



# Priority Actions for Climate Health 2018

## New Zealand College of Public Health Medicine

The New Zealand College of Public Health Medicine (NZCPHM) recognises climate change as both a serious risk to global public health, development and equity, but also an unprecedented opportunity to improve health and health equity and reduce costs for the health sector<sup>1</sup>.

This Priority Actions document updates the NZCPHM's [2013 substantive policy statement on climate change](#)<sup>1</sup> and its [supplement on setting national targets](#)<sup>2</sup>. It also relates to a companion document that also updates the 2013 substantive policy statement, NZCPHM's '[Climate Change – 2018 update-provisos to the \(2013\) NZCPHM Policy Statement on Climate Change](#)'<sup>3</sup>.

### Background

The NZCPHM represents the medical speciality of public health medicine in New Zealand. Public health medicine is defined as the branch of medicine concerned with the epidemiological analysis of the health and health care of populations and population groups. It involves the assessment of population health and health care needs, the development of policy and strategy, health promotion, the control and prevention of disease, and the organisation of services. Public health is focussed on achieving health equity across ethnic, socioeconomic, age and cultural groups, and promoting environments in which everyone can be healthy.<sup>4</sup>

Public health medicine specialists have a professional responsibility to act as advocates for health for everyone in society<sup>4</sup>. This means the NZCPHM advocates for and supports evidence-informed<sup>5</sup> equity-enhancing<sup>6</sup> policy on climate change for health and wellbeing that accords with Te Tiriti o Waitangi<sup>7</sup>, the UN Sustainable Development Goals<sup>8</sup>, and health promotion<sup>9</sup> and Health in All Policies<sup>10</sup> approaches, each grounded in the societal, economic and environmental determinants of health<sup>11</sup>. Regarding climate change, the College calls for public health medicine leadership and rapid action to address climate change at professional and personal levels – alongside other health professionals, organisations, society and governments, in New Zealand and worldwide.

Health Promotion is defined as 'the process of enabling people to increase control over their health and its determinants, and thereby improve their health'<sup>9</sup>. The Te Pae Mahutonga health promotion framework<sup>12</sup> provides an actionable approach to health promotion in New Zealand (see figure below). These Priority Actions for Climate Health align with Te Pae Mahutonga in terms of its Waiora (physical environment), Toiora (healthy lifestyles) and Ngā Manukura (community leadership) components.



Figure – Te Pae Mahutonga health promotion framework<sup>12</sup>

Human health and wellbeing is linked inextricably to the health promoting characteristics and inter-dependencies of the family, work, educational, environmental and planetary ‘settings’ the community finds itself in – as depicted conceptually in Barton and Grant’s Health Map<sup>13</sup> and Raworth’s Doughnut of social and ecological/planetary boundaries<sup>14</sup> (see figure below). The College’s policies recognise that individual health and wellbeing is not created in a vacuum; instead, individuals are born with a specific genome that has been shaped by the various environments of their forebears. Individuals grow and make choices in cultures and environments that support or impair their ability to live healthy flourishing lives, within wider planetary ecological limits.

