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AMA submission to the Department of Health and Aged Care – National Health and Climate Strategy

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Contents

Introduction

The AMA supports the development of a National Health and Climate Strategy. This is something we have advocated for but overall, the AMA is concerned that the strategy as proposed does not sufficiently address the health impacts of climate change, and rather focuses on environmental sustainability of the health care system.

Climate change is a health emergency. Our current systems are too siloed to achieve the collaboration and action needed to prevent and adapt to the health impacts of climate change. While ensuring the health care system is sustainable is an important component, the strategy needs to reflect that climate change is a health crisis, and preventing health impacts requires a whole-of-government approach. The strategy should be structured to prioritise a health in all policies approach, with a clear vision on what the strategy should achieve. The strategy needs to clearly outline how it will reduce health impact risks. Strategy objectives and actions should not be limited to the scope set for the Department of Health and Aged Care as they are cross-portfolio.

Australia is far behind other countries in acknowledging and acting on the health impacts of climate change.[1] Funding health and climate action should be seen as an investment, not a cost.

The strategy must recognise that while the medical workforce is increasingly passionate about making change in this space, most currently do not have the capacity or capability to do so. The strategy must ensure it includes a plan to increase the capacity and capability of the health system to make meaningful progress. Implementing the strategy will require significant initial funding but will result in substantial savings over time. The AMA supports using the Greener NHS program as a basis for developing healthcare sustainability strategies, noting that the program will need to be adapted to incorporate Australia's jurisdictional, public and private health areas.[2]

The AMA would welcome further opportunity to contribute to the development of the strategy. A draft strategy should be available for consultation before it is finalised. The consultation paper provided does not include adequate detail to determine how the strategy will achieve its objectives.

Strategy fundamentals

Several strategies have been developed by government over time, with varying levels of success. To ensure this strategy is effective and actionable, the AMA implores the department to ensure the strategy is co-designed with all stakeholders and includes the following:

- specific indicators, targets, and timelines
- clearly defining who is responsible for meeting targets and timelines
- a meaningful and effective accountability and reporting framework
- specific, adequate funding.

Vision and purpose

Strategies require an overarching vision, to ensure the activities and implementation plans that flow from it are designed accordingly. The vision and purpose of this strategy is not clearly defined. The AMA supports a strategy vision where Australians are protected from the health impacts of climate change and Australia achieves a net zero emissions healthcare system. The AMA has committed to achieve a net zero health care system by 2040, with an interim measure of 80 per cent emissions reduction by 2030.[3] The AMA supports a strategy purpose of preventing and responding to the health impacts of climate change, while maximising the health co-benefits that can be achieved from climate action.

Objectives

1. How could these objectives be improved to better support the vision of the Strategy?

The objectives need to align with the strategy's vision and purpose and include specific measurements, targets, and actions that will be used to achieve the objective.

The AMA believes that health in all policies should be prioritised over the other existing strategy objectives.

Mitigation is an important objective, however it needs to be expanded in the context of health impacts of climate change more broadly, rather than mitigation and adaptation for the health system alone.

The AMA supports adaptation as an objective as it refers to strengthening the resilience of communities as well as the health system.

Further detail on each individual objective is provided below.

Principles

2. How could these principles be improved to better inform the objectives of the Strategy?

The AMA supports the draft principles. The principles could be improved by acknowledging that health is a human right that is at risk due to climate change inaction, and that strategy implementation needs to reflect this urgency.

Principle 5 (evidence-informed policy making) should include prioritising actions that foster quality of care.

Australia needs to prioritise and resource research into all aspects of health and climate change action to ensure governments and other stakeholders can work under the principle of evidence-informed policy making. Decades of inaction has meant that Australia is behind other countries on climate change action and is lacking investment into researching Australia-specific solutions.

The AMA supports including research as an enabler to implement the Strategy's objectives (see page 16).

