

National Health and Climate Strategy - Consultation

Climate and Health Alliance Submission

July 2023

Why we must act

Challenges posed to human health by climate change are significant and accelerating. Climate change directly impacts human health, and increases both demand for health services and stress on the people and institutions providing those services.

It is clear that action on climate and health is hugely beneficial for social, environmental, cultural and economic outcomes. However, these benefits can only be achieved with urgent and decisive action, and the funding to execute it.

For over a decade, the Climate and Health Alliance (CAHA), its members, and its allies in the health and environment sectors have been advocating for a national approach to climate and health. We welcome the recent establishment of the National Health, Sustainability and Climate Unit (NHSCU) and the development of Australia's first National Health and Climate Strategy(1) (the Strategy).

The importance of this Strategy can not be understated.

Why we must act

The current health impacts of climate change in Australia



Extreme weather events

Heatwaves, storms, floods and fires are increasing in Australia and will worsen leading to illness, loss of life and livelihoods, and increasing pressure on our health services.

These events are increasing the risk and incidence of climate-related mental illness and stress



Pollution and aeroallergens

Burning coal, oil and gas creates harmful local air pollution, estimated to cost Australia \$5.3 billion pa.

Droughts and heatwaves contribute to dust storms and bushfires, both additional sources of harmful air pollution.

Rising temperatures increase ground level ozone and aeroallergens, aggravating allergic and respiratory conditions, and amplifying the toxic effect of other air pollutants.

Pollution of our waterways, soil and water is also a major health risk. This is occurring from the overuse of toxic chemicals & plastics and other pollutants.



Infectious diseases

Through biodiversity loss and a warmer climate, the range and prevalence of vector-borne and zoonotic diseases is increasing, threatening a larger proportion of the Australian population.



Sea level rise

Coastal inundation from sea level rise threatens food production, health, homes, livelihoods, and culture. Sea level rise also compounds other threats to the availability and quality of fresh water.



Food and water security

Changing weather patterns associated with climate change are impacting agriculture, fisheries, and water supply, jeopardising rural livelihoods and endangering Australia's food and water security.

Populations at greater risk

Vulnerable populations suffer disproportionately from the adverse health impacts of climate change, with people with pre-existing medical conditions, older people, young, disabled, socioeconomically disadvantaged and Indigenous Australians particularly vulnerable.

Women in particular are disproportionately impacted by climate change, as long-standing social, cultural and economic gender inequalities are exacerbated by climate-related hazards.

Hotter temperatures are also putting outdoor and manual labourers at increased risk of heat-related illnesses, work accidents and death, while the extreme weather events are increasing occupational risks and demands on emergency services.

This consultation is a once in a generation opportunity to meaningfully prepare to meet the health needs of all people in Australia in the face of the climate crisis. To ensure the Strategy meets the needs of the community, it is crucial the remit of the NHSCU is broadened to take a 'Health in All Policies', whole of government approach, where climate and health leadership is supported throughout all Commonwealth policy planning. This approach should be coupled with tangible mechanisms for implementation including science-based targets and funding.

In June 2023 Assistant Minister for Health and Aged Care, the Hon. Ged Kearney MP, and Assistant Minister for Climate Change and Energy, Senator Jenny McAllister launched a consultation for the Strategy(2). As the peak body on climate change and health in Australia, representing over 100 member organisations, CAHA has been working closely with the NHSCU and health and environment stakeholders to ensure the Strategy is as effective as possible.

To that end, we've worked with members and stakeholders (including the Lowitja Institute and the Gunnu-maana (Heal) Aboriginal and Torres Strait Islander Health Program at The George Institute for Global Health) to develop a submission.

The aim of our submission is twofold:

1. To provide overarching recommendations on the structure and focus of the Strategy.
2. To provide recommendations in response to consultation questions to ensure the Commonwealth receives best advice.

As per the CAHA-led 'Healthy, Regenerative and Just' framework⁽³⁾ for a national strategy on climate, health and wellbeing: *"Achieving a better future involves a clear-eyed look at current structural political, social, economic, environmental and public health challenges, identifying and implementing integrated strategies. The approach must be holistic. We must move beyond silos in terms of public dialogue, policy portfolios, investment strategies, political and business priorities, and leadership"*.

This imperative requires a nationally coordinated approach, led by the Department of Health and Aged Care (DHAC), to embed climate and health outcomes into the business of government. The Strategy must clearly outline how the Department will take a whole of government approach to embedding health across every portfolio, not just DHAC.

We urge the Department and consultants assisting to refer to the overarching structure and the almost 200 specific recommendations made in *Healthy, Regenerative and Just*⁽³⁾ to guide this Strategy. Each of the eight Areas of Policy Actions and accompanying recommendations are considered vital elements of the task to reduce the impacts and risks to health from climate change, and maximise the health benefits associated with well designed climate mitigation and adaptation strategies (more below). The framework is informed by consultation with climate and health experts and health stakeholders over an extended period and across multiple forums. It represents the insights and expertise from academics, researchers, health service managers, policymakers, professional associations, unions, and health and medical professionals from many disciplines.

The following section reflects high level guidance on how the Strategy can better meet sector needs. Specific guidance on the Consultation Paper questions appears further below.

We welcome the opportunity to engage further with the NHSCU.

About the Climate and Health Alliance

The Climate and Health Alliance (CAHA) is a national charity and the peak body on climate change and health in Australia. CAHA is an alliance of organisations within the health sector working together to raise awareness about the health risks of climate change and the health benefits of emissions reductions. The membership of CAHA includes a broad cross-section of health sector stakeholders with over 100 member organisations (Appendix 1), representing healthcare professionals from a range of disciplines, as well as healthcare service providers, institutions, academics, researchers, and consumers.

Acknowledgement

The Climate and Health Alliance recognises Aboriginal and Torres Strait Islander People as the traditional custodians of the land on which we live and work, and acknowledge that sovereignty of the land we call Australia has never been ceded. We commit to listening to and learning from Aboriginal and Torres Strait Islander people about how we can better reflect Indigenous ways of being and knowing in our work.

Healthy, Regenerative and Just

The science is clear: Australia must reduce its contribution to climate change, and prevent further harm to people here, and around the world. Coordinated action and national leadership is essential in getting this done.

In 2021, the Climate and Health Alliance developed the Healthy, Regenerative and Just Framework for a national strategy on climate, health and wellbeing for Australia (the Framework)(3). The Framework provides a comprehensive roadmap to support Australian governments, businesses and health and environment sector actors to protect the health and wellbeing of Australian communities from climate change, and fulfil its international obligations, including the Paris Agreement. The Framework in covers eight areas of policy action, and calls for:

1. Health-Promoting and Emissions-Reducing Policies

Policies that protect and promote health and wellbeing while simultaneously reducing greenhouse gas emissions.

2. Supporting Healthy and Resilient Communities

Enhancing the capacities of communities to anticipate their climate risks and reduce impacts on health and wellbeing in their communities.

3. Thriving Ecosystems

Restoring and safeguarding Australia's ecosystems, recognising that intact ecosystems are the fundamental basis of human health and livelihoods.

4. Emergency and Disaster-preparedness

Supporting the identification of vulnerable populations and gaps in policies and procedures, including in emergency services, in order to adequately prepare for the impacts of climate change.

5. Education, Communication and Capacity Building

Educating and raising awareness of the health impacts of climate change within the health workforce, and the wider Australian community.

6. A Sustainable and Climate-Resilient Health Care Sector

A net zero greenhouse gas emissions, environmentally sustainable, climate-resilient health sector which can effectively respond to the health impacts of climate change.

7. Research and Data

Supporting Australia's health and climate research capacity to evaluate specific health threats, priority needs, to design responses and to monitor trends and opportunities for maximising multi-sector benefits.

8. Leadership, Financing and Governance

Providing leadership and establishing appropriate governance and financing arrangements in order to effectively respond to climate change and health risks at national, state/territory, and local levels, and contributing to the international effort to limit global warming.

As per the Framework: “Achieving a better future involves a clear-eyed look at current structural political, social, economic, environmental and public health challenges, identifying and implementing integrated strategies. The approach must be holistic. We must move beyond silos in terms of public dialogue, policy portfolios, investment strategies, political and business priorities, and leadership”.

While the Consultation Paper makes important steps towards addressing climate and health needs in Australia, CAHA believes the Strategy does not go far enough in addressing the underlying principles of a healthier, safer climate or the governance structures required to have meaningful impact, and prepare for the realities of the climate crisis. In evaluating the consultation paper against the sector-endorsed Framework, there are several areas that need improvement. Analysis of the approach for the Strategy as described in the Consultation Paper with the Areas of Policy Action outlined in the HRJ framework reveals there are considerable gaps between the vision of health stakeholders and experts and the Strategy as currently proposed.



