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Any errors are those of the Climate and Health Alliance.

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This report details the outcomes from consultation with Australia’s health stakeholders, including professional health and hospital groups, health leaders, academics, scientists, parliamentarians and policymakers during 2016 regarding a National Strategy on Climate, Health and Well-being for Australia. Consultation revealed deepening concerns about climate change within the health community and the desire for federal leadership for urgent action. The yawning gap between the growing body of scientific evidence on the broad scale human health impacts of climate change, and the tardy development of effective and specific public policy responses has prompted the national and global health and medical community to step forward to fill this gap. As the world watches climate disruption unfolding, health protective climate policies are now a matter of urgency.

The Climate and Health Alliance (CAHA), as a national coalition of health stakeholders with particular expertise and concern regarding the risks to health from climate change, has led this consultation process. This consultation has led to the development of a large coalition of health and medical organisations supporting the development and implementation of a National Strategy on Climate, Health and Well-being for Australia (The Strategy).1

The consultation process involved three key elements:

- Responses to a survey accompanying a Discussion Paper, proposing a National Strategy for Climate, Health and Well-being for Australia (released June 2016);
- An Online Discussion Forum held for nine days using the paxrepublic.com platform (August 2016);
- A Health Leaders Roundtable and Meeting with Parliamentarians in Canberra (October 2016).

This extensive consultation process enabled Australia’s health sector to respond and input into the proposal for development of a national strategy put forward in the Discussion Paper released in June 2016. The sector was invited to contribute via a survey and then through a subsequent Online Discussion Forum, to learn about the proposal and to engage in discussion at several public forums. Opportunity was also provided for health leaders (CEOs, Presidents, and Policy Directors of health and medical organisations) to meet face-to-face with federal parliamentarians to articulate the support of their organisation for the development of a national strategy, and to seek cross-parliamentary cooperation in building support among their parliamentary colleagues for its implementation.

The findings from this consultation reveal a high level of climate literacy among some health professionals, amid serious concerns about the inability of the health workforce and health sector to respond effectively to the worsening health impacts of climate change. They reveal a growing frustration among health stakeholders at the failure of the Commonwealth to develop effective policies to tackle global warming, and to acknowledge and respond to health risks in existing efforts. They demonstrate the firm view among health groups that without a national strategy on climate change and health, Australia will fail to meet its obligations to the health of its citizens under the global climate covenant, the Paris Agreement. The consultation reveals a strong commitment from health groups to work together with governments and political parties across the political spectrum to “make the strategy happen”. The proposed framework for the National Strategy (due for release in June 2017) seeks to assist Australia in meeting its obligations under the Paris Agreement. It is intended to support the development of a national public policy response to help Australia mitigate the threats to health, and to capitalise on the concurrent opportunity for immediate health benefits arising from strategies to reduce emissions. It will detail a comprehensive approach that will offer substantial future savings in health budgets, by reducing the climate related burden of disease and strengthening the health sector response capacity.

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### Summary Table: Key Findings and Pathways to Action

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<tr>
<th>Theme 1:</th>
<th>Power of the health voice in climate change policy and action</th>
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<tr>
<td>• The Australian health community is fully behind implementing policies to drive the transition to carbon neutrality in the health sector</td>
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<td>• There is a recognised need for a national and regional network, such as the Global Green and Healthy Hospitals Network, to drive action</td>
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<th>Theme 2:</th>
<th>Critical role for federal government in climate and health</th>
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<tr>
<td>• Strong consensus that the federal government needs to provide leadership, with coordinated and effective action on climate change at ALL government levels</td>
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<th>Theme 3:</th>
<th>Knowledge and concerns about climate change and climate policy</th>
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<td>• Australian health professionals and health leaders are highly aware of the links between climate change and health, but also aware that Australia’s current climate change mitigation policies are inconsistent</td>
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<td>• The Australian health community are driven by deep value commitments to help drive transition from health threat to health opportunity, but programs to respond need to be supported with policy and funding</td>
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<th>Theme 4:</th>
<th>Support for and architecture of a National Strategy for Climate, Health and Well-being</th>
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<td>• Strong agreement by the Australian health community on the need for a national strategy linked to a clear roadmap for action to reduce emissions</td>
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<td>• Consensus support for broadening of the scope of the strategy to include health promotion, and provisions for transition planning for fossil fuel industry</td>
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<td>• Consensus support for multi-sectoral involvement and application of a ‘health lens’ to all policies</td>
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<th>Pathways for action</th>
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<td>• Development of a Framework for a National Strategy on Climate, Health and Well-being for Australia</td>
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<td>• Ongoing Community Advocacy and Campaigning</td>
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Global warming poses serious risks to health and well-being. Human interference in the climate systems has led to a global average temperature increases of 1°C above pre-industrial temperatures, and further warming is assured. This relatively modest level of warming has already heightened climatic extremes, contributed to extreme weather events and disasters, and exacerbated threats to health and well-being around the world. The global health toll from climate change is rising. The Australian population is highly vulnerable to further amplification of our natural climate extremes. Reducing our contribution to global warming through reducing emissions is essential to limit further climate disruption, and adaptation to weather extremes is imperative to build resilience and limit harm to people’s health.

