19 January 2018

Briefing to Associate Minister of Health (Climate Change and Health)

Dear Minister Genter,

We would like to congratulate you on your crucial new climate change and health portfolio and offer our support in prioritising actions towards our shared objectives. We look forward to working constructively with you over the next three years.

Climate change has been called both the greatest threat to global public health and the greatest opportunity to address our biggest causes of mortality and morbidity. Proactively combating climate change is one of the most important actions the New Zealand government can take to improve outcomes for health, and fits with the government’s other health priorities, including reducing health inequities and eliminating child poverty.

If climate change continues unchecked, the burden of disease, disability and premature death from climate change will continue to accelerate globally, and New Zealand will not be immune from this burden. Conversely, potential win-wins for health (co-benefits) exist in addressing climate change across New Zealand’s main climate polluting sectors: transport, housing, energy, agriculture and food, and health.

These win-wins (co-benefits) will not come automatically and there is also potential for co-harms to health and health equity from mitigation and adaptation actions (examples include food crop biofuels, incentivising expensive electric private cars at the expense of public and active transport, an Emissions Trading Scheme from which only corporations profi, and poorly managed retreat from sea level rise). Many health equity risks of climate policy can be reduced through the effective government hypothecation (directed recycling) of carbon price revenues, making it crucial that carbon price instruments enable this.

A well-designed national climate change and health action plan that includes health sector mitigation and adaptation, and health in all climate policies, will be crucial to protecting and promoting health and equity in the response to climate change. While an action plan is being developed, there are immediate actions that can be taken (outlined below), with short-term wins for health and financial savings for the health sector.

The Ministry of Health and other health sector leaders also have a vital role to play in shifting the public framing of climate change as being an “environmental” issue, outside of individual lives and influence, to it fundamentally being an issue of health, now and in the future, with opportunities for immediate improved health through climate change mitigation. There is growing evidence that by reframing in this way, we can gain broad public and political will (across the political spectrum) for the social change needed.
OraTaiao: The New Zealand Climate and Health Council

OraTaiao is a health professional organisation focusing on the health challenges of climate change, and the health opportunities of climate action. It has a rapidly growing membership of health professionals: doctors, nurses, midwives, public health professionals, academics (including all New Zealand’s leading international climate health experts) and health professional students.

OraTaiao is a not-for-profit, politically non-partisan, incorporated society. Its 600-strong membership is well supported by the wider New Zealand health sector (see NZ health professionals Call for Action on Climate Change and Health), and by a global movement of health professional authorities. OraTaiao is a founding organisational member of the Global Climate and Health Alliance. We are therefore well-placed to support the government in developing healthy, equitable climate policy.

Contacts
Co-convenors
Dr Alexandra Macmillan | alex.macmillan@otago.ac.nz
Dr Rhys Jones | rg.jones@auckland.ac.nz

Website
www.orataiao.org.nz

Health co-benefits of climate action (Health in All Policies approach)

The building blocks for health lie well outside the health sector and, like health services, are unjustly distributed by income and ethnicity. In particular, this undermines Treaty and other rights to health for Māori. Climate actions that are timely, well-designed and fairly implemented, can lead to a healthier nation, a healthier environment and alleviate growing financial pressures on the health sector in New Zealand. Financial costs of responding to climate change will be offset by the cost-savings of health co-benefits. There are actions and policies that can be valued, included in cost-benefit assessments and implemented now. Specific examples are in the table below.

<table>
<thead>
<tr>
<th>Emissions reduction measure (mitigation)</th>
<th>Health benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero-carbon public and active transport by rebalancing the transport investment</td>
<td>Physical activity-related, air pollution-related, road traffic injuries, equitable access to education and employment, improved social connection, improved economic resilience, and more.</td>
</tr>
<tr>
<td>Housing-related energy efficiency through investment in housing insulation and quality and zero-net carbon heating including in private rental housing</td>
<td>Reductions in lung cancer, cardiovascular and respiratory disease, cold-related deaths, asthma, child poverty</td>
</tr>
<tr>
<td>Reducing production and consumption of animal products through pricing, removal of perverse incentives and health promotion</td>
<td>Ischaemic heart disease, cancer, obesity, freshwater quality, waterborne infectious disease, antimicrobial resistance, food insecurity</td>
</tr>
<tr>
<td>Zero-carbon energy generation through no new fossil fuel exploration, putting climate change back in the RMA and taxing pollution</td>
<td>Air pollution related (cardiopulmonary mortality, cancer), occupational injury, social and health equity</td>
</tr>
</tbody>
</table>
They illustrate the importance of the Ministry of Health and health sector leaders taking a Health in All Policies approach to working with other sectors, emphasising the principle that the purpose of government is protection and improvement in wellbeing.