Key concerns include:

- There is very limited attention paid to the health promoting aspects of emissions reducing policies in other sectors.
- There is very limited evidence on how the Strategy will support healthy and resilient communities.
- There is no mention of the fundamental role of thriving ecosystems in supporting the essential condition for human health.
- It is unclear how the Strategy will facilitate emergency and disaster preparedness, either in the community or in the health system.
- It is unclear how the Strategy will facilitate the essential education and capacity building required, either in the community, among policymakers, or within the health workforce.
- There is some evidence of impacts with regard to setting directions for a sustainable and climate resilient health care system, but no evidence of targets to ensure accountability or guide progress.
- The references to data and research so far relate to health sector emissions only, and not data regarding population health or health sector vulnerability to guide investment and action.
- There is no detail on the financing, governance or leadership arrangements that will be required for the Strategy's implementation, monitoring, and reporting.

As such, it is recommended a reevaluation and focus of the current structure of the Strategy, and commensurate capacity building within the NHSCU to execute it.

Recommendations

Health in All Policies

- **Make the protection of population health and wellbeing the primary focus of the Strategy**

All dimensions of climate change are interlinked with human health. Health should be understood in the holistic sense, as “... a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”(4). Therefore action to reduce the health risks from climate change (described in the infographic above) requires working across all sectors and all levels of government.

The outcome of the Strategy must be: to prevent illness, injury and death associated with climate change; minimise the healthcare systems’ contribution to Australian emissions; and, ensure health systems resilience. This requires dedicated systems and processes to apply a health lens that evaluates potential for health benefits and harms to policy development in other sectors, including energy, resources, transport, agriculture, infrastructure, planning, and environment. The Strategy should clearly outline how DHAC is going to lead and contribute to this effort, and how the NHSCU will be equipped to do this work.

In the Consultation Paper, the stated purpose of the Strategy is “protecting the health and wellbeing of Australians from the impacts of climate change”. However, the Consultation Paper does not make clear how the Strategy can reduce the health risks of climate change without a whole of government approach.

As it stands, the Strategy is focused primarily on the health system and health sector, rather than influencing and guiding activities in all portfolios and sectors to achieve better climate and health outcomes. Addressing the health threats of climate change through the Strategy must include addressing the wider determinants of health: social, cultural, economic and environmental. It is clear that health outcomes are largely determined by factors outside of the health system. Policies that achieve better health and wellbeing outcomes while reducing greenhouse gas emissions and pollution are win-win options, and should be at the heart of the Strategy. There is little sense in the current Consultation Paper that there is an understanding about the broader definition of health, and the factors outside of the health system that result in health outcomes. This has led to key strategies required to protect and promote population health being omitted.

The primary focus of the Strategy, and the work of the NHSCU, should be to address health in a climate-impacted world across the Commonwealth Government. This must be rectified in the final Strategy to address community needs.

The Strategy must capture diseases exacerbated by incremental climate change (e.g. climate impacts on non-communicable diseases such as renal, injury, cardiovascular and neurological conditions), communicable diseases (e.g. vector-borne diseases after extreme weather events), as well as other conditions including carcinoma and cancers from exposure to pollutants and other environmental degradation. This should all be understood within the context of social determinants driving exacerbation.

The overall focus of the Strategy needs to be strongly directed towards reducing the current risks to population health from climate change, and to maximise the health co-benefits of carefully designed climate mitigation and adaptation actions. This can be achieved through the implementation of a Health in All Policies(5) (HiAP) initiative and a broader focus on the

wider determinants of health. This approach was broadly endorsed by health and environment stakeholders when outlined in Healthy, Regenerative and Just(3).

While the 'introduction' of the Consultation Paper highlights the risks of illness, injury and death from climate change impacts, it remains unclear how the Strategy will specifically address these risks. It also does not address the cost of failing to mitigate and adapt to climate change (through disease prevention and reform in existing health systems), which are critical aspects of societal and health systems resilience.

The Strategy must also clearly outline how it will drive investment and implement policy and other initiatives in other sectors to reduce population health threats. For example, implementing an ambitious fuel efficiency standard(6) will reduce air pollution and, thus, the incidence of respiratory disease, cardiovascular disease and cancer(7-11). See Appendix A of the Framework(3) for examples of relevant international and domestic policies that deliver integrated climate and health benefits.

The current structure of the Strategy, as implied by the Consultation Paper, needs revision in order to fully address the health risks posed by climate change. Furthermore, it is crucial to health outcomes that DHAC leads from the front as a key agency in the national response to the climate crisis. Owing to the need to restructure the current approach of the Strategy and the remit of the NHSCU, it is recommended the timeline for delivery of a final Strategy is extended so that the sector may have additional consultation and review a draft Strategy.

Governance

The Consultation Paper does not adequately explore the governance mechanisms required for the oversight and implementation of the Strategy, including how the limited remit of the NHSCU can achieve evidence-based outcomes. These must be clearly outlined in the Strategy and their functions made transparent to all parties.

- **Establish a Board to advise the Minister on the Strategy**

This Board should include representatives of public and private hospitals, general practitioners, allied health professionals, public health specialists, consumers, climate and health experts, and national climate agencies. The Board should provide advice to the NHSCU and an interdepartmental committee of senior officials from all jurisdictions and representatives from climate change coordination agencies in jurisdictions. It should produce an annual report on the implementation of the Strategy, and provide public communication on progress and outcomes. The Board should be responsible for approving climate and health grants and research programs, outside of existing structures such as the National Health and Medical Research Council.

The Board function should be linked into the Australian Centre for Disease Control (CDC) to ensure alignment on strategic direction and initiatives. There should also be coordination with EnHealth and the Australian Health Protection Principal Committee, with shared implementation objectives on key areas of the Strategy.

- **Establish an interdepartmental committee on climate change and health**

This committee should be made up of senior officials, including executive and bureaucracy, from Commonwealth, state and territory jurisdictions from the following portfolios: Health, Environment/Climate Change and Energy. There should also be regular engagement and consultation with ministers and bureaucrats with responsibility for related portfolios, such as Mental Health, Resources, Emergency Services, Planning, and Infrastructure.

This committee could consider how to progress an agenda for action, drawing on advice from the Health and Climate Board, EnHealth and the CDC. Examples could include:

- a. Strengthening surveillance of vector-borne disease
- b. Food safety (short- and long-term) and food security
- c. Energy and transport emissions and air quality
- d. Urban planning guidelines to address heat islands
- e. Guidance for community support and mental health services
- f. Appropriate housing design
- g. Chemical and other waste reduction

Vision and Purpose

- **Have a clearly articulated vision and purpose**

The most effective strategies are those where tangible actions are underpinned by clear vision and purpose. The Consultation Paper does not contain a Vision Statement to underpin the objectives and actions of the Strategy.

The Consultation Paper states that the overarching purpose of the Strategy is “protecting the health and wellbeing of Australians from the impacts of climate change”. However, there is little in the Consultation Paper to indicate how the Strategy will achieve this. The purpose should be clearly articulated, and developed to reflect a HiAP approach.

- **Proposed vision:** ‘A healthy, climate resilient community and net zero healthcare system’
- **Proposed purpose:** ‘To reduce the impacts of climate change on the health of the population and the health system; and, to guide healthcare decarbonisation in a culturally safe and just way’.

Tracking Progress

- **Set targets and timeframes for actions and implementation**

The Strategy must articulate emissions reductions targets at levels that will reduce the risks to health and wellbeing as quickly as possible. It is recommended these targets are set at a 75% reduction in greenhouse gas emissions below 2005 levels by 2030 and net zero greenhouse gas emissions by 2035(12), in line with best-evidence from the Intergovernmental Panel on Climate Change(13). Fossil fuel phase out is a crucial component of achieving net zero targets, and therefore should be a key action supported by the Strategy.

While it has been announced that the Strategy will be set for three years, it is crucial that actions in the Strategy include measurable goals and timelines for achievement. An Implementation Plan that accompanies the Strategy should set clear timelines for the achievement of goals and targets in the short-, medium- and long-term, and avoid the pitfalls of short-term political cycles.

- **Establish targets and measures for climate-related injury and disease prevention**

It is recommended that targets for disease, injury prevention and population health are set in line with other national strategies, and used to guide mitigation and adaptation actions. The establishment of an applied research program on measures to address health impacts of climate change will be necessary to support progress, and should be prioritised in funding.

- **Include mitigation targets in the Strategy**

Targets and goals within the Strategy should cover all aspects of implementation, including greenhouse gas emissions targets, as well as local environmental and air pollution(80) reduction targets.

- **Establish targets for health outcomes**

Disease prevention is one of the best guarantees of mitigating healthcare sector emissions. The NHSCU should be equipped to work across the whole of government to ensure that disease prevention is a priority of key portfolios—including transport, housing, First Nations and climate change—that can impact the social determinants of health.

- **Invest in upstream prevention - to save money and lives**

The prevention of disease and injury is the most certain way of reducing the health sector's environmental footprint. By preventing disease and injury, particularly chronic conditions, fewer people need to access health services and the carbon load is reduced. It is recommended that prevention of disease is embedded within mitigation approaches and that the Commonwealth budget reflects the commitment of 5% of health budget(26) spending towards preventive health.

- **Embed Health Impact Assessment in project assessments**

Health Impact Assessments should be used in guide approvals of new projects, including new coal and gas fired power stations and fracking projects, as well as transport and industrial infrastructure.

- **Use existing policy levers to drive accountability and action**

The use of existing levers, such as the National Safety and Quality Health Service Standards, to set targets for climate mitigation and adaptation, will support 'quick wins' as well as positive longer term outcomes.