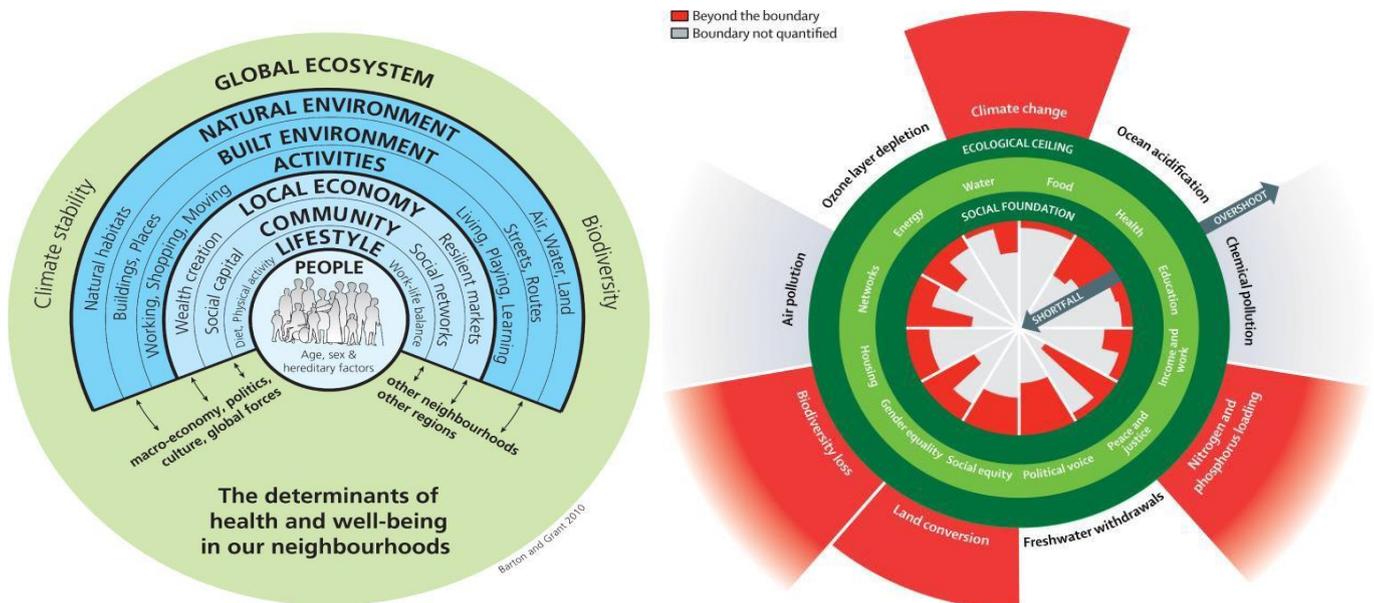


Figure – Barton and Grant’s Health Map<sup>13</sup> and Raworth’s Doughnut (social and ecological/planetary boundaries)<sup>14</sup>

A policy environment that enables individuals and communities to ‘make the healthy choice the easy choice’ must therefore achieve the fundamental human right of ‘the enjoyment of the highest attainable standard of health ... without distinction of race, religion, political belief, economic or social condition’<sup>15</sup>, living lives of dignity and opportunity whilst safeguarding the planet<sup>14</sup>.

## Priority actions for climate health

The following 22 Priority Actions for Climate Health should be read alongside as supplementing and updating the NZCPHM's [2013 Policy Statement on Climate Change](#)<sup>1</sup>, its [supplement on setting national targets](#)<sup>2</sup>, and its [2018 update-provisos](#) with references<sup>3</sup>.

*Key action – a national climate change and health action plan*

1. Develop a **national climate change and health action plan**. A well-designed national plan that includes health sector mitigation and adaptation, and health in all climate policies, will be crucial to protecting and promoting health and equity in the response to climate change. The plan needs to include:
  - a. actions to achieve a carbon zero health sector well before 2040;
  - b. a health adaptation plan including health sector adaptation and health-protecting adaptation in other sectors; and
  - c. actions to influence climate policies in other sectors, including how those policies can promote health and health equity.

Other immediate priority actions meantime:

*National actions*

2. Broker and accelerate **cross-party agreement** for
  - a. a **Zero Carbon Act**<sup>16-18</sup> **using health and equity framing**, to legislate for net zero emissions, across all greenhouse gases and all sectors, by 2040 or earlier<sup>19</sup>; and
  - b. an independent **Climate Change Commission**<sup>16-18</sup> with authority to set and monitor emissions budgets for New Zealand to reach this goal<sup>19</sup>. The NZCPHM calls for<sup>19</sup>:
    - i. all Commissioners to be expert in equity<sup>20</sup>;
    - ii. Commissioners to have expertise in health;
    - iii. the Commission to be founded on partnership with tāngata whenua and upholds obligations under Te Tiriti o Waitangi<sup>21</sup>;
    - iv. mātauranga Māori; Te Tiriti O Waitangi, te reo me ona tikanga Māori and Māori interests to be represented with high priority on the Commission, as is the formation of relationships with climate-vulnerable Pacific nations<sup>22,23</sup> with whom New Zealand has significant ties;
    - v. there to be no involvement of vested interests, particularly those with a financial interest in maintaining the health-harming status quo<sup>24</sup>;
    - vi. a larger pool of Climate Commissioners, so that Commissioners can be called in according to the focus area (for example, adaptation policy recommendations would require the oversight of Commissioners with Te Tiriti expertise, local government, community and adaptation experience);
    - vii. there to be expertise in achieving social change.
3. Support and commission **research nationally and internationally** to:
  - a. value the health and equity co-benefits of climate action<sup>25-27</sup>;

- b. assess the total carbon footprint of the health sector;
- c. better understand the implications of climate change for hauora Māori<sup>26</sup>; and
- d. better understand the burden of climate change health and equity impacts for both New Zealand nationally and internationally<sup>28-35</sup>.

