



Australian Academy
of Health and
Medical Sciences

The Australian Academy of Health and Medical Sciences submission to the Department of Health and Aged Care consultation on a National Health and Climate Strategy

July 2023

The Australian Academy of Health and Medical Sciences (AAHMS) welcomes the Australian Government's efforts to develop a National Health and Climate Strategy (Strategy). We strongly support this important initiative and stand ready to assist the Government where needed.

AAHMS is Australia's Learned Academy for health and medicine – the impartial, authoritative, cross-sector voice for the sector. We advance research and innovation in Australia to improve everyone's health.

We are an independent, interdisciplinary body of Fellows – elected by peers for outstanding achievements and exceptional contributions to health and medical science in Australia. Collectively, AAHMS Fellows are a representative and independent voice, through which we engage with the community, industry and governments.

Our response has been informed by input from Fellows of the Academy.

Q. Do these objectives support the vision of the Strategy?

AAHMS welcomes the Australian Government's commitment to urgently mitigate health system emissions and support the health system and the community to be better prepared for, and resilient to, the health impacts of climate change. The consultation paper clearly articulates the Government's vision to reduce the carbon footprint of the health system in Australia and AAHMS strongly supports the objectives associated with this vision – 'measurement' and 'mitigation'.

However, we believe the strategy would greatly benefit from a more ambitious "health in all policies" approach, which would help ensure any national strategy fully considers the kind of systems-level change needed to promote the greatest benefits to health and society more broadly. Reducing emissions from the health system will generate critical co-benefits for health but alone it is not sufficient to protect the community from the direct and indirect health impacts of climate change.

The health impacts of climate change cannot be addressed in isolation because the causes of climate change and ecosystem degradation are systemic, complex, and interconnected. Ecological and interdisciplinary approaches that target the drivers of climate change and environmental destruction also deliver valuable co-benefits for health. Addressing the root causes of climate change, with a specific focus on the health-related consequences of human

activity and transitioning effectively to net-zero carbon emissions, should safeguard the health, employment and economic stability of the community.

The health sector, guided by the Strategy, should take a leadership role in advocating for health in all policies. AAHMS suggests that the Government should consider expanding and reordering its objective, 'Health in All Policies', to reflect its importance in delivering a vision that aims to truly improve health outcomes for the community in relation to the impacts of climate change. Of the four objectives, three focus primarily on activities happening within health and only one addresses policies across a broader ecosystem, even though these wider changes could have a much more substantial impact on health.

Q. Do these principles below inform the objectives of the Strategy?

AAHMS strongly supports the principles. However, we do not believe they link well enough to the objectives. Each of the six principles require cross-sector, interdisciplinary change that results from actions that go well beyond those achievable by the health sector alone. For instance, 'Tackling Health Inequities' cannot be done without collaboration that considers housing, education, employment and other factors. This would also be the case for 'One Health' which cannot be achieved without sustainable agriculture. Although all six principles require significant connections with areas outside health, which the consultation paper acknowledges, only one of the objectives reflect this.

The objectives could be designed to map onto these principles at a systems level, or should at least more fully reflect the broader vision for a cross-sector approach built on these principles and driven by a health sector primed to take on this leadership role.

AAHMS also suggests more explicitly incorporating international collaboration into the principles, for instance within principle six, 'Partnerships-based working across all levels of government and beyond'. Australia must engage with its regional responsibilities where the impacts of climate change on health will be greater.

Q. 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?

AAHMS strongly supports any approach to developing a Strategy that is built on First Nations leadership and collaboration, but would note that other organisations are better placed to comment on how to achieve this outcome.

Since colonisation, Aboriginal and Torres Strait Islander people have historically been excluded from the decision-making process on matters affecting their health. This must change if Australia is to tackle the health challenges cause by climate change effectively and equitably. First Nations leadership and collaboration will play a crucial role in addressing climate related health risks for everyone in Australia. The Strategy should promote and acknowledge Aboriginal and Torres Strait Islander leadership and build partnerships that advance the wide-ranging and tailored Indigenous approaches to caretaking and sustainability that span vast geographic areas and multiple generations.

Involvement of the Aboriginal community-controlled health sector must be central to the Strategy and it will be essential to acknowledge that Aboriginal communities living in regional

and remote areas of Australia will be disproportionately affected by the impacts of climate change.

Q. What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy?

Climate change is already having numerous negative effects on health, which will get worse with the predicted rise in global temperatures and extreme weather events. Mitigation should always be the primary avenue for minimising the impacts of climate change, including on health. Where mitigation is not possible, adaptation action through the strategy should consider the direct and indirect health impacts of climate change including:

Direct

- Respiratory and cardiovascular illness
- Heat stroke and heat stress
- Food-, vector- and air- borne diseases
- Mental health
- Eye health
- Health impacts specific to priority populations, infants, children and pregnant women.
- Global health impacts, and in particular the health impacts on our neighbours in the Pacific Islands.

Indirect health impacts resulting from changes to:

- Water availability
- Food security
- Access to healthcare and housing
- Employment and economic stability

It is also important to note that adaptation actions should be prioritised in geographical areas that are particularly vulnerable to the impacts of climate change such as, heat waves, fires, droughts and floods.