Change will be driven most effectively when there are explicit incentives to act. Including an obligation and targets for all Australian governments to work on climate mitigation and adaptation strategies in funding agreements, such as the National Health Reform Agreements, with states and territories will ensure accountability for coordinated and strategic implementation and action.

- **Expand adaptation beyond the health system**

At present, the Consultation Paper refers largely to adaptation in the health system. There are two components to adaptation: how the healthcare system adapts, and how the community adapts to the health impacts of climate change. The latter will entail considering how the Strategy will support communities to prepare for, and respond to climate-related harms to health, and build resilience and capacity for the future.

Expand the Principles

- **Include the human right to health and intergenerational justice as principles of the Strategy**

Health and clean air are fundamental human rights that are being undermined by climate change(14-15, 81). As a signatory to the Paris Agreement(16), the Australian Government has committed to ensuring a healthy, just and safe climate for the benefit of current and future generations of all people living in Australia. This is particularly important for young people, who are faced with more risks across their life course than other age groups(17-23). As such, the right to health and the rights of current and future generations should underpin the objectives and actions of the Strategy.

Deepen and expand engagement; facilitate collaboration

- **Conduct genuine engagement with First Nations Elders and communities**

Australia's First Nations people are the longest continuing culture in the world, dating back over 60,000 years. Sovereignty over the land we call Australia has never been ceded. The rich and diverse Traditional Knowledge held by First Nations peoples can contribute to the development of the Strategy so that it supports the strength and resilience of First Nations peoples, as well as Australian society at large.

While the references to First Nations cultural knowledge and practice throughout the Consultation Paper are welcome, it is crucial that First Nations Elders and communities are engaged in the development of the Strategy and its related objectives and actions. The Strategy should adopt a strengths based, co-design model, and outline how it will engage First Nations Elders and communities, and incorporate cultural knowledge, practice and reciprocity during implementation.

- **Consult with affected communities**

For the Strategy to be effective, its development and ongoing implementation must be informed by engagement with communities. The lived experience of all people living in Australia, including consumers and patients, rural and remote people communities, young people and those experiencing vulnerability and disadvantage, will be invaluable in setting policy that can have real world impact. Consumer data should be adopted in goals and targets of the Strategy, and under principles of reciprocity and data sovereignty. Consultation with consumers should include the establishment of a consumer-led deliberative process that guides implementation of the Strategy(82).

- **Undertake consultation with expert consultation**

It is crucial that the objectives and actions of the Strategy are underpinned by best evidence and expert guidance to maximise current efforts. There are hundreds of climate and health experts in Australia who have not yet been engaged in the process of developing the Strategy, and from whose scientific knowledge it would benefit. An ongoing collaboration with experts should form part of the governance and implementation arrangements for the Strategy. This should include equipping the NHSCU to engage with experts outside of traditional health systems thinking, to leverage Australia's immense talent pool of world-leading experts.

- **Establish processes for ongoing collaboration**

It is crucial the Strategy specifically outlines how it will coordinate initiatives across the government to support climate and health outcomes, such as "collaboration between

jurisdictions and key stakeholders including the sharing and adoption of best practices and reducing duplication of effort”(24). The Strategy should describe the infrastructure required to support ongoing collaboration to contribute to the coordination and implementation of initiatives. Given the extensive work already underway, state and territory jurisdictions are key stakeholders in the development and implementation of the Strategy and should be extensively consulted on goals and targets. The jurisdictions should also be considered a key enabler to implementation of the Strategy, and be supported and funded to expand existing work and tailor programs to localised solutions where needed.

- **Establish an ongoing national community of practice**

The Strategy should articulate how health and environment stakeholders will be involved in the development and implementation of proposed actions, goals and targets. The infrastructure for this should be to expand the remit of the NHSCU and be included as part of the governance arrangements. This should also include engagement throughout their implementation and evaluation through specific governance structures. Stakeholders for engagement include academics, not-for-profit organisations, industry and peak bodies, as well as local consumers, community members and leaders across urbanised, rural, semi-rural and remote settings, First Nations peoples and youth. An ongoing national Health and Climate Community of Practice (as has been established in Western Australia) would allow for knowledge and information exchange, facilitate collaboration, and help build momentum and capacity for action.

Draw on existing initiatives and lessons learned

- **Maximise current activities to reduce carbon emissions**

In the absence of Commonwealth leadership over the last decade, health and environment sector stakeholders and state and territory governments have been demonstrating leadership in reducing carbon emissions. The Strategy should be informed by mapping of these efforts, and seek to maximise them, rather than duplicate, through Commonwealth support and coordination. The Strategy should also draw upon international examples, such as the United Kingdom National Health Service's Net Zero Suppliers Roadmap(25), to implement best practice in health systems mitigation.

- **Align with and inform national health and environment strategies**

It is crucial the Strategy takes a whole of government approach. It should clearly outline how it will engage with other departments on current national health and environment strategies, and prevent exposure to environmental toxins, waste by-products and other pollutants.

Language and Terminology

- **Make terminology consistent**

Accurate, plain language definitions and terminology are crucial to community support for the Strategy, and, thus, its successful implementation. It is recommended that the Strategy include a glossary of definitions so stakeholders can clearly understand the intention of objectives, actions and systems articulated throughout. This is particularly important when referring to the 'health system', 'mitigation' and 'adaptation'. As it stands, it is unclear what the Strategy considers the health system to be, and what is covered in mitigation and adaptation. This should also include a clear definition of health and wellbeing that reflects the WHO definition(4) and a definition of health that includes First Nations wisdom(27).

Questions for feedback from the Consultation Paper

Introduction

1. How could these objectives be improved to better support the vision of the Strategy?

The Climate and Health Alliance supports the use of objectives in the National Health and Climate Strategy (the Strategy) as a mechanism through which the Strategy's activities can be understood. We strongly support the use of 'Health in All Policies' to underpin objectives, the Commonwealth commitment to mitigation of health systems carbon emissions, and the Commonwealth commitment to embedding health systems resilience in Australia's response to the climate crisis.

To strengthen the Strategy, we recommend the following:

- **Include a Vision.** The most effective strategies are those where tangible actions are underpinned by clear vision and purpose. The Consultation Paper does not yet contain a Vision Statement to underpin the objectives and actions of the Strategy. This should be addressed as a priority so that the objectives can be reviewed fully. It is recommended the Vision should be: 'A climate resilient community and net zero healthcare system'.
- **Provide more detail.** The objectives currently lack detail to provide a fulsome review. The Strategy should outline more clearly what the objectives are, what they will do, and how they will support a fast, fair and inclusive transition to a climate resilient, healthy, and low carbon society and health system.
- **Commit to a health systems paradigm.** The intent of the Strategy, as articulated by the health and environment sector, is to secure the health of current and future generations in the context of the climate crisis. Therefore, it is recommended the current approach of the Consultation Paper be amended to reflect a health systems paradigm. It is recommended the order and emphasis be as follows:
 - Objective 1. Promoting and protecting health and wellbeing: This Strategy will inform and guide the development of policy and initiatives that embed health and climate considerations across all portfolios at both national, state and territory and local government level.
 - Objective 2. Build a climate resilient community and health system: This Strategy will support the development of initiatives to build community, health and aged care system resilience and capacity to respond to the health impacts of climate change.
 - Objective 3. Establish a net zero health and aged care system: This Strategy will guide the development of a national net zero plan for health and aged care, informed by a comprehensive assessment of the Australian health and aged care system's carbon footprint and reflecting best scientific evidence.
- **Support ambitious emissions reduction.** The Strategy should articulate specific emissions reduction targets, including an updated Nationally Determined Contribution that reflects the current climate crisis. Health and environment sector stakeholders are proposing a reduction in national greenhouse gas emissions of 75% below 2005 levels

by 2030 and net zero emissions by 2035 for all sectors, including healthcare, and including emissions from exports.

- **Amended Objective 1.** The current Objective 1 should be accompanied by a list of specific elements that are to be measured.
- **Amended Objective 3.** The current Objective 1 should be considered an enabler, and moved into revised Objective 3 (outlined above).

2. How could these principles be improved to better inform the objectives of the Strategy?

The Climate and Health Alliance generally supports the six principles as outlined in the Consultation Paper. We strongly support those that recognise First Nations leadership, and the broader determinants of health and prevention.

