

25 March 2021

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Climate Change Commission
Wellington

Submitted online

Climate Action for Aotearoa: 2021 Draft Advice for Consultation

“achieving net zero emissions is the most important global health intervention now and for decades to come” – Dr Margaret Chan, former WHO Director-General¹

The New Zealand Medical Association (NZMA) wishes to provide feedback on the above consultation. The NZMA is New Zealand’s largest medical organisation, with about 5,000 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. We recognise the principles of te Tiriti o Waitangi and the special obligations to Māori, particularly to ensure equity and active protection. Current disparities in health outcomes between Māori and non-Māori are unacceptable. The NZMA is committed to advocating for policies in health and the social and wider determinants of health that urgently address these disparities and contribute to equity of health outcomes. Our submission has been informed by feedback from our members, Board, Advisory Councils, and OraTaiao, of which the NZMA is a member.

1. We welcome the work of the Climate Change Commission, including the development of the 2021 draft advice for consultation. While there are a number of aspects in the draft advice that we support, our view is that it is less ambitious and transformative than it should be. In addition, health and wellbeing considerations are not afforded the paramount position they should be, and there is an overall lack of recognition, quantification and optimisation of the health co-benefits of climate action. Before providing our specific responses to the consultation questions below, we briefly reiterate the important links between health and climate change / climate action. We conclude our submission by raising some specific points relating to the health sector before providing ten key recommendations for the Commission’s consideration.

The links between climate change and health

2. Climate change is a serious and leading threat to health and health equity, both in New Zealand and worldwide. Indeed, a seminal report in The Lancet identified climate change as the biggest global health threat of the 21st century.² Nevertheless, well planned and effective measures to mitigate climate change can have substantial health (and health equity) co-benefits;³ tackling climate change could be the greatest global health opportunity of the 21st century.⁴ For example, a shift to active and public transport, a diet with less red meat and animal fat, and improved housing energy efficiency can, in addition to reducing greenhouse gas emissions, bring about substantial health and health equity co-benefits, including reductions in type 2 diabetes,

heart disease, road traffic accidents, cancer, respiratory disease, and improvements in mental health.⁵⁻⁹

3. The former head of the WHO, Dr Margaret Chan, has written in February 2021 that “*achieving net zero emissions is the most important global health intervention now and for decades to come.*”¹ Tellingly, this statement is made in the context of the Covid19 pandemic and increased future pandemic frequency. She also noted that the “*health benefits [of well-designed climate policies] will outweigh the costs of mitigation policies, even without considering the longer-term health and economic benefits of avoiding more severe climate change*”.

Responses to consultation questions

Tell us your one big thing

4. We believe that health, wellbeing and health equity needs to be given much greater priority in the Commission’s advice. The health co-benefits of ambitious climate action, and the health costs of delayed climate action, must be taken into account when quantifying costs and benefits of climate policies, and when determining Aotearoa’s Nationally Determined Contribution (NDC) to reducing net emissions. A recent modelling study of nine countries with 50% of the global population and 70% of global emissions found that NDCs consistent with the Paris Agreement and supported by well-designed climate action could lead to substantial health benefits.¹⁰ To ensure Aotearoa’s climate policy delivers the full potential health and health equity gains, we have joined calls for the Minister for Climate Change to appoint specialists in public health and health equity to the Commission in addition setting up a technical health advisory group.¹¹ Māori will be disproportionately affected by the health impacts of climate change.¹² Accordingly, we believe that the Commission’s draft advice must also more clearly embed te Tiriti partnership, from start to finish.

Big issues question 1. The pace of change: Do you agree that the emissions budgets we have proposed would put Aotearoa on course to meet the 2050 emissions targets?