The Doha Declaration on Climate, Health and Well-being\(^2\), released during the UNFCCC COP18 in 2012, and signed by organisations representing tens of millions of health and medical professionals around the world, firmly situated health and well-being as an issue central to global climate policy. The framing of climate change risks in this way, and the evidence of Australia’s poor performance in a 2015 global survey of national climate and health plans, influenced the development of a proposal for a National Strategy on Climate, Health and Well-being for Australia in 2015.

The Paris Agreement, agreed and ratified by Australia and another 141 other parties (as at April 2017), obliges parties to the Agreement to consider their citizens’ ‘right to health’ in the context of climate policy, and to also consider the health co-benefits in the development of climate mitigation policies. This international covenant therefore obliges the Australian (Commonwealth) Government to consider the health of its citizens in national policy frameworks to address climate change. The most powerful pro-health strategy Australia can adopt is greenhouse gas emissions reduction, and this necessitates increased urgency in rapidly and steeply reducing Australia’s greenhouse gas emissions. Further warming embedded in the climate system means mitigation alone is insufficient. Adaptation strategies specifically designed to protect population health and well-being are also required.

The development of effective public policy to address this emerging health challenge requires considered engagement with stakeholders to ensure policies these are informed by specialist and health expertise on Australia’s specific climate-health risks, to maximise health protection, and address the vulnerabilities, priorities and concerns of affected communities.

Importantly, strategies must also align well with Australia’s existing health infrastructure (hard and soft), building on its strengths, and rectifying its weaknesses.

\(^2\) http://www.climateandhealthalliance.org/news/doha-declaration
This Final Report synthesises the findings of three nationwide consultation processes that informed the campaign for a National Strategy on Climate, Health and Well-being in 2016:

- National Survey of Health Professionals
- Online Discussion Forum
- Health Leaders Roundtable and Meeting with Parliamentarians

Spearheaded by CAHA, these consultation processes were implemented in a phased and iterative approach to ensure maximum reach and participation of Australia’s health professionals, health sector organisations and health leaders and parliamentarians. The common purpose of each consultation was to gauge level of concern about unaddressed climate health risks in Australia, and interest in, and level of commitment to, a national strategy as a mechanism to develop a national coordinated response to climate-health threats.

Below is a brief outline of the three consultation processes. Full reports of each consultation process and findings are freely available at the CAHA website—refer to the end of this Report.

1: National Survey of Health Professionals

A National Survey was distributed as the initial phase of the consultation process with health stakeholders surrounding the release of the Discussion Paper: Towards a National Strategy on Climate, Health and Well-being for Australia. This online survey opened on 19 July 2016 and was circulated through existing CAHA member networks, and to major health organisations and via snowball sampling (n=350 contacted). A preliminary report, detailing an overview of responses and preliminary analysis as at 24 August 2016, was generated after 134 responses had been collected. The survey closed on 31 November 2016 by which time 147 responses had been received. Survey data included: demographic profiles; knowledge of health risks and benefits of climate change; awareness of climate-related policy; and opinions about the need for a National Strategy on Climate, Health and Well-being for Australia. Quantitative data were analysed using descriptive statistics and qualitative data were analysed thematically.

2: Online Discussion Forum

The Climate, Health and Well-being Online Discussion Forum was held between the 13th and 21st of August 2016 via the paxrepublic.com platform. The Forum offered health professionals and academics the opportunity to come together using this interactive platform to input and discuss components and structure for a framework, as proposed in the Discussion Paper.