To strengthen the Strategy, we recommend the following:

- **Clarify the principles.** The purpose of 'Principles' within the Strategy is to provide a lens through which the objectives and actions are evaluated. As such, it is recommended that the principles of the Strategy are primarily underpinned by the fundamental human right to health, a healthy environment and a liveable planet. They should also be underpinned by a holistic definition of health that includes First Nations understandings of health and wellbeing.
- **Include justice.** Principle 2, 'Tackling health inequalities', should include inter- and intragenerational health inequality in climate impacts. For example, young people are more impacted by the climate crisis and therefore need specific focus in policy development and implementation.
- **Take a strengths based approach.** Principle 2, 'Tackling health inequalities', should be strengths based, going beyond 'supporting action' to 'taking action'.
- **Take a planetary health approach.** While the inclusion of Principle 4, 'One Health', is welcomed, it is crucial that the Strategy take a broad approach to the impacts of global environmental change on human health. It is therefore recommended that the Strategy adopt a Planetary Health⁽²⁸⁾ approach, which more fully captures the intersection of broader environmental impacts on human health outcomes in the context of planetary boundaries and sustainable development.
- **Consider how we use 'evidence'.** While the inclusion of evidence in developing policy is crucial to success and impact, it is also important to recognise the type of evidence and analysis being used to justify action. In Principle 5, 'Evidence-informed policymaking', the use of 'cost-effective analysis' can often overlook the lived experience of people and the qualitative analysis that informs user experience. It is recommended that 'cost-effectiveness' is balanced with equity and justice principles to ensure no one is left behind, particularly those communities experiencing vulnerability.
- **Include workforce.** Principle 6, 'Partnership-based working across all levels of government and beyond' should be expanded to include the role of the healthcare workforce across all settings including primary, tertiary, community and aged care.
- **Include consumers.** Principle 6, 'Partnership-based working across all levels of government and beyond', should be expanded to include collaboration with consumers. If the principle of Partnership is to be realised, the Strategy will need to establish governance mechanisms, programs and initiatives that enable and facilitate partnership across all relevant stakeholders.

3. Which of the various types of greenhouse gas emissions discussed above should be in scope of the Strategy's emission reduction efforts?

The Climate and Health Alliance strongly urges the inclusion of scope 1, 2 and 3 emissions in the priorities and actions of the Strategy. The ramifications of the climate crisis cannot be underestimated. It is crucial a whole of government approach is taken so that sources of emissions can be fully understood and mitigated. The health and aged care system must do its part and be as ambitious as possible in mitigating its emissions, and support other sectors in doing so, without compromising quality patient care. This includes a full assessment of all associated emissions and how to best reduce them(29).

To strengthen the Strategy, we recommend the following:

- **Define the health system.** To best provide fulsome feedback on the inclusion of certain types of emissions in the Strategy, it is important that a clear definition of 'health system' is provided. Without a clear definition, there may be key sources of emissions that are omitted from the Strategy.
- **Support an ambitious Nationally Determined Contribution.** To ensure Australia, as a developed nation, does its fair share of the global task of reducing emissions, the Strategy should support an updated Nationally Determined Contribution (NDC) that reflects the current health-climate emergency. Under the Paris Agreement of the United Nations Framework Convention on Climate Change (UNFCCC), each country must outline and communicate their planned climate actions, known as their Nationally Determined Contributions. Health and environment sector stakeholders are calling for a reduction in national greenhouse gas emissions of 75% below 2005 levels by 2030 and net zero emissions by 2035 for all sectors, including healthcare, and including emissions from exports. To reach these targets, it will be important that the health sector has its own sectoral emissions reduction plan, which includes all emissions and identifies the necessary strategies to reduce them.
- **Include all emissions sources.** While it is recognised that under the Paris Agreement Australia is only responsible for emissions that occur within Australia, scope 3 emissions in the context of the Strategy should include all emissions that arise as a consequence of the delivery of healthcare in Australia. This includes healthcare products manufactured overseas. A high proportion of healthcare products are imported and, as such, the health system must be responsible for their associated emissions.
- **Include transport.** The Strategy should include all emissions that arise as a result of the health and aged care system, including patient and visitor transport(30).

4. What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon to address climate change and protect First Nations country, culture and wellbeing?

The Climate and Health Alliance strongly supports the meaningful inclusion of First Nations Elders and communities in the development and activities of the Strategy. We strongly support the inclusion of the impacts of climate change on First Nations peoples health and wellbeing, taking a strengths based approach to the inclusion of First Nations cultural knowledge, and the coordination of goals and targets of the Strategy with other policy that impacts First Nations health and wellbeing.

The Climate and Health Alliance supports recommendations from our First Nations members, allies and other First Nations peoples and organisations contributing to this consultation process. We wish to acknowledge the First Nations organisations who contributed to the development of this submission. We seek to learn from First Nations peoples, and imbed Aboriginal and Torres Strait Islander ways of knowing and being in our work.

To strengthen the Strategy, we recommend the following:

- **Commit to self-determination and reciprocity.** As a signatory to the United Nations Declaration on the Rights of Indigenous Peoples(31), the Commonwealth has committed to including First Nations views and needs in all aspects of policy development. These should be determined through self-determination and reciprocity with First Nations Elders, leaders and communities.
- **Support Closing the Gap.** Closing the Gap is a crucial mechanism through which First Nations health and wellbeing is addressed. The Strategy should outline how it will support the work of Closing the Gap, and how those priorities are being centred in the Strategy.
- **Centre First Nations voices.** First Nations voices should be centred in the Strategy. This should include how the Commonwealth will integrate governance mechanisms and processes for community leadership according to best practice and with cultural safety principles.
- **Amplify success.** The First Nations response to the COVID-19 pandemic(32-33) was recognised globally as being extraordinarily successful. The learnings from this should be amplified within goals, objectives and actions of the Strategy.
- **Conduct genuine engagement.** The Strategy should clearly outline how genuine engagement with First Nations leaders, Elders and communities will occur, how leadership will be fostered, and how the health and wellbeing of First Nations peoples will be advanced through the Strategy.
- **Leverage existing consultation processes.** The Strategy should seek to integrate objectives and actions being developed through the Voice to Parliament Referendum, the Measuring What Matters Framework community consultation processes and the objectives of the Australian Centre for Disease Control.

5. What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

The Climate and Health Alliance strongly supports the meaningful inclusion of First Nations Elders and communities in the development and activities of the Strategy. We strongly support First Nations leadership and self determination. We strongly support the inclusion of the impacts of climate change on First Nations peoples health and wellbeing, taking a strengths based approach to the inclusion of First Nations cultural knowledge, and the coordination of goals and targets of the Strategy with other policy that impacts First Nations health and wellbeing. We strongly support the co-design of governance structures for the Strategy with First Nations peoples, drawing on best practice.

The Climate and Health Alliance supports recommendations from our First Nations members, allies and other First Nations peoples and organisations, contributing to this consultation process. We wish to acknowledge the First Nations organisations who contributed to the development of this submission. We seek to learn from First Nations peoples, and embed Aboriginal and Torres Strait Islander ways of knowing and being in our work.

To strengthen the Strategy, we recommend the following:

- **Commit to co-design.** The Strategy will only be effective for First Nations peoples if it is underpinned by genuine engagement and co-design principles. DHAC and NHSCU should seek to listen to and learn from First Nations Elders, Knowledge holders and communities about what the priorities are for tackling the health impacts of climate change(34).
- **Embed cultural knowledge.** The Strategy must ensure there is an ongoing process to embed First Nations cultural knowledge and practice into its goals, targets and actions.
- **Collaborate.** The Strategy should collaborate with First Nations peoples across Australia, including at the local, state and territory and national level.
- **Seek advice.** The Strategy should seek expertise from the National Aboriginal Community Controlled Health Organisation and its associated Aboriginal Community Controlled Health Organisations across Australia, the Coalition of the Peaks, Closing the Gap and other existing coalitions and partners.

Proposed Objective 1: Measurement

6. Beyond the schemes already noted above, is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

Established by Health Care Without Harm (HCWH) in 2011, Global Green and Healthy Hospitals (GGHH)(83) is a collaborative international network of health institutions that are committed to reducing their ecological footprint and promoting public and environmental health. As of July 2023, the GGHH network includes 1,788 member organisations in 83 countries, representing over 70,000 hospitals and health services. The GGHH network aims to facilitate connection between people driving sustainable healthcare, provide tools and resources, and to document, promote and celebrate achievements. GGHH is based around a framework of 10 interconnected goals outlined in the GGHH Agenda, which includes leadership, chemicals, waste, energy, water, transportation, food, pharmaceuticals, buildings and purchasing.

As a strategic partner of Health Care Without Harm, the Climate and Health Alliance founded and has coordinated GGHH in the Pacific region for more than 10 years. As of July 2023, there are 152 GGHH members in Australia and New Zealand, representing 2,399 hospitals and health services. This community of practice showcases cutting edge examples of healthcare sector leadership in climate action. As part of this work, case studies examples of leadership and exemplary action are documented and shared – for example, the initiatives of health services which are reducing the use of nitrous oxide, reducing single use plastics, waste composting, developing tools to engage healthcare staff in sustainability initiatives, and sustainable menus.

Existing and planned initiatives:

- The GGHH Climate Impact Checkup Tool(35) is a free carbon footprint tool available to all health facilities who are members of the GGHH network. This tool measures greenhouse gas emissions from:
 - Scope 1: Stationary combustion; Mobile combustion; Fugitive emissions (cooling and medicinal/anaesthetic gases); Waste on site treatment.
 - Scope 2: Purchased electricity; Purchased steam, heat or cooling.
 - Scope 3: Extra supply chain; Business travel; Electricity transmission and distribution losses; Inhalers; Waste off site treatment; Employee commuting; Patient commuting.

In coming months, a new online course will be available to help people effectively use the Climate Impact Checkup Tool. This is accompanied by six months free access to the tool for non-GGHH members, an offline Excel version, and user guides.

