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Climate Change Consultation Contribution
Ministry for the Environment
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By email: climate.contribution@mfe.govt.nz

New Zealand's Climate Change Target

“The evidence is overwhelming: climate change endangers human health. Solutions exist and we need to act decisively to change this trajectory.” – Dr Margaret Chan, WHO Director-General.¹

Dear Sir/Madam

The New Zealand Medical Association (NZMA) welcomes the opportunity to provide feedback to the Ministry for the Environment on its consultation on New Zealand's climate change target.² Our association has a strong interest in the links between climate change and health, and our feedback to the Ministry is focused on the importance of taking into account these links when setting New Zealand's target reductions in greenhouse gas (GHG) emissions.

The NZMA is the country's largest voluntary pan-professional medical organisation with approximately 5,000 members. Our members come from all disciplines within the medical profession and include general practitioners, doctors-in-training, specialists, and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders.

Our submission is informed primarily by our existing position statement on Health and Climate Change (attached),³ although this statement is currently in the process of being updated. We also draw on the New Zealand College of Public Health Medicine (NZCPHM) policy statement (and supplements) on Climate Change^{4,5,6} which the NZMA has formally endorsed. The NZMA also shared the concerns of other health professional organisations that, in September 2014, issued a joint call for action on climate change and health.⁷

The NZMA considers climate change to be a serious threat to health and health equity.⁸ Six years ago, a report published in *The Lancet* stated that “climate change is the biggest global health threat of the 21st century”,⁹ sentiments that were echoed by same journal's editors in 2014.¹⁰

We believe that the consultation document² fails to give sufficient consideration to the health impacts of climate change, including the impacts on health equity. We note that the Ministry of Health is not listed as a government agency that is involved in this work. We also note that the costs to health from inaction on climate change, as well as the benefits to health from climate change mitigation measures, are not included in economic analyses.¹¹ We are concerned that the omission of health considerations in this work may reflect a fundamental under-appreciation of the health impacts of climate change.

The effects of climate change on health and health equity in New Zealand will be large and wide ranging; these effects have been described in detail in the New Zealand Medical Journal of 28 November 2014 (attached).¹² The threats to health from climate change in New Zealand include the following: i) direct impacts (eg, morbidity and mortality from high temperatures and other extreme weather events; ii) biologically-mediated events (eg, changing patterns of infectious disease); and (iii) socially-mediated impacts (eg, loss of livelihoods, forced migration, economic vulnerability and increased risks of conflict).^{13,14} Vulnerable population groups such as Māori, Pacific peoples, children, elderly and low income people are likely to be the worst affected by the adverse health impacts of climate change.^{13,15} Conversely, well-designed emission reduction measures (eg, a shift to active and public transport, a diet with less red meat and animal fat, and improved housing energy efficiency) can bring about substantial health and health equity co-benefits, including reductions in type 2 diabetes, heart disease, road traffic injuries, cancer, respiratory disease, and improvements in mental health.¹⁶⁻²⁰

We contend that any discussions about measures to address climate change, including setting national targets for the reduction in GHG emissions, must include health and wellbeing considerations at its core. A Health Impact Assessment is essential and we suggest that the Ministry adopt a 'Health in All Policies Approach' to its work. This is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity.

The NZMA believes that a healthy environment is a key determinant of health. As such, we consider that action to mitigate climate change should be viewed as an investment rather than a cost. We request the Ministry to reflect this approach in its decision making. We submit that the economic analysis of the costs of the various GHG reduction targets that are set out in the consultation document needs to take into account the costs to health from inaction on climate change as well as the benefits to health from climate change mitigation measures.

Our existing position statement on Health and Climate Change notes the significance of anthropogenic contributions in causing climate change, and calls for reducing GHG emissions to be seen as a public health priority.³ These calls have also been made by the World Medical Association (WMA)²¹ representing 10 million physicians worldwide, and the Australian Medical Association, which has called on the Federal Government to show leadership in reducing GHG emissions ahead of the United Nations Climate Change Conference in Paris later this year.²² Most recently, the WMA urged its 111 national medical associations (including the NZMA) to write to their national negotiating representatives to emphasise that climate change is the greatest global health challenge of the 21st century, and to give health issues a greater priority in the upcoming United Nations climate change talks.²³

New Zealand contributes 0.2% of world GHG emissions with 0.06% of the global population, which means we have the fifth highest per-capita annual gross GHG emissions amongst established economies.⁴ New Zealand's current target is a reduction in GHG emissions of 5% below 1990 levels by 2020, with a long term target of a 50% reduction by 2050. We note that the

Ministry itself acknowledges the expectation to table a target that is more ambitious than the current target.²

The NZMA currently does not have a specific target for New Zealand's GHG reductions but we are considering this as part of the review of our existing position statement. Nevertheless, we note that New Zealand's existing targets are well below what technical experts calculate is necessary from established economies in order to stay within the 2° warming limit the government committed to in 2010, under the United Nations Framework Convention on Climate Change. The Intergovernmental Panel on Climate Change suggested emissions reductions by established economies of 25–40% below 1990 levels by 2020, and 80–95% below 1990 levels by 2050.²⁴ We draw the Ministry's attention to the Greenhouse Development Rights (GDR) framework's Responsibility and Capability Index, alluded to in the NZCPHM position statement on climate change. The GDR index combines countries' cumulative emissions with their capability to mitigate, and would expect New Zealand to reduce its emissions by 41% below 1990 levels by 2020.⁵ New Zealand's existing targets are also considerably less ambitious than other emitters. We note in the consultation document that the European Union has a target of reducing GHG by 40% below 1990 levels by 2030, and that the United States has a target of reducing GHG by 26–28% below 2005 levels by 2025.²

New Zealand also has a special responsibility for the small Pacific Island countries. These countries have extensive people to people links with New Zealand and are also particularly vulnerable to the effects of climate change. The Consensus Statement on the role of the doctor in New Zealand stipulates that as health advocates, doctors have a commitment to the health of all New Zealanders, but this exists alongside a professional responsibility for the health of individuals and communities throughout the world.²⁵ As such, when deciding on a GHG reductions target, we contend that the Ministry needs to also take into account the impact of climate change on global health and equity, with a particular focus on the implications for the small Pacific Island countries. Finally, we draw the Ministry's attention to the editorial in the latest issue of the New Zealand Medical Journal (attached) that calls for health and wellbeing to be at the centre of climate policy negotiations, and articulates the responsibility that health professionals have to their patients and communities to push for strong, health-centred climate action.²⁶

In conclusion, we submit that health considerations be given considerably more attention by the Ministry during its deliberations on GHG reductions targets. Health Impact Assessments should be an essential part of the work undertaken when deciding on our intended nationally determined contribution. Rather than restrict its view to the costs of action, we believe that mitigating climate change should be seen as an investment in protecting the health and well being of New Zealanders, as well as the sustainability of some of the key determinants of health, including the environment.

We hope that our feedback has been helpful and would welcome the opportunity to engage further with the Ministry as it considers this important issue in the lead up to the Paris meeting in December.

Yours sincerely



Dr Stephen Child
NZMA Chair

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Attachments

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