Discussion areas included: the current and preferred future role of Australia’s Federal Government in climate change and health; existing policies to protect vulnerable communities from climate change; strategies to drive the low-carbon transition within the health sector; key elements required within a National Strategy; and approaches for advocating for the strategy. The Online Discussion Forum had 118 registrations with 42 contributing participants. The resulting data were analysed thematically.
3: Health Leaders Roundtable

Representatives from Australia’s leading, health and medical and community stakeholder groups met in Canberra on 10 October 2016 to express the concerns of their health constituency, and call on politicians to immediately act on the health impacts of climate change.

Two sessions were held:

Session 1: Meetings at Parliament House with Assistant Minister for Health, Ken Wyatt, Shadow Minister for Health, Catherine King, and Greens Leader, Dr Richard Di Natale. Approximately forty CEOs, Presidents, and Policy Directors were in attendance to present the perspectives of their organisations.

Session 2: A Roundtable meeting to discuss the key elements to be included in a National Strategy on Climate, Health and Well-being, with attendees committing to:

• jointly develop a policy framework to present to the federal government and parliamentarians in 2017;
• provide further input into policy design and development process as required; and
• engage in advocacy to facilitate acceptance and implementation throughout their own organisation and wider health networks.

As shown in Figure 1, data collection and analysis followed an iterative process, i.e. with each consultation phase informing and shaping the next. Initially the data for each phase were analysed independently and circulated as separate reports. The key findings from each report were subsequently combined and analysed to identify a core set of themes arising from the 2016 consultations.

Consultation phases

phase 1
National Survey of health professionals
147 health professionals
19 July–31 November 2016

phase 2
Online Discussion Forum
42 health professionals and academics
13–21 August 2016

phase 3
Health Leaders Roundtable
40 health leaders, 3 parliamentarians and their advisors
10 October 2016
There was wide agreement across consultation groups about the importance and value of including the health voice in policy development for, and community action on, health and climate change.

Health Leaders at the Roundtable highlighted the **power of the health voice** as experts on factors that contribute towards, or serve as barriers to, good health, and as respected and trusted professionals. These attributes provide both the opportunity and moral imperative to deeply engage the health community in national policy decisions on climate change.

Australia’s health sector employs around 600,000 people, over half of whom are nurses and midwives. The sector’s size and status places it in a powerful position to both lead advocacy for climate action as necessary to protect health, and to influence community attitudes towards supporting climate action. However, to operationalise this impact and achieve broad community penetration, the health voice needs to be well-informed.

Two examples from the consultation outline how this might be achieved: engaging professional organisations, the tertiary health sector and unions in advocacy to support the National Strategy on Climate, Health and Well-being; and providing widespread health professional pre- and in-service training about climate change and health.

The importance of leading by example, and subsequently garnering intra-sectoral support in the goal of reducing emissions in the sector, was noted by both the Health Leaders Roundtable and Online Discussion Forum participants.

Two recommendations were made within the Online Forum for achieving a low/zero carbon health sector:

1. Implement policies to drive the transition to carbon neutrality in healthcare, including national standards for healthcare procurement that mandate ethical and low carbon purchasing

2. Expand the national and regional network of the Global Green and Healthy Hospitals Network. This program, currently coordinated by CAHA in Australia and New Zealand, supports hospitals and health services to reduce their environmental and carbon footprint.

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*(Climate change and health lecturer, Online Discussion Forum)*

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Key Findings

**Theme 1: Power of the health voice in climate change policy and action**

**Engaging a larger and more powerful group of health professionals at all levels is essential to creating the social licence for politicians and policymakers to lead a federal government commitment to a climate and health strategy.**

(http://www.greenhospitals.net)
Australian health professionals and health leaders share an increasing sense of urgency for Australia to adopt strong action on climate change, to protect health and ensure the health sector is adequately prepared to respond to the growing demands for services related to climate-induced health needs.

There was consensus among participants across all three phases of the consultation process that the federal government needs to provide leadership across climate change and health, and take urgent action to protect and promote health.

All stakeholder groups noted that political will and cross-parliamentary support was essential to securing and maintaining the necessary governance, funding, policy, infrastructure and resources required to address climate change and the associated health impacts.

Although Australia alone can’t fix the problem, the joint recalcitrance of nations would be broken if Australia broke the deadlock by taking leadership in stopping new coal mining and phasing out most of the old coal mines, while replacing the subsidies/favours currently granted to coal mining with investment in renewable forms of energy.

