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OraTaiao: The New Zealand Climate & Health Council's submission on the Update of the New Zealand Health Strategy

Introduction:

This submission is completed by Dr Rhys Jones FAFPHM, OraTaiao Co-convenor and is submitted on behalf of OraTaiao: The New Zealand Climate and Health Council.

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OraTaiao: The New Zealand Climate and Health Council www.orataiao.org.nz (hereafter 'OraTaiao' or 'The Council') is an incorporated society of over 400 health professionals deeply concerned about the impacts of climate change on health and health equity.

OraTaiao represents the non-governmental organisation, academic/research and professional association sectors (<http://www.orataiao.org.nz/about>).

OraTaiao welcomes the opportunity to discuss climate change implications for health and health equity with the Ministry and we would like to present an oral submission. We agree that the health of our population is a positive investment and fundamental to New Zealanders' wellbeing.

Consultation Questions:

Challenges and opportunities

The Strategy reflects a range of challenges and opportunities that are relevant to New Zealand's health system.

Some of these are outlined in I. Future Direction on pages 5–7.

1. Are there any additional or different challenges or opportunities that should be part of the background for the Strategy?

We appreciate that the words 'climate change' are on page 5 of the Future Direction document under 'Global challenges' – 'the health and social consequences of climate change'.

However, we are concerned that there is no other mention of climate change throughout the Strategy Future Directions or Road Map. The Strategy fails to make the connections between long-term health conditions and well-designed climate action which can reduce the prevalence of these conditions, and fails to consider the profound threat of already committed climate changes to New Zealanders' health, health equity and our health services.

Climate change threatens to be so pervasive in its impacts on the social and environmental determinants of health that it has been identified as “*the biggest global health threat of the 21st century*” by the Lancet Commission.[1] The Lancet Commission has also suggested that “*tackling climate change could be the greatest global health opportunity of the 21st century*”.[2]

Our health sector, led by the Ministry in partnership with other agencies governmental and non-governmental, must rapidly get up to speed with both the health opportunities and threats posed by global and local climate changes. This requires much more sophisticated analysis than simply looking at the implications of already committed extreme weather events and sea level rises as local government is starting to do. As an example, we note that the draft strategy projects government health spending as a percentage of GDP as far ahead as 2060; even predicting GDP is fraught with difficulty as both NZ and the world (including our trading partners) grapple with loss and damage from climate changes.

These are not business-as-usual times and complexities of interactions globally, within our economy and society, and even within health service delivery, cannot be underestimated or ignored. OraTaiao’s experience to date in interactions with various central and local government agencies is that the dots are not being joined yet. Any further delay in starting to understand the connections between climate changes and health means missed opportunities at considerable economic loss and unnecessary suffering by New Zealanders.

Opportunities

Moving from treatment to prevention is one of the *aligning behaviours* desired by the Strategy. One of the greatest “healthy choices”, and preventative interventions is to modify climate change. Examples of co-benefits to health of addressing climate change are described in the appendix. As previously stated, in many instances, healthier lifestyles and diets will modify both the current overwhelming burden of long term conditions, and reduce greenhouse gas emissions, with economic and health benefits realised long before the benefits to climate change are apparent.

Well planned measures to address climate change can have substantial health (and health equity) co-benefits. This fortnight, the UN Climate Change Summit meets in Paris to determine emissions reductions targets to keep our world from warming above the internationally agreed limit of 2°C. There is increasing support for reducing the world’s emissions to close to zero by mid-century and agreeing upon a new warming limit of 1.5°C in the existential interests of both small island states such as our Pacific Island neighbours and making a liveable future more likely for our children and grandchildren. The likely direction of emissions reductions offers unique opportunities to make significant and immediate improvements to the growing prevalence of long-term non-communicable diseases – *carpe diem*.

The Climate and Health Council would like to see cross-sector research completed in 2016 that quantifies the health co-benefits (including fiscal savings) from climate actions – such as increasing New Zealanders’ activity levels as a part of their daily travel, insulating all New Zealand homes, and widespread dietary change to substantially reduce meat and dairy intake in favour of lower emissions plant-based food. There is already a substantial body of overseas and local literature available, and the Council offers support to the Ministry of Health in establishing this project.