- A number of states and territories have existing or planned environmental reporting systems for public health services. The Strategy should build on these existing data sources to include bottom up data and reduce duplication of effort. For example:
 - Public health services in Victoria report data on energy, water, waste, paper, vehicle fleet and medical gases through the Victorian Department of Health Environmental Data Management System(36).
 - The public healthcare system in NSW reports data on energy, waste and water in alignment with the NSW Government Resource Efficiency Policy(37).

The Climate and Health Alliance strongly urges an evidence-based approach to setting the priorities for decarbonisation of the healthcare system, covering scope 1, 2 and 3 emissions. The schemes outlined in the Consultation Paper are sound, and we support the commitment to Commonwealth leadership that ensures coordination across our federated system of government.

To strengthen the Strategy, we recommend the following:

- **Fully equip the NHSCU.** The NHSCU should be fully equipped to establish a dedicated team that can collate and report on carbon emissions of the public and private health systems. Public annual reporting of progress on emissions reduction should be available to the Board (outlined above). The team should include an epidemiology unit to assemble, monitor and share information on climate impacts on health to guide decision-making.
- **Develop a national healthcare decarbonisation plan.** This should draw on the HCWH Global Healthcare Decarbonisation Roadmap(84), be led by the Commonwealth in conjunction with the states and territories, and build on existing efforts among the Australian network of the Global Green and Healthy Hospitals and others.
- **Define health systems.** A clear definition of what 'health system' means is required to ensure emissions from across the healthcare value chain are accounted for. For example, clarify if 'health system' includes aged care, and Australian healthcare suppliers and manufacturers.
- **Make Objective 1 an enabler.** The purpose of the Strategy is to clearly define how the Department is going to act on the impacts of climate and health. This goal must be underpinned by a HiAP approach and centred on the lived experience of consumers. As such, while Objective 1 is crucial to the decarbonisation of the health system, it should be understood as an enabler to mitigation, and not emphasised as a standalone objective.
- **Commit to evidence-based actions.** This section should reflect the need to establish emissions reduction targets based on current evidence and be as ambitious as possible in the face of the climate crisis.

7. What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

The Climate and Health Alliance strongly urges the inclusion of scope 3 emissions in the mitigation remit of the Strategy.

To strengthen the Strategy, we recommend the following:

- **Incorporate the lived experience.** While it is crucial that the Strategy take an ambitious approach to climate action, this action should not compromise consumer experience or patient outcomes. As such, the Strategy should include data and information of the lived experience of consumers and, where possible, enable consumer-led solutions.
- **Include all emissions.** All emissions that occur as a consequence of the Australian health and aged care system should be measured, including emissions from imported products and medications, and emissions from patient and visitor travel.
- **Take a broad approach to measurement.** Measurement of the health system's carbon footprint should be informed by both top down data and bottom up data (where available and feasible). Measurement must not rely solely on data available through Australia's Greenhouse Gas Accounts, as emissions from entities that are below the

National Greenhouse and Energy Reporting Scheme reporting threshold will not be captured.

- **Support and scale-up existing work.** The Strategy should take into account the emissions reduction targets and actions already being undertaken to ensure the Strategy is aligned with best practice, e.g. Hunter New England Local Health Service has committed to be carbon and waste neutral by 2030(38).
- **Develop models for measuring emissions.** The Strategy should provide guidance on establishing the carbon footprint of different models of care to help inform decision making.

Proposed Objective 2: Mitigation

8. What do you think of these proposed focus areas for emissions reduction?
Should anything else be included?

The Climate and Health Alliance is generally supportive of the proposed focus areas for emissions reduction. Recognising the urgency of the climate crisis, we believe these focus areas are a good starting point for emissions reduction within the Australian health and aged care system. We strongly support the inclusion of prevention and models of care, supply chains, and medicines and gases as high emissions sources.

To strengthen the Strategy, we recommend the following:

- **Take a whole of government approach.** Mitigation should include strategies outside the health system that will reduce risks to health and protect health and wellbeing. The NHSCU should be resourced appropriately to ensure this can occur. This will require advocacy and leadership by the DHAC for the Commonwealth Government to create the necessary authorising environment to support the application and implementation of a HiAP approach.
- **Look at prevention as mitigation.** Mitigation and adaptation to the climate crisis is a preventive health measure, as well as a moral responsibility. The Strategy should clearly outline how it will safeguard health and aged care, by doing its part to contribute to the Nationally Determined Contribution under the Paris Agreement.
- **Do no harm.** The purpose of a mitigation objective is fundamentally to ensure that the sector is doing all that is possible to fulfil the 'do no harm' principle, and this should be highlighted from the start of the Strategy.
- **Amend Objective 2.** The purpose of the Strategy is to ensure the co-benefits of action on climate and health are fully realised. As such, Objective 2 should include how DHAC is going to support emissions reductions that benefit health outcomes across all sectors. This should include supporting the implementation of decarbonisation strategies across sectors for the betterment of intergenerational health and wellbeing. Objective 2 should clearly outline strategies to support the reduction of emissions across all sectors. Objective 2 should clearly set out an emissions reduction target for decarbonisation of the health and aged care sector. Objective 2 should include energy as a standalone focus area considering its large contribution on the health system's carbon footprint(39). Objective 2 should include food as a standalone focus area considering its' significant contribution to the health system's carbon footprint, and the opportunities to deliver health and wellbeing co-benefits—for example, foodservice models designed to produce minimal food waste and increase patient nutrition and satisfaction (such as order on demand/room service models), local food procurement, and plant-forward menus(40-52). Objective 2 should include a goal to establish a pathway for ensuring the health sector achieves its emissions reduction target. This pathway should:
 - Include strategies for communicating emission reduction targets and progress
 - Identify carbon hotspots
 - Include targets to reduce chemical footprint and waste
 - Prioritise mitigation actions
 - Establish effective governance structures
 - Facilitate appropriate resource allocation and policy development

- Prevent duplication of effort and set a common pathway for the decarbonisation of Australia's health and aged care system (inclusive of public, private, tertiary, and primary care, supply chains and services)
- **Coordinate across the health system.** Mitigation and adaptation targets should be included in the National Healthcare Reform Agreements and National Safety and Quality Health Service Standards.
- **Fund education and knowledge transfer.** Funding should be allocated as part of the Strategy's implementation to provide for education, capacity building and knowledge transfer opportunities in the sector.
- **Support applied research.** Applied research programs should be established for health institutions and organisations to develop mitigation measures along the model of the Australian Research Council Industry Partnership research grants. This program encourages development of applied research proposals by research institutions in collaboration with 'industry'. Industry is required to contribute direction or 'in kind'.
- **Expand the focus areas.** To provide fulsome feedback on the proposed focus areas, the Strategy should clearly outline the justification for the selection of the current six priorities.
- **Amend the waste priority.** Waste should be renamed to 'Sustainable resource use, circular health care and sustainable healthcare waste management'(39) in keeping with a health paradigm for sustainability.

9. Which specific action areas should be considered relating to the **built environment and facilities (including energy and water)**, over and above any existing policies or initiatives in this area?

The Climate and Health Alliance strongly supports the inclusion of actions to improve the built environment on, around and near health facilities, the consideration of reducing emissions from both building design and construction, and building operation, and the transition to renewable energy sources and electrification.

To strengthen the Strategy, we recommend the following:

- **Decarbonise for health and wellbeing.** Beyond the health system, the Strategy should outline how it will encourage electrification and energy efficiency in all buildings(53) to improve health and wellbeing.
- **Promote active transport.** The Strategy should emphasise that built environment design and urban planning must also promote active transport, which benefits health through reduction of transport emissions (as detailed in section 2.2) as well as physical activity pathways. Adequate housing density, well-connected streets, mixed land uses to create nearby destinations, and proximate public transport are key determinants of walkability (54-56), especially in outer suburban areas.
- **Include urban greening.** There needs to be targets and actions to increase urban greening and tree canopy cover in the built environment, as this can reduce health impacts of extreme heat and air pollution(57).
- **Commit to gas-free hospitals.** The Strategy should support all hospitals and health facilities to be gas-free and powered by renewable energy.
- **Set transition targets and actions.** The Strategy should set an ambitious target date for transitioning existing hospitals, health facilities and aged care facilities to be gas-free and powered by renewable energy. The Strategy should also outline how it will enable public health services to purchase renewable energy from the grid, e.g. via Power Purchase Agreements. The Strategy should outline how it will actually support healthcare suppliers and manufacturers to transition to net zero buildings and facilities.

- **Prioritise ‘necessary’ development.** The Strategy should set out how it will support action to reduce demand for large, resource-intensive health care facilities and ensure only absolutely necessary buildings are constructed, e.g. by scaling up telehealth, health promotion and care closer to home, without compromising patient outcomes.
- **Address ventilation.** The COVID-19 pandemic has prompted healthcare settings to address their indoor air ventilation. Whilst efficacy in reducing risk of airborne disease transmission is the primary concern, it is important to recognise energy requirements differ contingent on selected strategy(58). It is recommended the approach to ventilation also takes into consideration the associated energy requirements and electronic waste that may be generated, and takes a precautionary approach by avoiding air purifiers that generate free radical gases as a byproduct(59).