The AMA supports the principle 'partnership-based working across all levels of government and beyond'. The department should ensure that climate and health scientific experts, and Aboriginal and Torres Strait Islander communities, are adequately consulted to develop the strategy and throughout implementation. As the strategy aims to achieve a 'health in all policies' approach, several sectors outside of health will need to be consulted, including but not limited to environment, social services, infrastructure, agriculture, food, and transport.

For objectives relating to sustainability, the health care workforce, including the AMA and medical colleges, are essential stakeholders when it comes to determining practicalities that must be considered when changing health system infrastructure, models of care, and medicines.

The strategy should clearly outline how the department will collaborate and coordinate with multiple stakeholders.

Greenhouse gas emissions sources

3. *Which of the various types of greenhouse gas emissions discussed above should be in scope of the Strategy's emission reduction efforts?*

Greenhouse gas emissions are harmful to health, no matter where they come from. The strategy's emissions reduction initiatives should include all types of greenhouse gas emissions that arise from the health system. This includes patient and visitor transport, equipment, and other healthcare products that are imported from overseas. The AMA suggests the strategy prioritise the scope with the largest quantity of emissions and the most feasible emissions to target.

Aboriginal and Torres Strait Islander health and climate change

4. *What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon to address climate change and protect First Nations country, culture and wellbeing?*

5. *What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?*

The AMA supports a focus on Aboriginal and Torres Strait Islander partnership for the strategy. It is essential that Aboriginal and Torres Strait Islander peoples have a leading role in identifying and responding to the nature and challenges of their own health.[4]

There is an existing significant gap between Indigenous and non-Indigenous Australians, in terms of health indicators and access to health services. As stated in the consultation paper,

climate change will only exacerbate these inequities. The AMA believes the strategy should draw upon Aboriginal and Torres Strait Islander policies, knowledges, and practices in order to address the gap.

There has been inadequate involvement of Aboriginal and Torres Strait Islanders for climate change responses, and a lack of research and data that harness the knowledge of the impact of climate change on local communities, and how to respond to them.[5]

Government must ensure that it directly seeks advice from Aboriginal and Torres Strait Islander communities and ensure there is Aboriginal and Torres Strait Islander representation at every stage of strategy development and implementation. The consultation paper does not describe how the department is currently incorporating Aboriginal and Torres Strait Islander knowledge and perspectives.

Proposed Objective 1: measuring health system greenhouse gas emissions

In addition to measuring emissions, the strategy should also outline actions to measure:

- the current and future impacts of climate change, including impacts to human health, the healthcare system, and society as a whole
- the health and societal benefits of climate change action
- the health costs of climate change inaction.

Currently, measuring and reporting on greenhouse gas emissions is very limited and fragmented across Australia. A comprehensive account of Australia's health care system emissions is an essential starting point to improve environmental sustainability. The calculations for the NHS Carbon Footprint and NHS Carbon Footprint Plus are comprehensive and could be used as a template for calculating Australia's emissions.[6]

6. *Beyond the schemes already noted above, is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?*

N/A.

7. *What additional data and information is required to support targeted emissions reduction efforts within health and aged care?*

Comprehensive data on Australia's health and aged care system emissions is urgently needed. Current stakeholder work in the climate change and health space relies on estimates on health care from the Malik et al study using data from 2014-2015.[7] As described in the consultation paper, data from Australia's National Greenhouse Accounts does not comprehensively capture healthcare emissions.

Further clarification is required around which health care facilities are subject to the commitment to reduce Australian Public Service emissions to net zero by 2030, under the

Powering Australia plan. Again, a broader commitment to net zero for the whole health system is required.

While some healthcare facilities are already gathering emissions data, there will be many who are not. These facilities require additional support to do so, including funding and expertise to carry out assessments.

It would also be beneficial to undertake and collect research on how emissions reduction efforts can be achieved in collaboration with health care workers and patients, to ensure quality of care is not compromised and health benefits are maximised. Assessing the greenhouse gas emissions of different models of care will also be required to determine best practice for both sustainability and quality of care.