Health equity gain
Climate action that prioritises health equity has significant potential to reduce health inequities for Māori, Pacific people, and low-income New Zealanders. For example, recycling carbon penalty revenue back to low-income families would remove the risk of an extra carbon-cost burden, and could provide revenue for initiatives that improve health (and lower emissions) for low-income New Zealanders (e.g. retrofitting insulation to make homes warm and dry can reduce childhood asthma and chest infections, being leading causes of hospital admissions, particularly for Māori and Pacific children).

Negative health impacts of climate change
We have recently assisted the Royal Society of New Zealand to develop expert advice on the health impacts of climate change, which demonstrates that climate change is already affecting the health of New Zealanders. If climate change continues unchecked there will be increasing risk to the health and wellbeing of New Zealanders.

Direct impacts include death, illness, and injury from extreme weather events and lost productivity from workplace heat. Powerful indirect impacts will be environmentally, economically and socially mediated including through changing infectious disease vector ecology, reduced freshwater quality, sea level rise impacts on the built environment, forced migration, loss of livelihoods and increasing food insecurity. The mental health impacts of climate change are likely to be a large, poorly recognized health sector burden.

All the above health effects will have a greater impact on those that already suffer from disadvantage and poorer health in New Zealand – children, elderly, low-income, Māori and Pacific populations. Hauora Māori will be affected first and most severely, undermining Treaty and other indigenous rights to equitable health outcomes.

Well-planned adaptation now will allow New Zealand to prepare and reduce these impacts.

Our recommendations about priority actions are below.
Priority actions for climate health by the Ministry of Health and the health sector

1. **Develop a national climate change and health action plan.** This needs to include actions to achieve a carbon zero health sector before 2050; a health adaptation plan including health sector adaptation and health-protecting adaptation in other sectors; and actions to influence climate policies in other sectors.

In the meantime, we recommend the following priority actions are taken:

2. **Broker and accelerate cross-party agreement for a Zero Carbon Act using health and wellbeing framing,** to legislate a net zero all gases emissions target well before 2050, and an independent climate change commission. Ensure health experts are represented on the commission. Ensure carbon pricing instruments (ETS/carbon tax) enable hypothecation of revenue to protect and improve health equity.

3. **Create an independent national health sector sustainable development unit,** modelled on the Sustainable Development Unit (SDU), NHS, UK, drawing on existing knowledge, and relationships between NZ health professionals and the SDU.

4. **Require all DHBs and crown health entities to measure their greenhouse gas emissions,** report these emissions annually and set targets for reduction (in line with a zero carbon health sector by 2050). To achieve targets there are five priorities:
   
   a. **Rapidly phase out both coal and natural gas use by the health sector.** Currently there are 37 coal boilers nationally and 14 DHBs using natural gas.
   
   b. **Require PHARMAC, Health Alliance and DHB procurement teams to develop sustainable and ethical procurement policies** that address the financial, health and environmental (and carbon) impacts of pharmaceuticals and medical supplies.
   
   c. **Require DHB, PHARMAC, Ministry of Health and other funding prioritisation processes** (including cost benefit analysis) incorporate carbon impacts.
   
   d. **Reduce health sector staff air travel.**
   
   e. **Develop green building standards for new hospitals and public health facilities** and include environmental and health in cost-benefit analysis of capital investments.

5. **Engage PHOs and require Primary Care to achieve emissions reductions,** as above.

6. **Press for health and health equity and the Treaty of Waitangi to be at the centre of climate policies in other sectors.**

7. **Incorporate climate change in health strategies and plans,** including strategies to reduce health inequities by partnering with the Ministries responsible for: trade, environment, housing, local government, energy, transport and primary industries.

8. **Communicate with the public about climate change and health** including through a dedicated webpage on the Ministry of Health website.

9. **Support and commission research** to assess the total carbon footprint of the health sector; increase understanding of the NZ burden of climate change health impacts; climate change and hauora Māori; and value the health and equity co-benefits of climate action.

10. **Use existing relationships and responsibilities in the Pacific** to support healthy climate change adaptation and mitigation in our vulnerable Pacific relatives and neighbours.
Further resources


Committee on the Rights of the Child (2016). Concluding observations on the fifth periodic report of New Zealand to the UN Convention on the Rights of the Child


