

Iti noa ana he pito mata / from the withered tree a flower blooms: healthy equitable climate policy in Aotearoa New Zealand

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It's hard to say anything about climate breakdown in 2021 that nature isn't already saying through unprecedented heat waves, bush fires and flooding. The Sixth Assessment Report (AR6) from the Intergovernmental Panel on Climate Change on the physical science of climate change published this year¹ confirms this stark "new normal." Global temperature has already risen by an average of 1 degree and will continue to increase until at least the mid-century under all emissions scenarios considered. Extreme weather events are occurring more frequently and more severely, and the entire globe is impacted by this. Further updates, including on specific impacts for Aotearoa New Zealand, will be published in the next year.

2021 has also seen unprecedented activity in Aotearoa New Zealand on climate change policy. The Climate Change Commission consulted and published their first report on greenhouse gas emissions (GHGe) reductions targets for Aotearoa New Zealand.² These reductions are essential as our contribution to prevent ongoing escalating climate breakdown. The advice outlines the pathway towards net zero emissions by 2050 for Aotearoa New Zealand, setting out stepwise goals for reducing emissions in the next 30 years. The government will be producing a response to the Climate Change Commission report later in mid-2022, which will detail how they will achieve these targets. As part of the preparation for this response, major emitting sectors such as transport have begun to consult on how they will achieve these targets.³ Other significant actions

in climate policy in 2021 include moves towards large companies having to report what climate change might mean for their business and further reform of the emission trading scheme, which creates a domestic carbon price.

The healthcare sector, which is estimated to contribute between 3% and 8% of national GHGe,⁴ also continues work on reducing emissions, with upcoming plans for building standards and the phasing-out of fossil fuel energy sources in healthcare facilities. Further work is underway to create a more comprehensive plan to tackle the full range of GHGe from healthcare. They include the large amounts from procurement, pharmaceuticals, medical gases, waste and other devices and products used in healthcare.

Civil society responses to climate change also continue apace; activist work continues despite the pandemic. This includes many Indigenous and youth voices, who feel disenfranchised from the global discussion and have the most to lose. Legal action against agencies and projects perceived as not aligned with meeting emission reduction targets has also moved to the foreground in 2021.

Work also continues on how to adapt to the climate change that has already occurred and will continue until at least mid-century.¹ The Ministry for the Environment has completed a first national climate change risk assessment, which identified a number of risks Aotearoa New Zealand faces from climate change.⁵ This risk assessment will be used to develop

national, and sector specific (including health), adaptation plans outlining what we need to do to respond to those risks.

Although the work outlined here represents a significant effort, it is only the beginning of what is needed. The transformation towards net zero carbon will dominate our society for decades. The time-frame for this work has been urgent for the last three decades; it now warrants a level of response similar to that seen for COVID-19. This will involve listening to scientists, leadership in communicating the case for change, transformative public policy and international co-operation to support our Pacific neighbours.

Why should we care about this work as healthcare professionals? The policy documents being produced by the government on how we will reduce emissions will have profound impacts on health, healthcare delivery and health equity for the next 30 years. This recognises that many of the core drivers of climate change are the same as the determinants of health and health inequity. A substantial body of research locally and internationally confirms that the “right” combination of policies could create substantial health gains while also reducing emissions.⁶ Horrocks and Wilson’s paper in this edition of the *New Zealand Medical Journal* provides a detailed case study of how better policy approaches to the specific issue of diesel vehicles could both reduce GHGe as well as improve health.⁷ This is an area in where the choices made by the government have caused poor health and climate damage.

Recognising the close links between climate change and health, for the last decade a range of organisations have advocated positioning the response to climate change as being about health. Their rationale is that if climate policies can be related to issues that are of genuine concern to the public (such as health and healthcare), then there is more likely to be support for those policies.⁸ However, the paper by Chambers et al in this *NZMJ* argues that the Climate Change Commission has missed the opportunity to systematically consider and maximise the positive health and health equity impacts in their approach to reducing emissions in Aotearoa New Zealand.⁹

Despite the theory and (some) evidence that emphasising the positive health impacts of action can make people more supportive of climate action, the lack of meaningful reductions in GHGe globally suggests this is not enough on its own. The complexity of climate change as a policy issue merits more than just a re-positioning of how we talk about it. There is now a view that academics and health professionals should be taking peaceful direct action, and that activism to preserve the planet is now an ethical imperative for trusted groups in society.^{10–12}

Finally, if we step back for a minute, the question that we should be asking is: Why we are destroying multiple planetary systems? (The destruction of the environment is not limited to climate change. Other ecological crises, such as biodiversity loss, loss of pristine and productive land, particularly forests, and loss and pollution of freshwater, co-exist with climate change.¹³) The answer lies in the dominance of Western European and North American-style capitalist, neoliberal ideologies, which have driven an economic model built on unsustainable exploitation of lands, fossil fuels, Earth systems and Indigenous peoples.^{14,15}

One of the major impediments to an effective response is that we are attempting to address climate change within the same colonial, extractive, market-based framework that created the problem(s). It won’t be enough to make technical adaptations to current systems, and taking such an approach is likely to cause co-harms to population health and health equity.¹⁶ A healthy, equitable and just transition that deals with all the ecological harms being caused, not just GHGe, will require a transformation of societal values, including about health. Relational transformation with Indigenous peoples while centring Indigenous knowledge systems, values and leadership will be needed.¹⁶ Population health, Indigenous health and health equity expertise will need to be at the heart of environmental and climate policymaking.

The root causes of concerted government inaction over the last 30 years also need to be exposed and addressed. The vehement and effective resistance to climate policy from powerful industries with the largest

financial interests in the status quo must now be seen as violence against people and nature. As was successfully achieved with the tobacco industry, health professionals must now press for the social license and influence of oil, coal and gas industries to be ended. In Aotearoa New Zealand, the most influential climate policy resistance has come from major firms involved in industrial agriculture. Their actions must be made visible, and they must be held to account for

their track record of undermining healthy equitable climate policy.

Climate change and other ecological crises pose an existential threat. They also offer an opportunity to create a healthy equitable society that is not driven by the exploitation of planet and people, but that instead centres the restoration of relationships grounded in Indigenous ways of knowing, doing and being: “Iti noa ana he pito mata/ from the withered tree a flower blooms.”

Competing interests:

All authors are members of Climate Health Aotearoa, a national climate change and health research centre (www.climatehealthaotearoa.org.nz), and OraTaiao the NZ Climate and Health Council (<https://www.orataiao.org.nz>). Annette Bolton works for ESR and the views expressed in this editorial do not reflect the views of that organisation.

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