Proposed Objective 2: Mitigation

The strategy should include mitigation actions across all sectors to be more effective in preventing and reducing the health impacts of climate change, while harnessing the opportunity for health co-benefits. Mitigation itself is broader than reducing health care emissions. The strategy should include enabling health care facilities to improve their risk management by including climate change risk assessments.

The AMA believes that under mitigation the strategy should also include a target to reach net zero greenhouse gas emissions. This should be enshrined in legislation to protect the commitment across different governments over time. Achieving a net zero health care system will require a detailed, evidence-based, and ambitious implementation plan with reporting mechanisms separate to the strategy.

England's Greener NHS program has set two net zero targets, differing between what they directly control (e.g. Scope 1 and 2, and some Scope 3 emissions) and what they can influence (e.g. some Scope 3 emissions).[8] Greener NHS, in addition to the historic England Sustainable Development Unit, has resulted in significant reductions in emissions, significant health care system savings, and are on track to reaching net zero. The AMA recognises that there may be situations where the health system cannot meet a net zero target based on emissions reduction strategies alone, for example when quality of care would be compromised. In this case, legitimate carbon offset methods should be considered. The AMA stresses that offsets should be used as a secondary measure to reach net zero and should not be relied upon.

8. *What do you think of these proposed focus areas for emissions reduction? Should anything else be included?*

The AMA supports the proposed focus areas for emissions reduction within health care, as they align with the AMA's position statement on *Environmental sustainability in health care - 2019*. However, further information is required to determine why these focus areas were chosen. The strategy should also determine a timeline for each focus area, detailing priorities, actions, and targets. It will be important for the strategy to specify which aspects of the healthcare system

these focus areas apply to, and tailor strategies and objectives for each. For example, primary care facilities will require different targets than hospitals.

Built environment and facilities (including energy and water)

9. *Which specific action areas should be considered relating to the built environment and facilities (including energy and water), over and above any existing policies or initiatives in this area?*

It is unclear who proposed to the department the actions suggested in the consultation paper. It would be beneficial for stakeholders to know that these proposals are sourced by scientific experts in the space.

Actions in this space need to be more specific – the "Identify [and make use of] policy levers" action should already be complete, and specific policy levers included in the strategy to make it more effective and meaningful. For example, include in the strategy a plan for legislation, guidelines, and standards improvement to ensure new buildings achieve a certain energy rating. The strategy must also outline how it will support the health system to increase the use of renewables and provide solutions to reduce reliance on diesel-powered generators in hospitals. Renewable energy targets for new and existing facilities by a certain timeframe should also be introduced.

Internationally, efforts to make healthcare infrastructure more environmentally sustainable have focussed on a range of measures, including: attention to the surrounding natural environment and efforts to preserve local habitats; maximising the use of natural light and ventilation in order to minimise electricity use; use of reflective materials to lessen the need for electric cooling; and procuring sustainable or recycled building materials.[9]

As well as the design of buildings themselves, considerations about planning and how health facilities connect with local communities are important in minimising their environmental impact. This includes incorporating safe bicycle and pedestrian access, green spaces for exercise and health promotion activities, and coordinating public transport options.[10]

The use of energy within health facilities is a major contributor to the direct emissions of the healthcare sector in Australia. Although hospitals are the most energy-intensive facilities, smaller clinics can have significant emissions, especially those that include residential elements, like mental health and drug and alcohol rehabilitation centres. In Malik et al's 2014-15 study, gas used to heat hot water was found to contribute 10 per cent of overall emissions for the Australian healthcare sector. [11]

The strong presence of coal in Australia's electricity makeup compounds this increase in energy use and may explain some of the disparity between healthcare emissions in the UK and Australia. Malik et al's 2014-15 study identified that in Australia, 63 per cent of electricity is generated by coal, while in the UK this is only 23 per cent; and the UK's use of wind energy is three times that of Australia's. [12] For this reason the AMA advocates for an active transition

from fossil fuels to renewable energy sources, as outlined in the Position Statement *Climate Change and Human Health – 2015*.