AAHMS reinforces that it will be crucial for the Government to enhance adaptive capacity and reduce vulnerability to climate change by integrating human health into all climate change adaptation policies, not just those in the health sector. For instance, town planning, building design and infrastructure, and disaster management adaptation will also have a significant impact on health.

Q. What actions are needed outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing?

It will not be possible to avoid the negative impacts of climate change without taking action outside of the health system, as noted above. All sectors with the potential to impact health should be consulted to determine how the Strategy can ensure actions in other areas consider health as a vital aspect of policy development and implementation. In relation to the principles outlined in the consultation paper, collaborations with sectors including transport, agriculture, food and waste, industry, energy, housing, employment and building and cities will be key.

Q. For each of the above enablers please detail what is working well and how the Strategy could support delivery?

Workforce

Climate change will impact the way Australia and the world practice healthcare. The delivery of a fully sustainable healthcare system will require an engaged and capable workforce, as recognised in the consultation paper. In addition, as Australia's climate changes, so too will the demands on the workforce – we saw this also, for instance, during the COVID-19 pandemic. Dealing with climate-related health consequences will likely require more expertise within the health system in a range of disciplines, from respiratory illness to mental health, biosecurity, infectious diseases, and public health. Health and medical practitioners in primary care and emergency response settings will also need to be able to identify and manage these health risks. To develop a skilled and engaged workforce that is equipped to face these challenges, AAHMS suggests that the Government considers developing solutions with the higher education sector that can be delivered through health and medical curricula and accreditation standards, guided by the national strategy for health and climate.

Research

The research sector is ideally placed to play a central role in guiding the direction of a Strategy. Governments in many other regions have funded targeted research into the impacts of climate on human health that has led to a range of climate mitigation and adaptation strategies being established. The Australian Government must do the same if we are to make evidence-informed decisions, specific to an Australian context.

To achieve this, the Strategy must be connected to other activities across the research sector. For instance, there is an ongoing review to better align and coordinate the Government's funding for health and medical research. As part of this review, the Government will develop a national health and medical research strategy. It is imperative that these two strategies are linked so that funding can be allocated strategically across the research pipeline to fill any gaps in our knowledge. Work to identify research gaps has already been done globally, particularly in Europe and this could be used as a starting point to inform Australia's direction in this area.

Given the cross-sector, interdisciplinary nature of health and climate change, it will be essential for the strategy to inform, and to be informed by research outside of health and medicine, such as that funded by the Australian Research Council. Direct and indirect health improvements will derive from a better understanding of interdisciplinary areas like air quality, access to green spaces, transport systems, building planning and clean-energy work environments.

It will also be important to grow and nurture research connections with our neighbours in the Indo-Pacific region who are on the frontline in terms of the impacts of climate change and face specific health hazards. Australia should use its resources to enable and support research led by those in the region, and work directly with governments and communities to advance research that could result in Indo-Pacific health and climate benefits.

Collaboration

Collaborative action should form the foundation of any strategy that aims to reduce health systems emissions and the health impacts of climate change. The integration of health in all policies will require significant collaboration across government and beyond. A Strategy

should inform the direction of that integration including how it is coordinated and aligned with all major policies and activities impacting health.

AAHMS suggests the Government considers the wider determinants of health in prioritising key collaborations for the biggest impact. For instance, the Strategy and its implementation should highlight a framework for collaborating with partners that can counter the negative impacts of the commercial determinants of health and promote any potential positive impacts that can advance progress towards common goals.

AAHMS welcomes the leadership of the Minister for Health and Aged Care, the Assistant Minister for Health and Aged Care and the Department of Health and Aged Care to develop this Strategy. A key consideration for the next phase of work will be to determine who is responsible for leading the implementation of the Strategy.

To affect such a complex issue as the impacts of climate change, the Strategy must – by necessity – set out ambitious targets that incorporate the coordinated and strategic actions of many stakeholders. While the consultation paper mentions establishing governance structures as an enabler, it does not clearly state the governance and administrative arrangement it envisions to lead delivery of the Strategy.

The British National Health Service (NHS) introduced the role of a Chief Sustainability Officer that provides a central leadership point, which focuses on improving the health of patients and the public through a robust and accelerated response to climate change and the broader sustainability agenda – including the agenda to deliver a net zero carbon emitting health system. This approach has helped the UK prioritise collaboration with partners who can develop and deliver solutions while maintaining a coordinated approach to strategy implementation. We appreciate this approach does not apply directly to an Australian context. However, the level of collaboration seen in this, and some other international settings, will be necessary to achieve meaningful progress in Australia. The Australian Government should work closely with the states and territories as part of Strategy delivery.

Monitoring and evaluation

Research, monitoring and evaluation to inform a dynamic and evolving Strategy must be underpinned by excellent data. The current health and medical research data landscape is vast, with a complex network of data assets, policies, skills and stakeholders. To capitalise on the opportunities afforded by creating a Strategy to tackle the challenges of health and climate change, Australia must make use of the ever-increasing volume of data being collected across the country. We must establish an environment that delivers more coordinated and coherent data infrastructure, assets, policies, governance and ethics processes. In considering enablers for the Strategy, the Government should look at ways to advance Australia's data landscape, particularly in areas like national linked data assets for use across disciplines and sectors that follow the FAIR (findable, accessible, interoperable and reusable) and CARE (collective benefit, authority to control, responsibility and ethics) principles.