5. We disagree that the proposed emissions budgets would put Aotearoa on course to meet the 2050 emissions targets. Our view is that the budgets are not sufficiently ambitious or set to be achieved quickly enough. Notably, they do not meet our international obligations under the Paris Agreement 2015 and are inconsistent with our IPCC 2030 targets (see our response to big issues question 3). We call for the Commission to update its emissions budgets to take into account the IPCC AR6 report which is due within weeks and will update the physical science. We note that the budgeted cuts to biogenic methane are on the lowest trajectory of the 24–48% cuts needed by 2050. We believe that more ambitious reductions in methane emissions are necessary, particularly given concerns that short-lived greenhouse gases such as methane contribute to sea level rise through thermal expansion over much longer time scales than its atmospheric lifetime.¹³ We support the proposed focus on decarbonising and reducing emissions at the source rather than relying on forestry sinks to meet our climate change targets.

Big issues question 2. Future generations: Do you agree we have struck a fair balance between requiring the current generation to take action, and leaving future generations to do more work to meet the 2050 target and beyond?

6. We strongly disagree that a fair balance has been struck between requiring the current generation to take action and leaving future generations to do more work to meet the 2050 target and beyond. We urge the Commission to give much greater emphasis to the principle of intergenerational equity.¹⁴ Doing so would mean a more ambitious and rapid transition to net zero

emissions. The UN Committee on the Rights of the Child has stated that “climate change is one of the biggest threats to children’s health and exacerbated health disparities”.¹⁵ Failing to implement healthy and equitable climate policies now consigns future generations to an avoidable burden of ill-health that will disproportionately affect already marginalised children.³

Big issues 3. Our contribution: Do you agree with the changes we have suggested to make the NDC compatible with the 1.5°C goal?

7. We note the Commission has found that the Government’s commitment to reduce net emissions by an average of 30% from 2005 emissions levels over the 2021–2030 period is not compatible with global efforts to limit warming to 1.5 degrees above pre-industrial level. We welcome this finding but are disappointed that the Commission has not gone further by making specific recommendations for strengthening Aotearoa’s NDC.

8. We believe that a revised NDC should be based on the Paris Agreement and the principles of global equity and fairness. The Paris Agreement included the principle of ‘common but differentiated responsibilities and respective capabilities’. The least developed and developing countries are disproportionately affected by climate change despite having contributed the least to climate change. They also have the least capacity to adapt to climate change, let alone mitigate. Established economies like New Zealand have historically had high greenhouse gas emissions and have benefited from activities that cause high emissions; they are in a position, and have a responsibility, to mitigate past actions and contribute rapidly and proportionately more reductions than nations with historically lower emissions. Established economies also have greater economic capability to make the adjustments that are needed to reduce emissions. New Zealand has a particular responsibility to protect the health of the small Pacific Island Countries who are being hit first and worst by climate change.

9. We note that a calculation of an NDC that takes into account the principles of global equity under the Paris Agreement as well as historical responsibility suggests Aotearoa needs a 117–133% reduction on 1990 levels by 2030.¹⁶ This represents at least a tenfold increase from our current commitment. We urge the Commission to provide specific advice to the Government that Aotearoa increase its contribution to global efforts to reduce greenhouse gas emissions by at least this amount. This could be met by a combination of deeper cuts to emissions, some international offsets and increased climate finance for developing countries. A recent report has calculated that New Zealand’s fair share of climate finance should be in the range of \$301.5 to \$540 million per year.¹⁷ A stronger NDC with deeper cuts to emissions will contribute to reducing the risk of an overshoot beyond 1.5 degrees with its incrementally greater health risk.¹⁸

Big issues 4. Role and type of forests: Do you agree with our approach to meet the 2050 target that prioritises growing new native forests to provide a long-term store of carbon?

10. We agree with this approach in conjunction with an increased focus on reducing emissions at source. In addition to storing carbon, native forests provide a range of other benefits such as improving biodiversity, ecosystem rehabilitation and erosion control. These are important considerations when taking a planetary health perspective.

Big issues 5. Policy priorities to reduce emissions: What are the most urgent policy interventions needed to help meet our emissions budgets?

11. The health co-benefits of climate action, and health costs of climate inaction, must be included in the economic analysis of emissions budgets.

12. A transformational shift in transport is required. This should move our country away from the use of fossil fuelled private vehicles and towards electrified public transport, active modes of transport such as cycling and walking, and from road freight to sea and rail freight.