Travel and transport

10. *Which specific action areas should be considered relating to travel and transport, over and above any existing policies or initiatives in this area?*

As above, the strategy needs to include more specific action areas and targets than simply stating that we need to 'identify and make use of policy levers…'. This feedback applies to all focus areas.

The AMA supports the focus on ensuring electric and zero emissions vehicles are used, with strategies in place for where the use of emissions vehicles cannot be avoided. This focus area needs to also ensure there is sufficient infrastructure and planning in place to support zero emissions vehicles and more environmentally friendly and active methods of transport, such as electric vehicle charging stations and accessible bus stations. The AMA supports the inclusion of patient and staff travel in measurement of travel emissions.

Supply chain

11. *Which specific action areas should be considered relating to supply chain, over and above any existing policies or initiatives in this area?*

The AMA would support specific action areas and targets such as the English NHS targets outlined in the consultation paper.

Procurement of external goods and services presents a crucial opportunity to reduce the environmental footprint of Australia's healthcare sector. Products used in healthcare facilities are almost exclusively procured from external sources – including medical equipment, pharmaceuticals, consumables such as bandages and protective equipment, and household items like beds, desks, and computers. In 2014-15, externally procured goods and services (including electricity) comprised almost 90 per cent of Australian healthcare-related carbon emissions. This included pharmaceuticals, which comprised 19 per cent of all healthcare carbon emissions, and aids and appliances, which accounted for 3 per cent. [13]

Efforts to implement sustainable procurement strategies are recommended by the World Health Organisation, including influencing suppliers to consider environmental impacts; assessing the environmental impact of goods and services procured; reducing purchasing where possible; and procuring environmentally friendly products.[14] Additional considerations may include preferencing products made of recycled materials, suppliers that use lower-energy production practices, and environmentally sustainable packaging and transport.[15]

A 2017 study examining barriers to sustainable procurement in Australian health care found that the major challenges were the absence of legislation on the issue and a lack of support

from senior management in healthcare facilities. Issues such as the availability of sustainable suppliers were minimal when compared to these higher-level barriers. [16]

Medicines and gases

12. Which specific action areas should be considered relating to medicines and gases, over and above any existing policies or initiatives in this area?

As above, the AMA supports more specific actions and targets for each focus area. The AMA suggests this focus area should include all therapeutics, with medicines and gases a priority.

The strategy should include engagement with the Therapeutic Goods Administration and the Pharmaceutical Benefits Advisory Committee to ensure that environmental sustainability is a consideration when approving medicines to be registered in Australia and subsidised by the Pharmaceutical Benefits Scheme. Ensuring environmentally sustainable medicines are accessible and affordable for patients will be key to ensuring their use.

Medical colleges and the AMA are key stakeholders to be consulted when considering a change in each therapeutics model of care to ensure quality care is not compromised.

The strategy should support research to determine the environmental impacts of therapeutics and provide guidance to prescribers. It will be important here to address unintended consequences such as patients feeling guilt and denying treatment if they need a therapeutic with a higher environmental impact.

Waste

13. Which specific action areas should be considered relating to waste, over and above any existing policies or initiatives in this area?

As above, the AMA supports more specific actions and targets for each focus area. The AMA requests stronger actions than 'encouraging' and 'promoting' efforts to reduce waste.

The strategy needs to ensure its actions and targets are specific to each waste issue. For example, medical waste will require a different approach to managing food waste.

Reducing and managing waste will also require behavioural and procedural change for health care workers. The strategy should outline how it will support health care workers to recognise the importance of environmental sustainability actions and guidance on which options are most suitable.