10. Which specific action areas should be considered relating to **travel and transport**, over and above any existing policies or initiatives in this area?

The Climate and Health Alliance strongly supports building on existing work relating to the decarbonisation of travel and transport, including improvements to fuel quality and reductions in air pollutants from vehicles.

To strengthen the Strategy, we recommend the following:

- **Include specific targets.** The Strategy must include specific targets for the adoption of electric and zero emissions transport, and an ambitious fuel efficiency standard. There needs to be greater emphasis on improving urban design and infrastructure provision for active transport (e.g. walking, cycling) and public transport in Australian cities. The NHSCU should be resourced and supported to secure the necessary authorising environment to advance this in relevant portfolios. This will have multiple health co-benefits through emissions reduction, improved air quality and physical activity pathways (54, 60-62). The Strategy must outline how it will respond to identified infrastructure challenges.
- **Ensure Commonwealth support for local solutions.** The Strategy should support collaboration between state and territory government, local government and health services to improve active and public transport access and incentives for patients, staff and visitors at existing and new facilities(39), as well as to other essential services for health and wellbeing.
- **Develop low-carbon models of care.** The Strategy should include improvements to models of care that produce less emissions, e.g. telehealth services for rural and remote communities. This should be in the context of ensuring communities experience tailored care and that commuting can occur where needed.

11. Which specific action areas should be considered relating to **supply chain**, over and above any existing policies or initiatives in this area?

The Climate and Health Alliance supports the inclusion of emissions reductions within the supply chain, and leveraging joint purchasing power.

To strengthen the Strategy, we recommend the following:

- **Include specific targets.** The Strategy must include specific targets for reducing emissions from the health system’s supply chain. Targets should align with the UK

National Health Service Net Zero Supplier Roadmap(25). This will provide direction and certainty for health services, manufacturers and suppliers. While the focus of actions 2.3.1 and 2.3.2 are positive, defined targets for each action must be included. For example, a target to establish nationally consistent procurement standards(63) that include criteria for greenhouse gas emissions, resource depletion (water, energy and material consumption), chemical and toxic impact on human and environmental health, human rights, labour rights and gender equality, are all important areas for consideration.

- **Foster collaboration.** The Strategy should facilitate collaboration between states and territories, and the public and private sectors, in order to share knowledge and build collaborative networks with a shared interest in reducing carbon footprints associated with supply chains. The Strategy should also convene a supply chain group made up of state and territory health purchasing bodies, public and private health and aged care providers, healthcare suppliers and manufacturers, civil society and experts, to work collaboratively to reduce the carbon footprint of the health system supply chain.
- **Develop consistent measurement methodologies.** The Strategy should support the development of a universal methodology to measure and report on health system supply chain emissions consistently.

12. Which specific action areas should be considered relating to **medicines and gases**, over and above any existing policies or initiatives in this area?

The Climate and Health Alliance supports the inclusion of emissions reduction related to medicine and gases.

To strengthen the Strategy, we recommend the following:

- **Target elimination of desflurane.** Action 2.4.1 should include a target for eliminating the use of desflurane.
- **Target nitrous oxide leakage.** Action 2.4.2 should include a target for reducing leakage from piped nitrous oxide.
- **Target all harmful chemicals.** It is crucial the Strategy broadly targets all harmful chemicals that contain known carcinogens and 'forever chemicals'(85).
- **Develop actions related to medications emissions.** The Strategy should outline actions for emissions reduction of medications, including:
 - Investment in emerging technology platforms designed to improve pharmaceutical stock management and reduce waste.
 - Supporting research to determine environmental impacts of medications to establish environmentally preferred options, and communicate this to clinicians.
 - Support and scale up Choosing Wisely(64) to ensure preventive health is the cornerstone of mitigation actions.
 - Work with the Therapeutic Goods Administration to review packaging and information requirements for medicines to reduce waste and carbon emissions.

13. Which specific action areas should be considered relating to **waste**, over and above any existing policies or initiatives in this area?

The Climate and Health Alliance supports the inclusion of emissions reduction related to waste.

To strengthen the Strategy, we recommend the following:

- **Embed prevention as mitigation.** The Strategy should centre preventive health as the mechanism through which waste is minimised in the health system.
- **Encourage circularity.** The Strategy should focus on minimising waste and encouraging circularity across all waste streams including plastics(65). Actions and targets to prevent food and medical waste must be included, as both contribute significantly to healthcare's carbon footprint.
- **Set targets.** The Strategy should set a target to establish nationally consistent procurement standards (outlined in Q11). Actions 2.5.1–2.5.4 need to go further than 'encouraging' and 'promoting' action and set targets for each action.
- **Foster collaboration.** The Strategy should outline how it will convene a supply chain group made up of state and territory health purchasing bodies departments, public and private healthcare providers, and healthcare suppliers and manufacturers to work collaboratively in reducing the health and aged care system's carbon footprint.
- **Meet best practice standards.** The Strategy should meet the world's best practice standards by reviewing pollution reduction technology used in healthcare waste treatment facilities.
- **Support the healthcare workforce.** The Strategy must set out how it will engage and support the healthcare workforce in sustainable resources use, waste management and segregation.
- **Conduct education campaigns.** The Strategy should establish a goal for conducting an education campaign on best disposal options for unused medications for healthcare workers.
- **Target consumables.** The Strategy should establish a goal to reduce the vast array of consumables throughout the healthcare system, e.g. packaging and personal protective equipment.
- **Reframe the 'problem'.** The diversion of food waste from landfill incorporates more opportunities than what is already discussed in the Strategy, specifically in Action 2.5.4 where compost is mentioned. The Strategy should seek to classify food waste as a reusable resource to address mitigation(66-67).

14. Which specific action areas should be considered relating to **prevention and optimising models of care**, over and above any existing policies or initiatives in this area?

The Climate and Health Alliance strongly supports the inclusion of preventive health as a core function of the Strategy. One of the best ways to reduce emissions associated with the healthcare sector is to keep people as healthy as possible for as long as possible. We strongly support the inclusion of optimising models of care, as it reduces emissions, improves consumer experience and patient outcomes and reduces wastage of resources.

To strengthen the Strategy, we recommend the following:

- **Commit funding.** The Commonwealth should commit to funding:
 - the NHSC Unit \$1,000,000 per annum.
 - other funding as outlined in the CAHA Pre-Budget submission(86)
 - the commitment of the National Preventive Health Strategy to spend 5% of the health budget on prevention.

- **Embed prevention as mitigation.** Promoting health and preventing illness are major ways to reduce emissions by reducing illness and so demand for health care services while improving wellbeing. This can be done by:
 - Increasing funding for primary prevention via the National Preventive Health Strategy, the National Strategy for Injury Prevention, the National Obesity Strategy and the Australian CDC (among others).
 - Increasing funding for beneficial screening and health promotion, while regulating adverse influences from commercial entities (primordial prevention).
 - Reform primary care organisation and funding to support non-communicable disease and injury management (secondary and tertiary prevention) and high value primary care.
 - Review and reform hospital care practices to optimise high value care and prevent low value and harmful care.
 - Supporting policy monitoring and evaluating through funding research.
- **Include NCDs.** Non-communicable diseases (NCDs) and injury are the biggest burden of disease in the world. The Strategy should explicitly articulate how NCDs are exacerbated by climate change and how prevention will support reductions in disease and injury burden.
- **Act on social determinants.** Primary prevention is crucial to addressing health inequity in Australia. This includes supporting and enacting policy that addresses the social determinants of health and underlying systems of power that have led to the climate crisis.
- **Address colonisation.** Climate change impacts are the intensification of a sustained colonial process(68). The Strategy should recognise colonisation as a driver of climate and health outcomes, and that redressing this system is crucial to a healthier, sustainable and more just Australia.
- **Set targets.** While actions 2.6.1–2.6.4 are all positive, they need to include defined targets.
- **Coordinate action.** The Strategy should explicitly include how it will coordinate action across the existing and new national strategies. The Strategy should explicitly include how it will support key aspects of policy in other portfolios that have an impact on health outcomes. The Strategy should explicitly include how it will support state and territory governments in preventive health measures, e.g. active transport.
- **Support funding reform.** The Strategy should explore opportunities for health system funding reform(39) (Medicare, private health insurance) to support health promotion, strengthen primary care, optimise high value care and prevent low value and harmful care.

15. What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

The Climate and Health Alliance supports the inclusion of all healthcare service providers, including private healthcare providers, in emissions reduction efforts.

