdictions [22].

#### **5. Complementary policies, including the National Energy Productivity Plan.**

CAHA welcomes any efforts to maximise the efficiency of our energy use and employ innovation to lower the energy intensity of our economy. Important measures that would both improve community health and energy efficiency include:

- Financial incentives to reduce energy consumption and improved energy efficiency and fuel switching (to non fossil fuel-based resources);
- Government incentives to encourage low- and zero-carbon, climate resilient buildings and infrastructure (including in the health sector);
- Incentives for farmers to invest in low emissions resources, technologies and

- food production; and
- Provision of public funding for education programs to promote healthy, low emissions diets and lifestyles.

CAHA notes that in the setting of an uncertain economic environment and a lack of clarity regarding the state of Australia's energy market going forward, there are significant concerns regarding the ability of a National Energy Productivity Plan to deliver the outcomes it envisages. Further, the lack of additional funds allocated to the National Energy Efficiency Plan is problematic. The assumption that productivity measures can be accommodated within existing funding arrangements belies the likely need for incentives and transition assistance.

## **6. The role of research and development and innovation.**

Despite the substantial evidence of significant harm to human health associated with climate change, there is a lack of research on the issue in Australia and limited understanding about the full extent of harm being caused. Consequently, we have to date been unable to respond appropriately to recent climate change related causes of ill health.

It is imperative to maximising health outcomes for communities that the Federal Government builds Australia's health and climate research capacity. Supporting the establishment of a world class climate and health research capacity will help to identify priority needs and key vulnerabilities, while ensuring the ongoing development and monitoring of the proposed National Strategy and associated policy actions is informed by robust, Australia centric research.

Areas of great research importance include:

- Identifying near and long term health threats, and the development and evaluation of health protecting adaptation strategies;
- Assessment and forecasting of climate change health impacts across Australia's climatic zones;
- Surveillance, monitoring and assessment of appropriate indicators to evaluate climate health risks among vulnerable groups, and track progress;

- Establishment of an inter-sectoral group to identify relationships between human health and urban design, energy and water security, transport and others, and identify potential solutions;
- Assessment of health-related economic benefits to be gained from pro-health climate change adaptation strategies that include building community resilience, emission reductions, fuel switching, low/zero carbon transport options, and other co-benefits; and
- Assessment of the sector-by-sector contributions to Australia's total GHG emissions and support the sector's transition to low carbon facilities.

Further, it is imperative that all proposed electricity and energy policies be subject to rigorous evaluation and public reporting of independent health impact assessments prior to their implementation.

### **7. The potential role of credible international units in meeting Australia's emission targets.**

CAHA recognises the potential utility of international units in maintenance of an ambitious long-term emissions reduction target with abatement costs than might be incurred in a system isolated to the Australian market. Access to international markets enables participants to make strategic choices about their emissions reductions strategies and tools, potentially maximising the cost-efficiency of emissions reduction. Further, as global emissions reduction targets are tightened over time, Australian businesses will need access to international markets to reduce emissions cost-effectively and maintain international competitiveness. The use of credible emissions units might enable linking of an emissions trading scheme in future.

It would be imperative that the same "Health in all Policies" be applied to interaction with international partners. Given the global nature of climate change, Australia's international interactions must be conducted in a manner cognisant of the interconnected nature of the burden of climate-related ill health. Any international transaction of credible international units would have to be subsequent to evaluation of climate risks - to health infrastructure, population and community health, the health workforce, emergency and disaster preparedness, and safety and quality of care in the communities with which we were interacting.

## 8. A potential long-term emissions reduction goal post-2030.

CAHA reiterates its multiple previous recommendations of the following domestic emissions reduction trajectory to ensure Australia meets its international obligations and contributes to improved health and well-being of the population:

- A minimum target of 20% of 2000 levels by 2020;
- A minimum of 40% of 2000 levels by 2025;
- A minimum of 60% by 2000 levels by 2030;
- A minimum of 80% of 2000 levels by 2035;
- Full decarbonisations by 2040; and
- Negative net emissions by 2050.

These targets are closely aligned with, but building on the recommendations of recommendations of the Climate Change Authority, and consistent with the short terms targets of The Climate Institute [23, 24].

CAHA would like to highlight that current Australian and international carbon reduction commitments are inadequate to limit global warming to a safe level, and that human health is presently at risk. Australia has both the technological and economic tools required to both reduce our emissions in line with preventing 2 degrees of warming and to concurrently provide significant improvements to health and wellbeing [4, 8, 25, 26].

## Conclusion

Australia's work to reduce emissions must be in line with our international commitments to limit global warming to 2°C and to recognise the value of health co-benefits in mitigation actions. Australia faces neither technological nor economic barriers to a transition away from increasingly unreliable fossil fuel dependence. Firm political commitment to rapidly decarbonise our economy and support adaptation to an increasingly hostile climate are critical to the protection of Australian health and well-being.

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## **APPENDIX A**

### **Climate and Health Alliance Committee of Management**

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