The production of physical waste is one of the most discussed environmental by-products of health care, particularly in terms of waste produced in hospitals. Addressing healthcare waste needs to be guided by evidence-based infection control. Healthcare waste includes single-use clinical equipment, disposable linen, excessive packaging for medical items and materials contaminated by patient fluids or contact. More generally, it also includes food waste from

patient meals, paper, cardboard and plastic, and general waste similar to that found in households.

Waste management represents a significant cost to the healthcare sector, as well as contributing to indirect carbon emissions. Clinical waste that is deemed to be infectious needs to be properly managed, generally involving either incineration, autoclaving or chemical disinfection, followed by placement in landfill.[17] In Australia, processing clinical waste can be significantly more expensive than processing regular waste.[18] Additionally, incineration, while effective at removing infection risk, can result in harmful emissions including dioxins, furans and mercury.[19,20] Waste placed in landfill continues to emit greenhouse gases as it breaks down, which can take many years for some of the hardy plastics used in medical settings.

Correctly classifying and segregating waste is a key way to reduce negative environmental impacts. Along with instituting recycling and waste management processes, making these processes easy to adopt and accessible for health practitioners is vital to their effectiveness. Moving away from single-use items and towards reusable equipment has also been suggested as a waste-cutting measure. It should be noted that despite critiques of single-use items, it is possible that some items may have a lower environmental impact than reusable items, depending on materials used and sterilisation processes, specifically if energy sources for sterilisation of reusable items has a high carbon intensity. The National Health Sustainability and Climate Unit could provide valuable advice in this regard, including information on the sustainability of different options.

Prevention and optimising models of care

14. Which specific action areas should be considered relating to prevention and optimising models of care, over and above any existing policies or initiatives in this area?

The AMA supports the inclusion of health prevention and optimising models of care in the strategy. In alignment with a Health in All Policies and a One Health approach, the strategy should recognise the social, cultural, commercial, and environmental determinants of health and develop strategies to address them in the context of climate change and sustainability. Preventive care in the context of both non-communicable and communicable diseases should be addressed in the strategy.

Prioritising preventive health care is a foundational element of reducing health care's environmental footprint. By encouraging and facilitating healthy behaviour and choices, preventive health campaigns and supporting policies can minimise the incidence and severity of chronic and infectious diseases. Keeping populations healthy may alleviate pressure on the acute care system, by reducing the need for complex procedures, more intensive processes and longer hospital stays. The AMA outlines the central role of doctors, especially General Practitioners, in providing preventive health care to patients in the 2010 Position Statement *Doctors and Preventative Care*.

The Treasury's current work on producing an Australian wellbeing framework (*Measuring What Matters*) is an important consideration for the strategy.[21] The AMA's submission outlines that

investing in health has broader benefits for society, including increases in economic output. It outlines the benefits of preventive care and the need for better data collection and reporting on climate change impacts, mitigation, adaptation, and reporting.

The AMA's position statement on *Doctors' Role in Stewardship of Healthcare Resources 2023* outlines the importance of effective stewardship in ensuring patients are able to receive the best quality care now and into the future. Stewardship aims to achieve the best possible health outcomes through the equitable use of resources while minimising adverse impacts and wasteful expenditure, reducing the environmental impact of healthcare and promoting sustainability and our ability to meet future health resource needs. Doctors must balance their obligation to minimise wastage of resources with their primary obligation to care for and protect the health care interests of the individual patient. These two factors should generally not conflict if the stewardship and environmental sustainability governance frameworks are fit for purpose.

Effective stewardship of healthcare resources requires community, government, and healthcare sector support through initiatives such as including stewardship in the curricula for medical schools, through vocational training and professional practice, providing a healthcare environment that supports and values stewardship, increasing public education and awareness of the importance of stewardship of healthcare resources and ensuring clinical guidelines are kept up-to-date to assist doctors in determining the most appropriate tests, treatments and procedures for their individual patients based on the best available evidence in order to reduce low value care and wasteful expenditure. Curtailing waste and managing resources efficiently through effective stewardship of health care resources directly enhances environmental sustainability while delivering better outcomes for patients and providing broader social and economic benefits. There should be Federal Government funding for key programs that encourage research, education and quality improvement in relation to stewardship of healthcare resources including its impact on environmental sustainability.

