

## Australian Academy of Science submission to the Department of Health consultation on a *National Health and Climate Strategy*

The Academy supports the objectives of the Department's proposed National Health and Climate Strategy (the Strategy) and the guiding principles.

Climate action in the health sector is imperative.

However, the Strategy, as presented in the Consultation Paper, is overly focussed on actions within the health sector. While such actions are important, greater ambition is required.

Five major actions should be implemented in the Department's Strategy:

- **Human health and climate change must be considered in whole-of-government, whole-of-society issues and considered in all policy development.**
- **The Strategy must be highly collaborative**, across all portfolios, all sectors, and all levels of government; it should involve international partners, Australian First Nations, and local communities.
- **The health sector must intensify efforts to reduce greenhouse gas emissions**, embracing appropriate responsibility for emissions coming from all sources (including Scope 3).
- **The health sector must develop adaptation and resilience-building measures**, investing in the sustainability and resilience of the health and medical workforce and enhancing the ability of communities to adapt to the health impacts of climate change.
- **Health and climate research must be prioritised by government and integrated into climate policy processes.**

By taking these actions, the Strategy can contribute to a comprehensive global response to climate change, managing our own future and that of the planet.

### Health – and climate – in all policies

The Strategy should reach beyond the health sector.

The health impacts of climate change are systemic, complex, and inseparable from climate change impacts on agriculture, cities, industry, infrastructure and the environment. Each of the Strategy's objectives can only be met with a cross-sector, interdisciplinary approach, engagement at all levels of government and the community, and a holistic approach to system change.

Addressing the drivers of climate change requires integration of health policies with finance, energy, planning, employment, and beyond. "Health in all policies" should be met with the similar approach of "climate in all policies" – across all portfolios.

The Academy strongly supports the 'One Health' principle expressed in the consultation paper. Research using a One Health perspective will improve our understanding of major health threats such as emerging zoonotic infections, disease spillover, and the spread of antimicrobial resistance across ecosystems.

### Collaboration across and beyond government

Australia must build partnerships of all types at multiple levels – scientific, technological, commercial, local, national and international – to make every possible attempt to manage effectively the impact of climate change here and overseas.

Health and climate change are both cross-sector, interdisciplinary issues. The Department's strategy should necessarily be integrated with national climate strategies in other portfolios.

Collaborative policies should be developed at all levels of government. Solutions in this space should include local councils and local community leaders, including leaders of culturally and linguistically diverse communities and Indigenous elders.

### *Indigenous engagement*

As acknowledged in the discussion paper, special effort should be made to include Australian First Nations people in health and climate policy development. This should include engagement with The National Aboriginal Community Controlled Health Organisation (NACCHO).

Appropriate two-way engagement is essential in fostering meaningful relationships by actively ensuring Indigenous communities are involved in decision-making processes.

Policies affecting Indigenous communities should be Indigenous-led, recognising their inherent rights and knowledge systems and fostering a more equitable, respectful and empowering approach to policy development and implementation.<sup>1</sup>

Illustrative examples of Indigenous engagement include:

- The 2018 National Indigenous Dialogue on Climate Change, which highlighted the interest of Indigenous Australians in climate change and engagement.
- The 2021 First Peoples Gathering on Climate Change, supported by the NHMRC and the National Environmental Science Program (NESP) Climate Systems Hub. This group has been funded to continue providing Indigenous leadership on the health impacts of climate change.

### *Community engagement*

Community-led mitigation and adaptation programs should be identified and supported. Future Earth Australia's [National Strategy for Just Adaptation](#) highlights that climate change adaptation must include diverse groups, Indigenous leadership and support communities to drive transformation.

Special effort should be made to identify and engage with vulnerable populations in health and climate policies. This includes communities where English is not the first language, culturally and linguistically diverse communities, people in low socio-economic groups, people with limited digital literacy, people in sex and gender diverse groups, people with disabilities, elderly people, and young people. These groups intersect, which can amplify peoples' vulnerability; intersectional thinking will be important.

Previous studies<sup>2</sup> have suggested that culturally and linguistically diverse communities face barriers to accessing health services, such as language and communication barriers, health literacy, difficulties in navigating the health system, and poor cultural competency of service providers. Health and climate research and evidence-based policies should consider exploring these challenges and engage with CALD communities to have inclusive approaches to mitigation and adaptation.