The following comment from the national survey summarises the expectation of governments:

“Taking the issue of climate and health seriously. Being politically courageous. Increasing foreign aid. Expanding the scope of the health department’s mandate. Increasing cross-department response, collaboration. Stop being so cynical (e.g. wasting time on the ‘threat of terrorism’).”

(Respondent, National Survey)

A widely held concern across health stakeholder groups is the lack of legislation and responsibility for coordinated and effective action on climate change at the federal and local government levels. Climate change is a national issue, and floods, heatwaves, droughts, storms and fires, along with the spread of disease, are cross border problems which require a national response. National leadership and collaboration is required, and health and well-being ought not be framed or debated as a political issue.
Partisan policy development and reversals, State-based, or locality-based fragmentation is highly inefficient and inappropriate.

The Online Discussion Forum emphasised the need for governance arrangements to be independent and to formalise a whole of government approach, with shared responsibility across multiple levels, sectors and jurisdictions.

Participants in the Health Leaders Roundtable indicated that the strategy should provide tiered guidance for federal, state and local governments, as well as indicate what organisations, communities and individuals can do at the local level.

Bipartisan support is essential in order for the strategy to “survive over the timeframes required for sustained and effective action” that will not be undone in a flash by the incoming…government.

(Former Chief Health Officer, Online Discussion Forum)

The potential need for legislative drivers to compel Commonwealth leadership on effective and coordinated action on climate change was also acknowledged:

“…perhaps some of the answer lies with the nature and scope of our Constitution...there has been no legislated obligation or enabling head of power in the Constitution for an operational role in environmental health.

[Perhaps] a new clause in Part V Section 51: Matters impacting on the sustainability of ecosystems at the national and international level?”

(Participant, Online Discussion Forum)
Theme 3: Knowledge and concerns about climate change and climate policy

Australian health professionals and health leaders are highly aware of the links between climate change and health.

The National Survey of health professionals demonstrated very high levels of general awareness about the health risks of climate change among the respondents (100% aware), and the potential for health co-benefits of climate mitigation and adaptation strategies.

A majority of survey respondents also considered the current (2016) Federal government’s climate policies to be ineffective. Fifty-two percent considered the Federal Government’s Direct Action Plan (part of the National Plan for a Cleaner Environment 2014) to be ‘not at all effective’, while 0% considered it ‘very effective’. Most respondents (78%) did not consider Australia’s current climate change mitigation policies to be consistent with its pledge under the Paris Agreement.

Overall, less than half of respondents (47%) felt that the National Climate Resilience and Adaptation Strategies (NCRAS) arising from the Federal government were achievable, with over half (55%) considering that these policies were ‘not at all sufficient’, and 52% did not know if the policies had been implemented.

What concerns you most about climate change and health?

There was a high level of concern among health stakeholders regarding Australia’s standing in the global community, due to its failure to tackle climate change, and its failure (to date) to invest in the low carbon transition and accept responsibility for reducing its fair share of the global burden of reducing greenhouse gas emissions.
Health Leaders at the Roundtable noted and endorsed the international medical journal *The Lancet*’s pronouncement that climate change is the ‘greatest health threat facing humanity’, and further, if managed correctly, could be ‘the greatest health opportunity’

Attendees recognized that health and community sector workers are driven by deep value commitments, and many health professionals are anxious to be involved in practical actions to mitigate climate change and assist Australia’s efforts to minimize damaging climate impacts on health and society.

Health Leaders confirmed they were ready to help drive that transition from health threat to health opportunity, but they need to be supported with policy and funding to do so. The power of the health professionals as respected and trusted voices provides both an opportunity and a rationale—widely viewed as a moral imperative—to more deeply engage the health community in national policy decisions on climate change.

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“We’ll be left behind in terms of our economic competitiveness. Future generations will be ashamed that we didn’t play our part. Local air pollution levels will continue to grow. Ecological degradation will have lasting serious impacts (e.g. death of the reef, poor agricultural outcomes).”

(Respondent, National Survey)

The 147 National Survey respondents, including senior leaders, researchers, academics, policy professionals, as well as doctors, nurses, midwives, public health practitioners and psychologists from peak bodies and unions, are in almost universal agreement on the need for a National Strategy on Climate, Health and Well-being (98%).

In terms of the six themes identified in the Discussion Paper, there was strong support from survey participants for each of the themes.