The AMA is supportive of optimisation of models of care, but those models of care have to be codesigned with and supported by patients/consumers and health professionals, and result in improved patient outcomes while at the same time reducing administrative work by medical professionals and enabling them to spend more time focusing on patient needs.

The AMA believes that building interoperability into the design of all healthcare software and clinical information systems will:

- reduce administrative burden for healthcare workers (reduction of paper waste),
- improve healthcare worker satisfaction,
- create system efficiencies,
- facilitate person centred care,
- minimise avoidable health service use,
- be a key element of creating value based healthcare,
- promote patient independence,
- improve clinical safety and
- improve patient health outcomes.[22]

15. *What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?*

The AMA supports including private providers into the strategy. The Australian Commission on Safety and Quality in Health Care is developing a voluntary Sustainable Healthcare Module which can also be applied to private providers. The AMA and Doctors for the Environment Australia have called for this Module to be the starting point of developing a mandatory accreditation standard for environmental sustainability in healthcare.[23] The AMA and DEA also suggested the module could be broadened to cover the following concepts:

- infrastructure and healthcare delivery natural disaster preparedness capacity – prevention, preparation, management, and recovery
- embedding Environment, Social and Governance (ESG) goals and strategic plans within healthcare organisations
- cross-disciplinary environmental and financial sustainability education of healthcare professionals (as per the AMC National Framework for Pre-vocational Medical Training)
- incorporating sustainability as a 'core value' of all organisational activities and decision making.

The above points are all relevant actions that should be considered in the strategy.

While there is a growing interest in climate change action within the health care workforce, the strategy should recognise and address behavioural and cultural change that will need to occur for effective on the ground initiatives. This will include raising awareness of the health impacts of climate change. Healthcare facilities need employed, dedicated environmental sustainability managers with executive support to implement the facilities' environmental sustainability strategy.

Health care facilities that have already begun reducing their emissions have demonstrated significant financial savings. The strategy should also spread awareness that there are several efficiency, economic, and health benefits to making the transition to renewables.

16. *Where should the Strategy prioritise its emissions reduction efforts?*
    a. *How should the Strategy strike a balance between prioritising emissions reduction areas over which the health system has the most direct control and prioritising the areas where emissions are highest, even if it is harder to reduce emissions in these areas?*
    b. *Which of the six sources of emissions discussed above (on pages 13 to 18 of the Consultation Paper) are the highest priorities for action?*

The department should seek expert advice to determine which areas of emissions reduction should be prioritised. Considerations in determining priorities should include:

- the area with the highest emissions
- the relative complexity/ease of reducing emissions in that area
- quality of care
- health benefits

- financial costs and savings
- costs of inaction.

17. *What 'quick wins' in relation to emissions reduction should be prioritised for delivery in the twelve months following publication of the Strategy?*

As above.

Proposed objective 3: adaptation

The AMA supports the adaptation objective to ensure the health system is resilient and can respond to health impacts of climate change. The information within this objective on the health impacts of climate change should be included at the start of the strategy to better reflect the gravity of the climate crisis. A public awareness campaign on the health impacts of climate change (and the health benefits of acting on it) would benefit broader society in understanding the risks and the importance of mitigation and adaptation.

A One Health approach will be crucial to adaptation methods. This includes better collaboration between health, environment, and agriculture sectors and government departments to more rapidly detect and respond to emerging zoonotic and vector-borne diseases under the new Australian Centre for Disease Control.

Adaptation actions should include ongoing and effective disaster planning that incorporate measures to ensure healthcare facilities are adequately supported when emergencies occur. For example, it took the AMA almost a year of campaigning for funding to be provided to healthcare providers after the Lismore floods.[24] The strategy needs to consider and address issues with:

- disruptions to supply chains and energy
- healthcare facility evacuations
- temporary health care access
- financial support
- emergency accommodation
- building resilient communities.