### *International engagement*

International collaboration is necessary, particularly in the Pacific region. Australia can share – and gain – knowledge, processes, research, technology and policies that can contribute to global mitigation or adaptation.

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<sup>1</sup> Such engagement should be conducted in compliance with the [UN Declaration on the Rights of Indigenous Peoples](#) and the [AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research](#).

<sup>2</sup> Javanparast S, Naqvi S, Mwanri L. Health service access and utilisation amongst culturally and linguistically diverse populations in regional South Australia: a qualitative study. *Rural and Remote Health* 2020; 20: 5694. <https://doi.org/10.22605/RRH5694>

## Mitigation

Mitigation actions in the health sector are critically important.

Medical institutions should play a large and instructive role by accounting for and reducing their own emissions, including Scope 1, 2 and 3 emissions.<sup>3</sup> For example, emissions in hospitals can be reduced by changing energy use patterns, but hospitals should also consider life-cycle emissions for medical tools and equipment, and for practices such as incineration of medical waste.

Mitigation actions in other sectors can provide co-benefits for human health. For example, reducing air pollution will improve general respiratory health. These co-benefits can be leveraged by the health sector to push stronger emissions reductions in other sectors. This approach should be part of the Department's Strategy.

## Adaptation

Adaptation to climate change will demand a strong, sustainable health workforce. Occupational climate-driven risks for health sector workers should be identified and addressed to ensure workforce resilience.

Adaptation to climate change will require identifying and engaging with vulnerable populations, and working with them to ensure their needs are met. Existing community-led strategies can be identified and supported through this engagement. Communities which lack adequate, culturally responsible health services will suffer.

The Strategy should consider adopting the World Health Organization's Vulnerability and Adaptation Assessment methodology for assessing the vulnerability of populations and identifying adaptation strategies.<sup>4</sup> By adopting this comprehensive, internationally recognised approach, Australia can align its assessments with global standards. This will facilitate knowledge exchange, sharing of best practices, and collaborative efforts in addressing climate change impacts at a global scale. Additionally, adopting this methodology ensures consistency and compatibility with international efforts, enhancing Australia's ability to contribute to global initiatives aimed at building resilience and safeguarding health in the face of climate change.

## Research

Climate change research must be an important priority for Australia to address the pressing health concerns arising from the changing climate, such as preparing for altered spread of diseases and responding to the impacts of climate anxiety on mental health.

By prioritising climate change research, Australia can better understand the impacts of climate change on human health and develop effective mitigation and adaptation strategies. This approach can assist in safeguarding the well-being of communities, particularly those most vulnerable and ensure a healthier and more resilient future for all Australians. Such research should be multidisciplinary, and must address both causes and impacts of climate change.

National harmonisation of the health sector data environment will improve the quality and reliability of health policies and identify gaps in research effort that need to be addressed. A nationally consistent health data system, linking national data assets and designed using FAIR (findable, accessible, interoperable and reusable)<sup>5</sup> and CARE (collective benefit, authority to control, responsibility and ethics) principles,<sup>6</sup> would improve the Department's capacity to monitor and evaluate its Strategy.

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<sup>3</sup> "Scope 1, 2 and 3 emissions" are terms for emissions responsibility as defined by the GHG Protocol, a private sector initiative. See: [The Greenhouse Gas Protocol - A Corporate Accounting and Reporting Standard](#) and [Corporate Value Chain \(Scope 3\) Accounting and Reporting Standard](#).

<sup>4</sup> World health organization (2021), [Climate change and health vulnerability and adaptation assessment](#).

<sup>5</sup> GO FAIR, [FAIR Principles](#). [Accessed 17 July 2023].

<sup>6</sup> Global Indigenous Data Alliance, [CARE Principles for Indigenous Data Governance](#). [Accessed 17 July 2023].

The Strategy should provide strong, ongoing, targeted support for research into the impacts of climate change, including mitigation and adaptation. Such research should be included as a priority for government health and medical research funds.

The Department's Strategy should also include mechanisms for accelerating the translation of climate change research to policy outcomes. This goes beyond traditional research translation: there should be high levels of engagement and collaboration between researchers and policymakers to ensure knowledge transfer between different yet mutually relevant knowledge domains.

Aligned with the Strategy, the Australian government should identify crucial research gaps with a climate science research strategy, across all sectors.

To discuss or clarify any aspect of this submission, please contact Mr Chris Anderson, Director Science Policy at [Chris.Anderson@science.org.au](mailto:Chris.Anderson@science.org.au).