#### 4. Strengthen the **Emissions Trading Scheme**

- a. All sectors and sources of greenhouse gas emissions must be included in the ETS. The inclusion of agriculture will incentivise emission reduction in the industry responsible for half of New Zealand's climate-damaging emissions. Action now can capitalise on the present progress by farmers looking to diversify and reduce expensive inputs.
  - b. Incorporate a clearly signalled 'sinking lid'. This should include a decreasing cap on New Zealand's emissions, with fewer permits over time effecting higher emissions prices which will stimulate zero/low emission investment. The cap and emission prices should be regularly reviewed against the global atmospheric budget limit.
  - c. Support a transition towards an emissions tax, being easier to administer, readily adjustable, and generating revenue which can be used to support lower income households disproportionately affected by emissions pricing schemes.
5. Reinvigorate the **Resource Management Act (RMA) as a second-tier safety net** to capture high-emitting projects that are not successfully discouraged by carbon pricing legislation. Clearly position greenhouse emissions as a harmful discharge to air in the RMA and frame their inclusion for consideration in consenting processes and planning as a 'safety net' rather than a 'double penalty'. Climate action is urgently needed at all levels, including local government, communities, businesses and households.
6. Reduce emissions from **transport**, which comprise New Zealand's fastest growing source of emissions while maximising health and equity co-benefits:
- a. Shift the focus of the transport budget away from building road capacity and encouraging motor vehicle use to investment in infrastructure and services that prioritise in the following order:
    - i. universal design concepts that consider access and public transport for emergencies and all disabilities, including people using guide dogs, pushchairs, walking sticks, wheelchairs, mobility scooters; invalids and people with disabilities and their caregivers, people with babies and toddlers, during late stage pregnancy, and senior citizens; emergency vehicle access;
    - ii. walking and cycling;
    - iii. zero carbon public and freight transport systems (electric rail and buses, car share, low carbon shipping);
    - iv. avoidance of longer trips through enhanced technology;
    - v. transition to a smaller, zero carbon vehicle fleet.
7. Reduce **emissions from houses** while maximising health and equity co-benefits. This will need to

involve:

- a. A target for government to fund the insulation of all remaining houses accommodating low income households by 2025, including private rental housing;
  - b. Building standards that require new builds to be zero-carbon and that also protect the health of occupants from indoor air pollution;
  - c. A 100% renewable electricity supply by 2025, including removing barriers to community owned and operated electricity generation;
  - d. Enhanced support for local government bylaws requiring high efficiency, low emissions home heating.
8. Re-orient New Zealand's **food and agriculture system** using a suite of policies, helped by the changes to the ETS and RMA above:
- a. Change how food is taxed, to shift perverse cost incentives to consume unhealthy, carbon-intensive foods.
  - b. Promote breast-feeding and plant-based diets to support both human and planetary health<sup>36-52</sup>.
  - c. Ensure that freshwater allocation and land use legislation and policy do not provide unfair and perverse incentives for high-emissions agriculture that also undermine health through water pollution and encouraging diets high in red meat and dairy.
  - d. Reduce economic reliance on ruminant livestock and farming and reduce the intensity of dairy farming, which through reduced input costs can be more profitable while significantly reducing agricultural emissions and the risks of antimicrobial resistance<sup>53</sup>.
  - e. Promote a shift away from practices in the agricultural sector that unnecessarily increase emissions, including coal-powered milk treatment, fracking waste-products, increases in nitrogenous fertiliser use, and failing to fence all animals away from waterways.
  - f. Encourage the agricultural sector to reposition New Zealand as a diverse and resilient low emissions, high value and environmentally sustainable food-producing nation.
9. Place an immediate moratorium on **fossil fuel exploration**, and pledge to phase out existing extraction in the next decade.
- a. Enable a fair transition' to zero carbon energy generation where sustainable clean energy, zero carbon jobs are created.
  - b. Ensure that the adverse effects of phasing out fossil fuel extraction on workers, local communities and regional economies are mitigated by investment in other industries that will support the goals and values of Aotearoa New Zealand.

#### *International actions by New Zealand*

10. Rapidly revise our **nationally determined contribution (NDC)** under the 2015 Paris Agreement, such that New Zealand's contribution to greenhouse gas emission reduction is fair, ambitious, and meets

our globally assessed responsibilities<sup>19</sup>.

- a. Commit to net zero emissions across all greenhouse gases and all sectors by 2040, or earlier if the IPCC's October 2018 report provides guidance that global emissions need to be reduced faster, and taking annual and credible steps to achieve this goal.
  - b. Have interim emissions budgets of 5-6 years each, with (given urgency for global emissions to peak by 2020) an initial 2-year budget, to give the certainty needed for action and investment now.
  - c. Include the health gains ('mitigation co-benefits') from well-designed climate action, and the health costs from climate change, in the economic analysis of the costs of New Zealand's climate action.
11. Protect the health of our **Pacific neighbours**<sup>22,23</sup> through committing to limiting global warming to 1.5°C<sup>35,54-61</sup>, using existing relationships and responsibilities to support healthy climate change adaptation and mitigation in these climate-vulnerable nations. Inaction will incur costs for New Zealand through the impact of mass migration from the Pacific and other regions.
  12. Ensure that **international trade agreements** do not undermine the ability of governments to legislate, regulate and develop healthy and effective policies to combat climate change<sup>62</sup>.
  13. Provide **fair climate finance** for developing nations to reach their sustainable development goals in addition to current aid. Further, provide fair global adaptation finance for the loss and damage in developing nations that we have contributed to through greenhouse gas emissions.