To strengthen the Strategy, we recommend the following:

- **Establish goals.** The Strategy should set a goal to establish mandatory climate change mitigation and adaptation requirements in healthcare accreditation standards. There is much more to do in increasing understanding among health executives and boards in relation to their fiduciary responsibility ('duty of care') and potential for personal liability if they fail to account for climate risks in strategic and operational plans. The

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| <p>Strategy should set a goal that requires all health services and other relevant services to conduct climate change risk assessments as a core risk management strategy.</p> <ul style="list-style-type: none"> ● Demonstrate leadership. The Strategy should demonstrate leadership by developing a clear, ambitious decarbonisation plan that sets out responsibilities and opportunities for the private sector. This will provide certainty and help guide decisions and investment. |
| <p>16. Where should the Strategy prioritise its emissions reduction efforts?</p> <ol style="list-style-type: none"> a. How should the Strategy strike a balance between prioritising emissions reduction areas over which the health system has the most direct control and prioritising the areas where emissions are highest, even if it is harder to reduce emissions in these areas? b. Which of the six sources of emissions discussed above (on pages 13 to 18 of the Consultation Paper) are the highest priorities for action? |
| <p>The Climate and Health Alliance strongly supports immediate action to ambitiously reduce carbon emissions, both in the health sector and across the whole of Australian society. The Strategy should seek to provide an emissions reduction strategy for the health sector that is informed by best practice and based on best 'bang for buck' with consideration of emissions reductions, financial costs and savings, efforts, health benefits and cost of inaction. The Strategy should also reflect a broader remit under the NHSCU to support health outcomes in climate planning across all sectors and portfolios. By siloing action on health and climate to the Department of Health, the factors that undermine health and climate outcomes will continue. Once the Strategy is developed, an implementation plan coupled with funding should be urgently rolled out and acted upon.</p> <p>The Commonwealth Government should join the global initiative led by the World Health Organization: the Alliance for Transformative Action on Climate and Health (ATACH) to work together with other nations on climate adaptation and resilience and low carbon and sustainable healthcare initiatives.</p> |
| <p>17. What 'quick wins' in relation to emissions reduction should be prioritised for delivery in the twelve months following publication of the Strategy?</p> |
| <p>As above.</p> |

Proposed Objective 3: Adaptation

18. What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy? What process or methodology should be adopted to prioritise impacts, risks and vulnerabilities for adaptation action?

The Climate and Health Alliance strongly supports the inclusion of health systems resilience as a priority objective within the Strategy. We strongly support the emphasis on support for communities experiencing vulnerability and welcome acknowledgement of the irreversible and harmful impacts of climate change already with us, even under ambitious mitigation scenarios.

To strengthen the Strategy, we recommend the following:

- **Support community adaptation.** While there is support for the inclusion of adaptation within the Strategy, the content within this section appears out of order with the previous objectives. It is recommended that objectives are re-organised to better reflect the purpose of the Strategy as follows:
 - Objective 1. Promoting and protecting health and wellbeing: This Strategy will inform and guide the development of policy and initiatives that embed health and climate considerations across all portfolios at both national, state and territory and local government level.
 - Objective 2. Build a climate resilient community and health system: This Strategy will support the development of initiatives to build community, health and aged care system resilience and capacity to respond to the health impacts of climate change.
 - Objective 3. Establish a net zero health and aged care system: This Strategy will guide the development of a national net zero plan for health and aged care, informed by a comprehensive assessment of the Australian health and aged care system's carbon footprint and reflecting best scientific evidence.
- **Address harms of incremental climate change.** While there is strong support for the inclusion of health harms associated with acute disasters or crises, it is also crucial the Strategy seeks to address health harms associated with incremental climate change, including heat, sea level rise and biodiversity loss.
- **Adopt First Nations knowledge.** First Nations knowledge and engagement is fundamental to assessing health impacts, risks and vulnerabilities in adaptation planning(69-71). This should include adopting well-established models of excellence for the preservation of Country.
- **Fund an adaptation workforce.** It is recommended the Strategy fund a climate change adaptation worker program akin to the existing environmental health worker program. Experience from similar programs indicate that success is dependent on support and training at the jurisdictional level. This could be applied from remote Indigenous communities to multicultural metropolitan settings. The Strategy should account for the health and aged care workforce facing challenges in accessing healthcare facilities during extreme weather events, and prioritising their own patients or immediate families and communities during extreme weather events.
- **Implement awareness campaigns.** Adaptation will only be effective if the wider community understands the risks to health from climate change, and are empowered to take action to protect their own health. As such, the Strategy should include a public education campaign that highlights the risks to health and the health benefits of adaptation as a critical factor to the success of any adaptation action.

- **Support thriving ecosystems.** Adaptation, including the protection of Australia's biodiversity, should include thriving ecosystems.
- **Foster cross-portfolio, cross-sectoral collaboration.** 'Policy responses to ameliorate impacts' (page 27) should include responses across sectors and government departments including housing and education.
- **Act on mental health.** The Strategy should explicitly outline the mental health impacts of climate change, including (but not limited to) climate anxiety, limited access to services during acute weather events, and limited access to open, safe spaces(72-75).
- **Develop targets.** The Strategy should recognise the overall increase in burden of disease because of climate change and include goals and targets as part of resilience planning. The Strategy should recognise that health and aged care facilities can be damaged during extreme weather events and incremental changes due to climate change, and develop goals and targets to reduce these impacts.
- **Build resilient communities.** The Strategy must focus on planning for building resilient communities—not just developing emergency event response plans.
- **Develop plans for continuity of care.** The Strategy should outline how it will support continuity of care for the community during extreme weather events. We support the Consumers Health Forum in their recommendations.
- **Foster health system adaptation.** There needs to be a systemic analysis by all health services of the likely impacts of climate change. The Strategy should require (and support) all health services to develop a climate change adaptation plan that outlines the steps they need to take to prepare for the challenges ahead. This would include such matters as emergency preparedness, infrastructure assessment, workforce skill in managing climate-related health risks in their patients. Heat waves are one example, e.g. there is limited information in the community on how patients with chronic conditions need to manage excessive heat other than drinking more water. Adaptation plans would need to encompass this kind of advice.
- **Mandate standards.** The production of health service adaptation plans could be mandated in the Australian Council of Healthcare Standards, and included as a performance measure in the National Healthcare Reform Agreement. Targets should be included in the National Healthcare Reform Agreement and National Safety and Quality Health Service to cover both community and health service adaptation.
- **Minimise supply chain disruption.** The Strategy should account for supply chain disruption from climate-related events that impact both facilities and delivery of health services.

19. Should the Australian government develop a National Health Vulnerability and Adaptation Assessment and National Health Adaptation Plan? If yes:

- a. What are the key considerations in developing a methodology?
- b. How should their development draw on work already undertaken, for example at the state and territory level, or internationally?
- c. What are the key areas where a national approach will support local/jurisdictional vulnerability assessment and adaptation planning?

The Climate and Health Alliance supports the development of a National Health Vulnerability and Adaptation Assessment and a National Health Adaptation Plan.

To strengthen the Strategy, we recommend the following:

- **Streamline processes.** The development of a National Health Vulnerability and Adaptation Assessment and a National Health Adaptation Plan should be conducted as part of the National Climate and Risk Assessment processes and not as a duplication of efforts. This should be executed as a whole of government assessment, and not siloed within DHAC.
- **Account for lived experience.** The Strategy should account for the lived experience of consumers, and all people living in Australia, as part of vulnerability and adaptation planning.
- **Identify gaps and opportunities.** The methodology used needs to identify policy gaps and opportunities for improving population resilience across government portfolios.
- **Support adoption of climate and health assessments.** The Strategy should support the adoption of climate and health assessments as a tool through which to assess vulnerability, risk and adaptation.

20. Would there be value in the Australian government promoting a nationally consistent approach to vulnerability assessment and adaptation planning for the health system specifically, for instance by issuing guidance and associated implementation support tools for states, territories and local health systems? If yes, what topics should be covered to promote a nationally consistent approach? What examples of existing guidance (either from states/territories or internationally) should be drawn from?

The Climate and Health Alliance supports a nationally consistent approach to vulnerability assessment and adaptation planning for the health system.

To strengthen the Strategy, we recommend the following:

- **Recognise diversity.** The assessment should take into account the extensive range of vulnerabilities across different communities and regions, the variety of ecosystems and natural habitats and climates across Australia, the variety of health and wellbeing considerations, and how these are being impacted by climate change. It is recommended that guidance is provided for a broad range of health and aged care services, and is adaptable to different service settings.
- **Leverage existing work.** It is recommended that guidance for the assessments take into account policies and tools that have already been developed (e.g. at the state and territory level), and action that has already occurred (e.g. at the health service level) to avoid duplication of effort. Guidance and support should be provided for assisting health services to assess and plan for climate risks to healthcare infrastructure, service provision (including surges in service demands and changing burdens of disease and injury), the health workforce, and supply chains. Relevant tools include:
 - Queensland Climate Risk Strategy and Adaptation guides
 - Human Health and Wellbeing Climate Change Adaptation Plan for Queensland
 - NSW Climate Risk Ready program
 - Victorian Health and Human Services Climate Adaptation plan
 - Resources from the World Health Organization(76)
 - Sydney North Health Network Climate and Health Strategy
- **Build capacity.** Implementation support in the form of tools, knowledge and capacity building, and finance is essential. This work takes considerable time and resources,

requires input from multiple internal and external stakeholders, and is new territory for many people in the healthcare workforce.

- **Resource the NHSCU.** The NHSCU must be resourced to provide ongoing implementation support for health services to assess and plan for climate risks.