The AMA has been calling for private health services in rural and regional areas to be declared essential services so they can be offered immediate financial support and resources following climate change-fuelled disasters. The AMA also calls on government to declare all rural health service providers essential workers, so in future disasters they will not have to bear the stress of funding uncertainty in the aftermath.

18. *What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy? What process or methodology should be adopted to prioritise impacts, risks and vulnerabilities for adaptation action?*

A priority for the strategy should be to comprehensively determine the scale of health impacts of climate change in Australia. This includes burden of disease, risk, and costs to health, the economy, and society. Having a better understanding of health impacts in the Australian context will make more effective goals and targets for adaptation initiatives.

19. *Should the Australian government develop a National Health Vulnerability and Adaptation Assessment and National Health Adaptation Plan? If yes:*
    a. *What are the key considerations in developing a methodology?*
    b. *How should their development draw on work already undertaken, for example at the state and territory level, or internationally?*
    c. *What are the key areas where a national approach will support local/jurisdictional vulnerability assessment and adaptation planning?*

The AMA would support the development of a National Health Vulnerability and Adaptation Assessment and National Health Adaptation Plan. As with the strategy, these assessments and plans should not be siloed or limited to the Department of Health and Aged care.

20. *Would there be value in the Australian government promoting a nationally consistent approach to vulnerability assessment and adaptation planning for the health system specifically, for instance by issuing guidance and associated implementation support tools for states, territories and local health systems? If yes, what topics should be covered to promote a nationally consistent approach? What examples of existing guidance (either from states/territories or internationally) should be drawn from?*

The AMA supports the Australian government developing a nationally consistent approach to vulnerability assessment and adaptation planning, however assessments and plans should include expert advice on local risks. Australia has several ecosystems and climates that come with different risks that should be considered. For example, tropical regions will be more at risk of vector-borne disease due to its warm, wet climate. The National Health Sustainability and Climate Unit should provide resourcing, support, and guidance to develop assessments and plans, noting that this work is not familiar to most of the health care workforce.

21. *What immediate high-priority health system adaptation actions are required in the next 12 to 24 months?*

Climate change-fuelled extreme weather events are already occurring, and we are underprepared. Australia so far has been lacking national leadership and coordination with states and territories when such an event occurs. High priority adaptation actions should include ensuring health care facilities are better prepared to face an extreme weather event, and ensuring there is adequate support and resources for health care facilities facing climate change events. At a broader level, government needs to focus on community resilience and

ensure social services are adequately prepared for increasing extreme weather events. This includes resourcing for emergency services, transport, housing, and food and water security.

Proposed objective 4: Health in all policies

22. What are the key areas in which a Health in All Policies approach might assist in addressing the health and wellbeing impacts of climate change and reducing emissions?

The AMA supports a Health in All Policies (HiAP) approach. Health in all policies (HiAP) acknowledges that human health and health equity is influenced by more than the health system itself.[25] Environmental, social, cultural, and commercial determinants of health should be considered in policies, sectors, and services that influence the following; environment, agriculture, the economy, finance, transport, housing, urban planning, and education.[26] HiAP and One Health are both concepts that promote intersectoral action for mutual benefit.

Environmental policies and programs need to better consider the human health impacts that are associated with a loss in biodiversity, unhealthy ecosystems, and green and blue spaces in urban environments. Health impacts must be given greater weight when assessing new or expanded fossil fuel projects, and projects that impact on the environment. In addition to being central for a Health in all Policies objective, this is also important to achieve the One Health principle. In January 2021, the final report of the independent review of the Environment Protection and Biodiversity Conservation (EPBC) Act 1999[27] concluded that the EPBC Act is outdated and requires reform to stop it being a barrier to holistic environmental management. The report recommended the development of legally enforceable National Environmental Standards, which government agreed to. Further, at a Federal level under the EPBC Act, the environment minister cannot intervene on a proposal unless it has a significant impact on nine matters of national environmental significance (none of these include heath issues), even if there are other negative environmental impacts. This is because primary responsibility for the environment lies with the States and Territories. For example, the Minister would not have the power to regulate on matters of air quality.[28] While health is considered in some aspects of the Department of Climate Change, Energy, the Environment and Water work, there is an opportunity to improve outcomes through better collaboration under a One Health approach and integration of a HiAP approach across departments.