We refer the Ministry to the NZ Medical Association (NZMA)’s position statement on Health and Climate change,[3] as well as a number of submissions to the Ministry for the Environment by health NGOs on New Zealand’s Climate Change Target.[4] The Royal Australasian College of Physicians

recognises the urgency of action by doctors and health care systems to address Climate Change in its campaign, Doctors for Climate Action (<http://doctorsforclimateaction.org>).

Combatting both long term conditions and climate change requires another recommended aligned behaviour: moving from fragmented health sector silos to integrated social responses. OraTaiao urges the Ministry of Health to provide leadership in addressing the health and equity impacts of climate change. The Council encourages collaborative work with other agencies to rapidly reduce greenhouse gas emissions, while transitioning to a healthier, renewables-based economy.

OraTaiao believes that the Strategy could be instrumental in raising awareness of the adverse impacts of climate change on health, and the substantial health gains of mitigation and adaptation. Increased awareness of health professionals, management, governments and communities, must lead to action in order to ensure that the health, economic, and climate opportunities are grasped.[5]

The Health Strategy should encourage the health sector, particularly DHBs, to rapidly reduce its own emissions towards carbon neutrality.

The Health Strategy and the Ministry of Health should have a role in:[5]

- Increasing awareness amongst health professionals, governments and communities about the health implications of climate change and the need for health promoting mitigation and adaptation
- Making sure Climate change policy improves population health, accords with Te Tiriti o Waitangi, and that creates a more equitable, just and resilient society
- Placing public health and equity at the centre of climate change policy
- Including climate change as a consideration in all Health Impact Assessments and ‘Health in All Policies’ approaches
- The health sector leading in climate change mitigation and adaptation
- Priority for populations who are most at risk of climate change health impacts globally and in New Zealand

(refer to sections 3.3.2, 3.3.3 of the NZ College of Public Health Medicine's climate change Policy Statement [5])

Challenges

The 2015 Lancet Commission described Climate Change as a “Medical Emergency”. [2]. Climate Change will aggravate many of the Global Challenges listed in the draft Strategy, it undermines the social and environmental determinants of health, and as such, deserves more prominent consideration in the Strategy.

Climate change is a serious, potentially catastrophic emerging risk to public health, sustainable development and equity. Projected climate change health impacts include malnutrition, deaths and injuries from extreme events, vector-borne disease such as dengue fever, cardio-respiratory effects from air pollution, and diarrhoeal disease. More diffuse effects include mental health problems, migrant health issues and the health issues resulting from civil tension and conflict. Well-planned action to reduce greenhouse gas emissions can bring about substantial health co-benefits and will help New Zealand address its burden of chronic disease.[6]

Climate Change will aggravate many of the stated Global Challenges:[6]

- Older people and those living with long term conditions are particularly susceptible to heat waves, air pollution, food insecurity, and damage to health care infrastructure.

- Climate change increases existing infections, whether water, food, or vector-borne, and contributes to the emergence of new infections.
- Mental health sequelae are significant in children as well as adults.
- Outdoor workers and sportspeople will be exposed to excess heat, light, and pollution, causing health issues, but also limiting productive capacity.
- Climate change also increases exposure to UV light and thus we can expect increasing rates of skin cancers including malignant melanomas.
- Not only the global (health) workforce, but also our patient population will be highly mobile as changing environmental conditions drive people out of their current habitation both within New Zealand and from overseas, such as the Pacific Islands.

Extreme weather events, such as heatwaves and flooding, cause injury, disease, damage to health infrastructure, and potential deaths. They also lead to exacerbation of chronic health conditions, mental health sequelae, and put extra stress on health and social care professionals.

An important example of unforeseen effects of climate change-enhanced extreme weather events impacting health and health services in New Zealand itself, is from the flooding which hit the Hutt Valley in May 2015. There was one death, but we are also aware of at least three ‘near misses’. One near miss concerned a patient with chronic respiratory disease (under the care of a specialist OraTaiao member) who was discharged from hospital that day, with arrangements for domiciliary oxygen to be delivered the same day. The patient had to divert to a family home for several hours before reaching the intended discharge destination. The patient’s oxygen did not make it through the flood waters and arrived the following day. Additionally, Wellington Hospital was unable to admit from, or discharge to the Kapiti Coast that same day. Some healthcare communication systems were down over subsequent days.