21. What immediate high-priority health system adaptation actions are required in the next 12 to 24 months?

The Climate and Health Alliance supports the development of high-priority health system adaptation actions that are ambitious and evidence based. We strongly support the inclusion of a nationally coordinated surge health and medical workforce for deployment in response to climate change-related emergencies.

The Strategy should support:

- Education and capacity building among policymakers, community members, the health workforce, and within emergency and disaster preparedness services and agencies.
- Resourcing for emergency services.
- Food and housing systems, including food security (encompassing caloric and nutrition intake).
- Transport system.
- Support and resources for rural and remote health services to improve resilience.
- Preparedness for disruption to health system supply chains.
- Responding to escalating inequity, increasing poverty and homelessness.
- Preparedness for health threats resulting from human influence on natural ecosystems.
- Consider the full societal costs of climate inaction over short and long time-frames, and the implications of health-relevant policies in all sectors, to prevent the hidden transfer of costs to the health sector and the undermining of environmental sustainability.
- Consumer consultation.

Proposed Objective 4: Health in All Policies

22. What are the key areas in which a Health in All Policies approach might assist in addressing the health and wellbeing impacts of climate change and reducing emissions?

The Climate and Health Alliance strongly supports the adoption of a Health in All Policies approach to the Strategy. As outlined above, all dimensions of climate change are interlinked with human health. Therefore action to reduce the health risks from climate change requires working across all sectors and all levels of government. The current structure of the Strategy, as implied by the Consultation Paper, needs revision in order to fully address the health risks posed by climate change. Furthermore, it is crucial to health outcomes that DHAC lead as a key agency in the national response to the climate crisis. The NHSCU should be funded and equipped to execute a whole of government approach to climate and health.

The overall focus of the Strategy needs to be strongly directed towards reducing the current risks to population health from climate change, and to maximise the health co-benefits of carefully designed climate mitigation and adaptation actions. This can be achieved through a Health in All Policies approach and the many recommendations outlined in *Healthy, Regenerative and Just*, as endorsed by 70+ health and environment stakeholders.

We strongly support the utilisation of health impact assessments in climate mitigation and adaptation planning.

To strengthen the Strategy, we recommend the following:

- **Commit to equity.** The Strategy should explicitly acknowledge its commitment to not exacerbate existing inequity.
- **Evaluate the costs.** The Strategy should require the Productivity Commission to produce an evaluation of the economic costs of climate change under current emissions reduction scenarios, along with modelling the economic savings associated with emissions reductions across a range of sectors, including health benefits. For example, this should evaluate the economic savings associated with the avoided ill health and productivity gains from strategies to reduce emissions in the transport sector.
- **Maximise health co-benefits.** Greater benefits for health could be achieved through actively planning to maximise health co-benefits associated with climate adaptation and mitigation strategies when developing policies, e.g. ensuring energy and transport transitions are guided by health evidence. This requires building institutional capacity and skills in other portfolios to implement a Health in All Policies approach, and for DHAC and stakeholders to provide evidence on the determinants of health and inequity, as well as effective responses and solutions.
- **Leverage expertise.** Health experts should provide guidance and establish regulatory frameworks for the assessment of health risks and impacts, advise on the implementation of appropriate solutions and on monitoring progress across sectors. To ensure transparency and ‘the right person for the right job’, identification of appropriate health experts to assist in this process should be undertaken as a joint exercise between government and independent bodies including academic institutions, not-for-profit organisations, consumers and communities across geographical settings.
- **Act.**

- The Commonwealth Government should ensure Australia's Nationally Determined Contribution includes recognition of climate-health risks and opportunities for health co-benefits from climate action, and that these are reflected in mitigation and adaptation plans.
- The Commonwealth Government should ensure Australia's representation at international climate change forums includes Australian health ministers and health department officials.
- The Commonwealth Government should establish a national Ministerial Committee on Health and Climate Change to facilitate cooperative leadership across portfolios and levels of government.
- The Commonwealth Government should establish a 'Climate Change and Health' standing committee of the Australian Health Protection Principal Committee.
- The Commonwealth Government should include consideration of climate change and health in other significant national health plans, such as the Long Term National Health Plan and the National Preventive Health Strategy, and align the Strategy with these plans.

23. What are the most effective ways to facilitate collaboration and partnerships between stakeholders to maximise the synergies between climate policy and public health policy? What are some successful examples of collaboration in this area?

The Climate and Health Alliance strongly supports a collaborative approach to policy development, cross-sectoral engagement and collaboration and alignment with international policy, including the Sustainable Development Goals.

To strengthen the Strategy, we recommend the following:

- **Improve governance.** The Strategy should seek to establish an overarching working group or National Committee that consists of experts representing the most relevant facets of health, climate science, implementation science, and Commonwealth, state and territory Ministers with portfolio responsibility for Health, Environment, Climate Change and Energy. There should also be regular engagement and consultation with Ministers with responsibility for related portfolios, such as Mental Health, Resources, Emergency Services, Planning, and Infrastructure with respect to policies, programs and initiatives in these portfolios that align with the Strategy. The Ministerial Committee should have responsibility for overseeing the development of the Strategy, including setting the overall policy direction and providing final approval for the Strategy's policies, programs and initiatives. An appropriate national agency should be tasked with leading the coordination and implementation of policies, programs and initiatives to deliver the Strategy. The Strategy itself must be integrated with other significant national health strategies, including the Long Term National Health Plan, and the National Preventive Health Strategy. The Ministerial Committee should be responsible for monitoring and reporting to the National Cabinet (or any subsequent body) on the progress and outcomes from the implementation of the Strategy, which should be outlined in detail in a publicly available annual report by the nominated national agency.
- **Engage with First Nations.** The Strategy should engage early and often with First Nations groups including Elders, local land councils, community controlled health organisations and the Coalition of the Peaks.

Enablers

24. How could these enablers be improved to better inform the objectives of the Strategy? Should any enablers be added or removed?

The Climate and Health Alliance supports the enablers outlined in the Consultation Paper. However, there are a numbers of areas where these enablers could be strengthened:

- **Workforce, leadership and training:** The Strategy must include adequate support for workforce involvement in the change process beyond training, and provide detail about the change theory and process. As well as retraining and managing change, the Strategy needs to recognise that in emergencies and disasters, healthcare workers are often supporting immediate family and friends. There must be contingency for workforce shortages in extreme weather events. There is also a lack of support for workforce capacity building and training. There is a need for a national cross-disciplinary continuing professional development program on climate change and health for the health and social sector, and for people in other sectors. Current training opportunities are either discipline-specific (which doesn't encourage or support collaboration) or ad hoc (therefore reaches too few people) or expensive (not everyone can afford for profit education courses). There is also a need to support and scale up existing communities of practice for sustainable healthcare to allow achievements and learnings to be shared, and common challenges to be raised. The Strategy should reflect respect for First Nations Knowledges in this enabler, and its inclusion.
- **Research:** There is a high priority need for better data on climate-related health and wellbeing outcomes. Data can guide better investment, and disinvestment, in programs and interventions. It is crucial that First Nations peoples are tasked with conducting relevant research and that data sovereignty is an underpinning principle(77-79).
- **Collaboration:** There is limited support for collaboration on climate change and health. The health sector has self-organised to collaborate on responding to climate change and health and health care decarbonisation, but these efforts require government investment in order to scale up effectively. It should be a priority of DHAC to address the barriers and foster enablers to ensure better outcomes for climate and health.
- **Monitoring and reporting:** Regular assessment and forecasting of climate-related health impacts across the country is vital. Monitoring over long time periods with robust indicators would help governments and services understand climate change risk, identify specific vulnerabilities, highlight region-specific climate mitigation and adaptation challenges, and track how communities and organisations are responding. Monitoring of the implementation of solutions is also required, in terms of implementation progress, impact, and within the principle of data sovereignty.
- **Governance, finance and planning.** It is recommended the enablers be expanded to include 'governance, finance and planning'. All of these are crucial aspects in the successful implementation of any national strategy. Governance should include the establishment of a Board to oversee implementation and advise Ministers on the Strategy. There should be representatives from public and private hospitals, general practitioners, allied health professionals, public health specialists, consumers, climate and health experts and national climate agencies. The Board should be supported by a committee of senior officials from all jurisdictions. The Board should produce an annual report on Strategy progress.

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| <ul style="list-style-type: none"> ● Make ‘measurement’ an enabler. It is recommended that Objective 1, ‘Measurement’ should become an enabler, and should be supported through a dedicated team that collates and reports on carbon emissions from the health sector. These should be reported through the proposed Board and should include epidemiologists who can explore the health impacts of emissions loads. ● Commit to adequate funding. ● Include the commercial determinants of health. The Strategy lacks the inclusion of the commercial determinants of health and climate that exacerbate inequality and impact outcomes. It is crucial that conflicts of interest are recognised, and that the Strategy describes how it is going to manage conflicts of interest in the policy making process. |
| <p>25. For each of these enablers:</p> <ul style="list-style-type: none"> a. What is currently working well? b. What actions should the Strategy consider to support delivery? |
| <p>Areas of support and improvements and highlighted above.</p> |

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Appendix: Climate and Health Alliance Members

CAHA membership as of July 2023.