23. What are the most effective ways to facilitate collaboration and partnerships between stakeholders to maximise the synergies between climate policy and public health policy? What are some successful examples of collaboration in this area?

The strategy should outline a plan for a national high level multidisciplinary committee including members across government jurisdictions, and experts in climate change and health. Aboriginal and Torres Strait Islander representation at this multidisciplinary committee is essential.

As each Parliamentary Bill or legislative instrument requires a Statement of Compatibility with human rights, Bills should also consider and address the impact on the health of humans, animals, and the environment.

The Australian CDC should incorporate a One Health department that works to protect human, animal, and environmental health. This department should work collaboratively with local and international environmental, animal, and human health organisations to collect and share data in a timely manner on diseases that have the potential to transmit to humans.

Enablers

24. How could these enablers be improved to better inform the objectives of the Strategy? Should any enablers be added or removed?

25. For each of these enablers:
   a. What is currently working well?
   b. What actions should the Strategy consider to support delivery?

The AMA supports increased awareness of the health impacts of climate change in the medical profession and the Australian public. The strategy must recognise that the medical workforce will require more support than just training to be able to initiate sustainability changes and prepare and respond to climate change events. The medical workforce is already significantly stretched and over capacity in many aspects. While many recognise the importance of climate change action, it will be difficult to do so without additional financing and support to recruit staff with expertise in sustainability, resilience, disaster preparedness and response.

Because of the way Australia's public hospitals are funded and operated, a whole of government approach is needed for their transitioning to an environmentally sustainable model. The AMA calls for the strategies and funding for mitigation and adaptation of public hospitals to be included in the National Health Reform Agreement Addendum 2025 onwards. Noting that there is great variation in the levels of mitigation and adaptation planning already occurring by hospitals, some of which have undertaken their own climate mitigation and adaptation activities, the AMA suggests that the funding is disbursed either through block funding for specific hospitals/health districts or as part of Activity Based Funding (ABF) National Efficient Price with relevant adjustments according to the needs of individual hospitals. This process must be equitable and not seen as punishing for those hospitals that have already progressed along the climate mitigation and adaptation path.

The AMA believes the research enabler is not strong enough to reflect the current health and climate crisis. While it is important to initiate a scan on current research activities, this is the bare minimum that could be done in this space. The strategy needs to outline a plan to urgently invest in climate change and health, and healthcare environmental sustainability research in the Australian context.

The AMA supports better, government-invested, collaboration to achieve the objectives of the strategy.

Monitoring and evaluation needs specific targets, goals, actions, timelines, and a governance framework outlining who is responsible and accountable for what. The AMA agrees that annual

reports should be produced regarding the strategy's progress. The reports should also outline lessons learned and improvements as research and innovation evolves.

The AMA believes that there should be enablers for governance, financing, and implementation arrangements in the strategy. As the strategy will crossover several disciplines, it will be important for governance to be clearly outlined and communicated to ensure responsibilities and accountabilities are understood by all stakeholders.

Conclusion

The AMA supports the development of a National Health and Climate Strategy. However, the consultation paper does not adequately reflect the fact that climate change is a health emergency. The strategy needs a specific vision, purpose, and objectives that are underpinned by a governance system that ensures accountability. The strategy should also recognise that addressing the health impacts of climate change will require a whole-of-government approach, instead of focusing on environmental sustainability in the healthcare system alone. The AMA would like to participate in further consultation once a draft strategy is available.

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