The health sector itself, is a high emitter of greenhouse gases, and therefore adds to the burden of ill health which it subsequently treats. The Strategy should direct health services to reduce greenhouse gas emissions as a matter of urgency. Carbon neutrality is the goal.

The future we want

The statement on page 8 of I. Future Direction seeks to capture the future we want for our health system:

So that **all New Zealanders live well, stay well, get well**, we will be **people-powered**, providing services **closer to home**, designed for **value and high performance**, and working as **one team in a smart system**.

2. Does the statement capture what you want from New Zealand’s health system? What would you change or suggest instead?

We suggest:

- (i) a whole-of-life approach to health so that all New Zealanders ‘start well, live well, stay well, get well, end well’ and
- (ii) that we will be ‘people-centred’ which is more inclusive and suggestive of health as an experience of well-being by people (rather than relating to buildings and equipment).

We note that there appears to be an undue emphasis on “getting well” and inadequate reference to both “living well”, and “staying well”.

The definition of ‘health and wellbeing’ appears to be missing.

We assume this is te whare tapa whā (the four cornerstones of health):

taha tinana (physical health), taha wairua (spiritual health), taha whānau (family health) and taha hinengaro (mental health).

Guiding principles: a set of eight principles is proposed to guide the New Zealand health system. These principles are listed on page 9 of I. Future Direction and page 31 of II. Roadmap of Actions. 3 Do you think that these are the right principles for the New Zealand health system? Will these be helpful to guide us to implement the Strategy?

We support the refreshed guiding principles, but note that these will be challenged by climate change as elaborated below:

1. *The best health and well being possible for all New Zealanders throughout their lives*

Climate change poses significant risks to physical and mental health throughout life, but those at the extremes of age are particularly vulnerable.

2. *An improvement in health status of those currently disadvantaged*

Climate Change will further disadvantage those currently disadvantaged in New Zealand society. The vulnerability include those living with long term conditions and socioeconomic deprivation.

3. *Collaborative health promotion and disease and injury prevention by all sectors*

Extreme weather events, such as heatwaves and flooding, cause acute trauma, damage to health infrastructure, and potential deaths. They also lead to exacerbation of chronic health conditions, mental health sequelae, and put extra stress on health and social care professionals.

4. *Acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi*

Maori have particular sensitivity to climate impacts for a variety of reasons including their traditional bonds to the natural environment, and frequency of socioeconomic deprivation. Tackling climate change to improve population health thus helps to build a more just, equitable and resilient society in keeping with Te Tiriti o Waitangi.

5. *Timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay*

Note that our research indicates that climate change is likely to widen existing health inequities.[6]

6. *A high-performing system in which people have confidence*

Yes.

7. *Active partnership with people and communities at all levels*

Yes.

8. *Thinking beyond narrow definitions of health and collaborating with others to achieve wellbeing*

This principle needs to be reflected in wider government policy for it to be meaningful. We support the addition of this principle, leading to a 'Health in All Policies Approach' throughout government departments. Thus policy makers in all sectors would automatically consider the health and equity implications of any public policy developed, through routine Health Impact Assessments.

The Ministry must lead, promote, and take ownership of a 'Health in All Policies Approach' across all of government. This WHO-espoused approach to public policies across sectors systematically accounts for the health implications of all policy decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity.[7]

Five strategic themes

The Strategy proposes five strategic themes to focus action – people-powered, closer to home, value and high performance, one team and smart system (I. Future Direction, from page 10).

4 Do these five themes provide the right focus for action? Do the sections ‘What great might look like in 10 years’ provide enough clarity and stretch to guide us?

OraTaiao welcomes the opportunity to discuss this in detail when presenting our oral submission.

Roadmap of Actions

II. Roadmap of Actions has 20 areas for action over the next five years.

5 Are these the most important action areas to guide change in each strategic theme? Are there other actions that would be better at helping us reach our desired future?

OraTaiao welcomes the opportunity to discuss this in detail when presenting our oral submission.

Turning strategy into action

6 What sort of approaches do you think will best support the ongoing development of the Roadmap of Actions? Do you have ideas for tracking and reporting of progress?