*Priority actions for climate health by the health sector*<sup>63,64</sup>

14. **Reframe climate change as a leading health issue.** The Ministry of Health and other health sector leaders also have a vital role to play in shifting the public framing of climate change as being simply an 'environmental' issue, outside of individual lives and influence, to it fundamentally being an issue of health, now and in the future. The public needs to be aware of both the consequences of inaction and yet the practical and feasible opportunities for immediate improved health through well-designed equitable climate change mitigation. This includes links with other direct major threats to health services like antimicrobial resistance<sup>53,65-69</sup>. There is growing evidence that, by reframing in this way, broad public and political will (across the political spectrum) can be gained for the social change needed.
15. Have an independent national health sector sustainable development unit, modelled on the Sustainable Development Unit (SDU, <https://www.sduhealth.org.uk/>), NHS UK, drawing on existing knowledge and relationships between NZ health professionals and the SDU. The SDU would focus on high level strategic priorities and link with other Ministries and government departments.
  - a. There could also be another independent body, complementary to the SDU but focused on operational activities, similar to the UK Centre for Sustainable Health Care (<https://sustainablehealthcare.org.uk/>). This could eg. support the bulk funding of Certified Emissions Measurement And Reduction Scheme (CEMARS) accreditation (or alternate measures of carbon footprints) for DHBs nationwide, and provide support with travel management plans.
16. Have **all DHBs and crown health entities measure their greenhouse gas emissions**, report these emissions annually and set targets for reduction (in line with a zero-carbon health sector well before

2040). To achieve targets there are five priorities:

- a. Rapidly phase out both **coal and natural gas use by the health sector**. Currently there are more than 30 coal boilers nationally and 14 DHBs using natural gas.
- b. Have **PHARMAC, Health Alliance and DHB procurement teams develop sustainable and ethical procurement policies** that address the financial, health and environmental (including carbon) impacts of pharmaceuticals and medical supplies, and assess using the 'whole of life cost' of procurement.
- c. Have **DHB, PHARMAC, Ministry of Health and other funding prioritisation processes** (including cost benefit analysis) **develop and incorporate carbon impacts**<sup>63,64</sup>. Reduce **staff air travel** and grow virtual connection facilities.
- d. Develop **green building standards for new hospitals, public healthcare facilities and extensions**, including carbon and other environmental and health costs in the cost-benefit analysis of all capital investments.
- e. Ensure that **sustainability managers are employed in all DHBs**. Currently there are sustainability managers in Northland, Waitemata, Counties, Hawkes Bay, Capital and Coast. Very little concrete action occurs in DHBs unless there is someone dedicated on the ground and directly accountable to drive this work.

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

18. Press for **health and health equity and the Te Tiriti o Waitangi** to be at the centre of climate policies in other sectors.

19. **Incorporate climate change into health strategies and plans, including strategies to reduce health inequities**, by partnering with the Ministries responsible for:

- a. trade,
- b. environment,
- c. housing,
- d. local government,
- e. energy,
- f. transport, and
- g. primary industries.

20. Appoint Public Health Advisors to all Ministries, to promote Health in All Policies approaches and to make aware all Ministries and departments of their roles in promoting health and the need to mitigate climate change.

21. **Communicate with the public about climate change and health** including through a dedicated webpage on the Ministry of Health website. This should have expert communications support to best frame public health messages.

22. Support and commission **health research locally and nationally**, to value the health and equity co-

benefits of climate action; assess the total carbon footprint of the health sector; and better understand climate change and hauora Māori, and New Zealand's burden of climate change health and equity impacts both nationally and locally.

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

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### Acknowledgement

This statement was finalised by the NZCPHM Policy Committee and NZCPHM staff. Authorship or review is recorded in the list of policy statement main authors on the College's Policy Statements webpage at <https://www.nzcp hm.org.nz/policy-publications>.

These NZCPHM Priority Actions for Climate Health substantially replicate those of OraTaiao: The New Zealand Climate and Health Council [www.orataiao.org.nz](http://www.orataiao.org.nz) (in OraTaiao's 2018 briefings to the incoming Ministers of Climate Change and associate Climate Change and Health). The NZCPHM acknowledges and thanks OraTaiao: The New Zealand Climate and Health Council for that material.

**Adopted by Council:** August 2018