13. More ambitious reductions in agricultural emissions are needed. These should occur as part of the efforts to establish a food system that is equitable, improves health, is based on te Tiriti and reduces greenhouse gas emissions and environmental pollution. While the Commission's advice focuses on food production, we believe that more attention needs to be given to diet. Unhealthy diets are not only increasing the burden of obesity and diet-related noncommunicable diseases, they are also contributing to environmental degradation. We direct the Commission to the EAT-Lancet Commission on healthy diets from sustainable food systems which presents an integrated framework providing quantitative targets for healthy diets and sustainable food production to ensure a broad set of human health and environmental sustainability goals are achieved.¹⁹

14. With regard to heating, industry and power, there is a need for a more rapid transition away from fossil fuel-based forms of energy towards renewable energy, and for housing policies that lead to warmer and better insulated homes.

15. We ask the Commission to more explicitly take into account mental health considerations in its advice including the mental health impacts of climate change and the mental health impacts of measures to mitigate these impacts.

Big issues 6. Technology and behaviour change: Do you think our proposed emissions budgets and path to 2035 are both ambitious and achievable considering the potential for future behaviour and technology changes in the next 15 years?

16. Our view is that the proposed emissions budgets and path to 2035 are insufficiently ambitious. While future technology changes may expedite the pace of reduced emissions, we already know the actions we can take now to achieve more rapid decarbonisation.

The Health Sector

17. We believe that the health sector can lead the way for the public sector in terms of the transition to a net zero greenhouse gas emissions future. The health sector in New Zealand has been making good progress in measuring and reducing their carbon footprint. We believe that these efforts can continue and accelerate. Many DHBs employ sustainability officers and some DHBs have already joined the CEMARS (Certified Emissions Measurement And Reduction Scheme) programme. We support further collaborative efforts across the health sector to accelerate progress towards reduced greenhouse gas emissions. We contend that all DHBs should be required to join the CEMARS programme to use the same definitions and measures to work together and learn from each other, to accelerate each other's progress in reducing greenhouse gas emissions, improve health outcomes and reduce costs. We also support moves to adjust national procurement requirements to mandate PHARMAC and other public-sector procurement agencies to account for environmental and social costs in their purchasing processes. We believe that the detailed business cases for capital investment in new healthcare facilities and across the public sector must include options to reduce their carbon footprint and clearly define the long-term savings in operational costs and improved productivity that arise from differing levels of upfront investment in the design and build process. The Ministry of Health should actively promote and assist DHBs in this work. The Commission's advice also needs to directly address fluorinated gases (F-gases) which are a significant contributor to emissions in the health sector.

Key recommendations

18. While we support a number of aspects in the draft advice, our view is that it is less ambitious and transformative than it should be. We provide the following ten recommendations for the Commission's consideration.

- i) Health (including mental health), wellbeing and health equity considerations need to be given greater priority by the Commission.
- ii) Health co-benefits of climate action, and health costs of climate inaction, must be included in the economic analysis to determine emissions budget ambition, Aotearoa's NDC and climate policies.
- iii) A specialist in public health and health equity needs to be appointed to the Climate Commission and a technical health expert advisory committee should be established to assist the Commission's work.
- iv) Te Tiriti partnership should be more clearly embedded in the Commission's draft advice.
- v) Draft emissions budgets need to be more ambitious and achieved more quickly, and should give greater weighting to intergenerational equity.
- vi) The Commission should recommend a much stronger NDC that reflects commitments made in the Paris Agreement and takes into account the principles of global equity and historical responsibility.
- vii) The Commission's advice needs to address diet on a population level and recommend policies that will result in more sustainable food production as well as reduced consumption of unhealthy food.
- viii) The Commission should use more sophisticated tools than GDP to measure the costs and benefits of emissions budgets and policy choices.
- ix) The Commission should update its emissions budgets to take into account the IPCC AR6 report which is due within weeks and will update the physical science.
- x) Climate Action should be viewed through a planetary health lens and lead to an integrated approach that draws together policies to promote and improve human health as well as the health of the environment.

We hope our feedback is helpful and look forward to seeing the finalised advice for the Government.

Yours sincerely



Dr Kate Baddock
NZMA Chair

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