OraTaiao welcomes the opportunity to discuss this in detail when presenting our oral submission.

Any other matters

7 Are there any other comments you want to make as part of your submission?

Firstly, we append the previous letter of 10 September 2015 to the Minister of Health by OraTaiao: The New Zealand Climate & Health Council outlining our original recommendations regarding the NZ Health Strategy. We hope that this can be seriously considered in developing a Health Strategy that responds to the challenges and opportunities NZ faces from now on.

Secondly, OraTaiao is cautious about the Strategy’s inclusion of links with those “in industry” as a feature of the “one team approach”. The World Health Organization has drafted guidance which may be helpful for the Ministry to consider, “*WHO will exercise particular caution....when engaging with private sector entities or other non-State actors, which are negatively affecting human health or affected by WHO’s policies, norms and standards.*”

We are disappointed that the Strategy does not refer to the excessive production and consumption of unhealthy foods and tobacco promoted by commercial interests. These activities drive some of the great health challenges of our century, namely obesity, cardiac and respiratory diseases, cancer, tobacco and alcohol-related morbidity and mortality. Antibiotic resistance has become a major cause of morbidity, mortality and cost in our hospitals, and is largely due to the overuse of non-therapeutic antibiotics in livestock agriculture. These same excesses of production and consumption also change our climate.

OraTaiao is also concerned about the potential pervasive impacts on health and on climate change responses, of international trade and investment agreements. The Council believes it to be appropriate that the Strategy acknowledges these concerns, and that the Ministry commits to mitigating the potential threat. It is imperative that New Zealand retains the ability to directly protect the health of its population in the future, and indirectly protect health and health equity, by responding promptly to mitigate climate change. It is particularly concerning as international authorities, including the WHO, World Medical Association, and the UN Special Rapporteur on the right to health, have expressed their concerns regarding the potential risks to public health which could arise from trade and investment agreements.[8]

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APPENDIX: ORATAIAO LETTER TO MINISTER OF HEALTH 10 SEPTEMBER 2015

[unformatted text of OraTaiao letter, 10 September 2015]



NZ Climate & Health Council

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10 September 2015

Hon Dr Jonathan Coleman
Minister of Health

Dear Minister Coleman

Thank you for involving the health sector in your review of the New Zealand Health Strategy. We commend you for the timely refresh of the Strategy acknowledging that both the major health issues, and the health sector operating environment have changed significantly over the last 15 years. We were encouraged to hear that the strategy incorporates the wider environmental context of health and wellbeing, as well as the notion of a “sustainable health system”. In considering the draft Strategy you will no doubt be grappling with many competing issues.

Climate change is a “high level” health issue that will potentiate other high level health issues (including obesity), with increasing impacts over time, for the children of today and coming generations. On the other hand, health-centred climate action offers us an unprecedented opportunity to address the underlying causes of New Zealand’s largest health problems – including cancer, heart disease, diabetes and injury. Considering climate change in the revised Strategy fits with three of the Strategy’s themes: Living well in healthy communities; a great start for children and families; fostering and spreading innovation and quality improvement.

The Ministry of Health already undertakes some work in two climate and health areas: preparedness for locked in changes in infectious disease patterns (particularly through enhanced mosquito surveillance); and providing nominal support to DHBs to undertake carbon footprinting activities. However, there are multiple benefits to a carbon neutral/climate-protective health system that span the domains of financial sustainability, quality, health and health equity gain, and health protection that the revised Health Strategy could recognise and harness:

Significant Financial Savings for Health Sector

Analysis shows that most carbon reduction initiatives in health save money as well as cutting emissions. For example, the East Midlands NHS Carbon Reduction Project resulted in savings of £1.5 million and 2,556 tonnes of CO₂e per annum.¹⁻³ Some of these savings require little or no investment and result in short term financial gain (for example changing procurement decisions and behaviours), while others require greater capital commitment with longer pay-back periods (for example new energy sources for heating).

Several New Zealand DHBs have employed sustainability or energy officers and/or are undertaking CEMARS™ (Certified Emissions Measurement and Reduction Scheme). This includes Counties-Manukau, Auckland, Waitemata, Nelson-Marlborough, Capital and Coast, and Canterbury DHBs. However many other DHBs are not responding to calls from their staff and community for carbon reduction and environmental sustainability – and are unlikely to unless these are mandated by the Ministry of Health.