Online Discussion Forum participants discussed the need for a National Strategy or Framework to provide a clear roadmap or plan of action to reduce emissions. It was agreed that such a plan must ideally detail the policies, actions, timelines, targets and responsibilities required at multiple levels and sectors of government to support Australia to achieve zero net emissions to maximise positive health outcomes.

“It [Australian Government) must get very serious about climate change as an imminent global disaster, with very grave implications for Australia, that may well be with us for millennia.”

(Public Health Physician, Online Discussion Forum)

The need for urgency and drastic emission reductions was highlighted, with evidence of a short window of opportunity in which to avoid the pervasive health impacts from catastrophic and irreversible climate change.

“The Federal Govt. should demonstrate its total commitment to limiting global warming to well under 2ºC by developing a clear program (policies, actions, timelines, targets, responsibilities, etc) to eliminate all Australia’s greenhouse gas emissions by 2050 at the latest (‘all’ includes the greenhouse gases we produce within Australia and those produced by fossil fuels that we mine and export; ... [and] those attributable to the armed forces and international travel and freight).”

(Public Health Physician, Online Discussion Forum)
Participants noted the need for Australia-wide involvement in this and consistency across sectors to demonstrate a clear national program of action and documented progress. Access to locally relevant resources and information was also deemed necessary to assist all to transition to a low emission economy.

The key elements for inclusion in the strategy, arising from discussions at the Health Leaders Roundtable, were:

- Commitment to ongoing knowledge development in the Australian context of who is at risk, where, how, and what is needed of the health sector to build resilience, to effectively respond to health needs, and optimise recuperation.

- Instillation into all portfolios and levels of government, the understanding that social and environmental determinants of human health and well-being lie outside the health sector. Health implications must therefore be considered in all policies.

- The importance of water security, food and nutrition in the climate and health discussions.

- The importance of working across sectors (e.g. with agriculture, energy, transport).

Health Leaders were clear that a siloed approach to policy will not achieve good health outcomes, and at worst, would be wasteful and place lives at risk.

Multi-sectoral involvement was considered necessary to comprehensively address the complex nature of climate change. For example, collaboration between council, schools, and the broader health protection and service sectors, such as acute health services, environmental health, medical and community health, is critical to enable councils to effectively apply a health and well-being lens to local policy and strategies.

Employing the health lens more broadly necessitates extending collaboration to sectors beyond health, such as (but not limited to) energy, transport, agriculture and environment sectors.

"We need to work with Ministers with responsibility for energy, employment, education, transport, food industry, defence (as climate change is a security issue)… Climate change needs whole of government, whole of society approach."

(GP and public health physician, Online Discussion Forum)

"Applying a health lens to all decisions will be made be easier by the appointment of a public health specialist in the climate change ministry, and by the appointment of a health and climate change expert into the health ministry."

(Participant, Online Discussion Forum)

The policy framework should facilitate the application of a ‘health lens’ to all policies to evaluate the health impacts and benefits associated with policy choices. The policy framework should support both technological and social reform: achieving carbon neutrality will require investment in both energy-efficient and low carbon technology and innovation, as well as strategies to support changes in attitudes, social norms and behaviours. The health sector has an excellent track record in social engineering to deliver health benefits, such as the shift away from smoking. Carbon emissions reduction needs to extend from government throughout the entire economy to the domestic landscapes. It is everybody’s responsibility. The health gains from doing so can be substantial. For example, reducing emissions improves air quality which substantially reduces cardio-respiratory morbidity, mortality and health costs.
Participants in the Online Discussion Forum and National Survey called for a broadening of the scope of the strategy to include climate restoration, ecological sustainability, and health promotion. For example, a greater focus on health co-benefits of emissions reductions:

“We need to be “for” public transport infrastructure spending, for the benefit of jobs, health and the environment, rather than being seen as most often against coal jobs and industry. Climate deniers seem irrelevant when what we are proposing is a better quality of life and standard of living, that also happens to benefit the environment.”

(Registered nurse, Online Discussion Forum)

In relation to the strategy and a broader definition of health and what constitutes the health workforce, respondents from the National Survey made the following comments:

Themes could be strengthened to support strategies for transition to a society which is ecologically sustainable, fair and promotes health and well-being for all.

(Respondent, National Survey)

“Fund the public health and health promotion workforce (as opposed to limiting health funding to the healthcare workforce) to deliver programs which support climate resilience and capacity building and enable organisational change towards climate-friendly settings (e.g. schools, workplaces).”