Quality Improvement

Carbon reduction initiatives can improve the quality of healthcare.³ The process of measuring the carbon footprint of healthcare pathways can highlight system inefficiencies and can be used to drive leaner, more productive pathways. For example prioritisation of disease prevention, improved integration of primary and secondary care, and better use of information/communication technology. The UK's Royal College of Physician's report 'Leading for Quality' recommended placing sustainability at the heart of all health service decision-making.^{4,5}

Health Gains

Policies to cut greenhouse gas (GHG) emissions can strongly influence the determinants of health, and have a large impact on non-communicable diseases and the chronic disease burden.⁶⁻⁸

- Infrastructure and policy to encourage walking/cycling cuts motor vehicle emissions and air pollution, and increases physical exercise, allowing health gains for obesity, diabetes, cancer, heart disease, respiratory disease and mental health.⁹⁻¹²
- A healthier diet across the population (more fruit/vegetables, less red meat, less saturated fat) would cut agricultural emissions, and lower risks for many diseases, including cancer and heart disease.¹³
- Well insulated homes, with clean and efficient heating, cuts energy emissions as well as reducing illnesses associated with cold, damp housing.¹⁴⁻¹⁶

The direction of the NZ Health Strategy could stimulate health promoting climate action across Government sectors. The Ministry for the Environment has expressed a desire to work more closely with health experts on climate change mitigation health co-benefits, to assist the design of climate policy.

This fits well with the sector feedback from the Health Strategy Expert Advisory Group workshops that suggested a greater emphasis on prevention and wellness; early actions on priority conditions such as childhood obesity and mental health; and greater links with other sectors.

NZ healthcare itself has the opportunity to take a leadership role by integrating health-promoting carbon reduction into its own operations. For example, promoting active transport amongst hospital/clinic staff, service users, and visitors could reduce transport emissions and increase levels of physical activity.¹⁷ Renewable energy for hospitals would cut energy emissions and reduce health damaging air pollution.

Health Equity Gains

Environmental sustainability concepts are well integrated into Māori world views and models of health. Equity gains could be made if cost savings from carbon reduction in the health sector were re-invested into healthcare and preventative health initiatives for high need populations (e.g. fuel savings from transport planning could be reinvested into enhanced outreach services). Evidence shows that low carbon initiatives across other sectors can improve the health of low income populations (e.g. policy to increase cycling and walking brings health benefits to low income groups).^{9,18,19}

Population Health Protection

Health-care has a very large carbon (and other GHG) emissions footprint.²⁰ Thus the health sector is inadvertently contributing to climate change – one of the biggest health threats of the 21st century.^{6,7} By reducing emissions the health sector can play a part in global efforts to protect people's health and wellbeing from the damaging effects of climate change. Additionally, cost

savings from well designed, progressive carbon reduction policies can be reinvested into prevention and priority conditions.

In addition to these benefits, we note the legal mandate in the NZ Public Health and Disability Act 2000 requiring that DHBs 'exhibit a sense of environmental responsibility by having regard to the environmental implications of its operations'. Other health systems around the world are already well ahead of New Zealand in committing to services that are climate-friendly; and to being part of the all-sectors, all-countries efforts to address climate change and protect health.²¹ We note from the lists of attendees at the revised Health Strategy consultation workshops an absence of climate and health expertise, or wider expertise in the important links between local and global physical environments and health. We are therefore contributing outside the consultation process as we consider there to be significant health opportunities and efficiencies that would otherwise be missed.

Recommendations:

- 1. That the New Zealand Health Strategy set a high level goal for a carbon neutral and climate-protective health system, in line with leading health systems internationally.**
- 2. That the New Zealand Health Strategy commits to cross-government action that places health and health equity at the centre of climate policy making**

We look forward to a response from you and would like to meet with you at the earliest opportunity to discuss further how climate change can be incorporated into the revised Strategy.

We wish you well with the completion of the revised Strategy.

Yours sincerely,

Dr Alexandra Macmillan

Public Health Physician and Co-Convenor of OraTaiao: NZ Climate & Health Council

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