(Respondent, National Survey)

The focus is very much on ‘health service delivery agencies’, it would be good to broaden out the strategy to include local government and the community. Local government has a huge stake in providing services to the community, as do the communities themselves as the recipients of our services. They (Local Governments) are well placed to provide input into support for integration of climate change into public health messages in a language they (the community) can understand (health literacy). This would lead to greater engagement.”

(Respondent, National Survey)

Finally, commentators in the Online Discussion Forum pointed out that a comprehensively effective strategy must also consider the potential negative side-effects of a national strategy, such as the loss of employment of those currently working in the fossil fuel industry. Therefore, a strategy must include provisions for transition planning for fossil fuel industry employees.

There was further concern that some energy industries proposed as a pathway to achieve a decrease in emissions pose significant and unresolved threats to health, such as nuclear energy.
Responses indicated strong consensus across consultation groups that multiple actions spanning national, state and local levels are required to ensure Australia meets its national responsibilities in protecting population health from the harmful impacts of climate change. Proposed pathways for action arising from the consultation for a National Strategy on Climate, Health and Well-being included:

**Development of a Framework for a National Strategy on Climate, Health and Well-being**

The development of a national framework will help ensure health impacts of climate change are considered in all policy decisions that ultimately impact on health and well-being. Many of the links are not immediately obvious. A formal process is therefore required to specifically investigate potential health ramifications in all policies. A national framework that recognises vulnerable populations and is designed to promote health and reduce emissions is required. A collaborative approach to policy development, characterised by productive collaborations between parliamentarians, policymakers and health stakeholders, is a key requirement for the design of a successful framework. Leaders from a broad cross-section of Australia’s health organisations have agreed to work with parliamentarians and policymakers as part of a broad reference group to guide the development of a framework for a National Strategy on Climate, Health and Well-being. Furthermore, they commit to advocate as individuals and organisations as well as contribute to a collective campaign alliance to facilitate The Strategy’s acceptance and implementation.

**Ongoing Community Advocacy and Campaigning**

Some Australians, including health sector employees, remain unconvinced that climate change is primarily driven by human activities, and that sustaining a high carbon pathway will unleash real health threats to Australians. Ongoing advocacy and campaigning is therefore required to increase public awareness of climate risks and to enlist and empower the community, health professionals, policymakers and politicians to strive to achieve the required change in social norms.

Emission reductions and boosting climate resilience and adaptive capacity must permeate throughout all sectors within Australia. The present situation is one of activity driven largely by a growing band of activist groups. Their rise reflects a growing frustration in the mismatch between need and action on climate change. The result is fragmentation which is dividing the nation and politicising the problem.

Nationwide support is required for The Strategy’s aims to be achieved. Health professionals are powerful and legitimate advocates for climate action due to their standing in the community and strong values base i.e. they have no vested interest other than the motivation to protect and promote people’s health.

Community advocacy and campaigning can support the development of a powerful social movement for climate action and generate a mandate for politicians and policymakers to address climate change, and do this under a de-politicised health frame. Campaigns for action on climate change should thus be situated within a broader focus on promoting health, equity and ecological sustainability, and emphasise this is achievable without hampering national prosperity.

**Provision of Climate and Health Education and Training**

There is a need to increase the climate literacy of the Australian community, including health professionals, policymakers and politicians. The public seek health advice from the health sector, and the information currently being sought includes immediate and long term personal health threats from climate change, and recommendations for health protective actions. The health workforce requires education on climate and health, within existing professional training programs, and continuing professional development for the current workforce. Advocacy training is required to skill health professionals to become
effective advocates for carbon neutral policies and to ensure concepts of sustainable health are widely understood and accepted as a prescription for a long and healthy life.

**Government Leadership and Collaboration**

Strong leadership from the federal government is required to provide a clear roadmap or plan of action that details the necessary governance, policy, strategies, funding, infrastructure and resources to address climate and health. This should apply to multiple levels and sectors of government to support a rapid transition to net zero emissions in Australia, and to maximise positive health outcomes. The plan of action should also develop and utilise existing locally relevant resources and information, and include reporting obligations that will provide a clear national picture of action and progress trends. A whole of government approach is required to ensure collaborative action, which is supported by research, and informed by health stakeholder participation and engagement. Responsibility for implementation should be assumed at multiple levels and sectors and across jurisdictions. The health sector has committed to assisting this process, and implementation throughout their practice and professional domains.

**Creating a Low/Zero Carbon Health Sector**

There is an important role for the health sector to lead by example by reducing emissions and promoting climate resilience as this would help support improved public health. An environmentally sustainable, low/zero carbon healthcare sector has the triple benefit of financial efficiency, social responsibility and climate resilience. Australia is well positioned to have a world leading healthcare system that delivers high quality of care, is economically and environmentally sustainable, and can respond to increases in climate-related service demand. Some of the recommendations for achieving this included: legislation to guide health facility construction and development, e.g. to maximise passive cooling; national standards for healthcare procurement that mandate ethical and low carbon purchasing; new green standards for health service accreditation; and establishment of a national sustainable healthcare unit, e.g. England’s NHS Sustainable Development Unit (NHS SDU) model. Progress towards this in Australia is currently underway through the regional network of the Global Green and Healthy Hospitals program coordinated by CAHA. Participating health agencies report wide support, in part, because of the substantial benefits to their operating budgets. Scope exists to substantially expand this program.

**Building Research Evidence and Capacity**

Australia’s unique geography and climate means that many of the climate-related health challenges are also unique. Australian specific research on climate change and health is required to understand the regionally diverse climate vulnerability among high risk sub-populations, the distinct pathways of impact and range of health threats. Some progress has been made, but efforts have recently stalled, and left a shortfall in climate-health research expertise. Additional research is required to trial and evaluate adaptation and resilience building options across the major health risks. There is a need to monitor ongoing health relevant climate changes and guide health policy and program development, implementation and efficacy. Development of climate relevant indicators to support surveillance, monitoring and assessment of health risks, and equally, to track the co-benefits of climate
change mitigation policy and strategies, is therefore required. Such knowledge is critical to identify system inefficiencies, and deliver the necessary evidence to promote broader uptake of successful strategies. Australia’s performance on this critical issue will be judged in the forthcoming evaluation by the Lancet Countdown, a global project which will report annually on the performance of nations in tackling the health impacts of climate change.

The economic implications of the personal and population-wide health impacts of climate change in Australia is not well established. Failure to include these full costs distorts decisions made solely on limited economic information, and leads to cost shifting and deterioration of Australia’s capacity. Full economic accounting of health implications of energy and transport options is urgently needed to inform rational decision making. This is an urgent area of research, as is economic costing of damage to water supplies, land productivity under climate change, and various adaptation options. Food, water and clean air are fundamental necessities of good health, and safeguarding these underpins the health, viability and productivity of communities across the nation.

The emergence of climate-related morbidity and mortality is already apparent in Australia, with modest warming of 1°C, and is projected to markedly escalate with ongoing warming. Building an effective national health protective response requires a deep understanding of the dynamic situation. Ongoing research capacity and infrastructure needs to be secured through the establishment of a stable national level funding stream for climate and health research.
Conclusion

The summary of key findings as outlined in the consensus Themes and in the Pathways to Action strongly reiterate a universal support for the strategy among health professionals and health leaders. Findings demonstrate the urgent need for a framework to provide a roadmap of actions to reduce emissions and to achieve carbon neutrality across the health sector.

In the consultations, there was clear evidence of the health community’s deep value commitments to help drive this transition and with immediacy across the sector. The power of the health voice is strong but needs to be amplified through national and regional networks. Policymakers should be tapping into the extensive expertise that exists in organisations like the Climate and Health Alliance, and engaging the sector in policy development. Initiatives such as the Global Green and Healthy Hospital network need to be expanded to drive action in the sector, and pervasive health promotion, education and capacity building is required. There was repeated acknowledgement that this task requires multi-sectoral involvement and collaboration, and the consideration of a health lens across all policies to ensure fully realisable, equitable and sustainable benefits.

Above all, the Commonwealth needs to provide much stronger leadership, with coordinated and effective mitigation and adaptation policies and action at ALL government levels, to ensure these efforts to lead to positive transformational change for the health and well-being of all Australians.

“Good on you for doing this. As you go forward, please think broadly and imaginatively. Climate change impacts are far wider than climatic effects alone; health cannot be seen at an individual bodily level either. Tackling them together they can help prompt positive transformational change.”

(Respondent, National Survey)
The three reports (from the National Survey, Online Discussion Forum and Health Leaders Roundtable) referred to in this Final Consultation Report, along with the Discussion Paper: Towards a National Strategy on Climate, Health and Well-being for Australia can all be found at the following link: http://www.caha.org.au/national-strategy-climate-health-well-being