Australian Government
Department of Health and Aged Care

NATIONAL HEALTH AND CLIMATE STRATEGY

Detailed submission form

This form allows you to provide responses to the full set of questions in the Consultation Paper available here.

Alternatively, you may wish to complete the briefer online survey available here.

Please submit this form in Word format to Health.Climate.Consultation@health.gov.au.

Respondent details

What is your name?
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What is your organisation?
Healthy Environments and Lives (HEAL) National Research Network, supported by the NHMRC Special Initiative in Human Health and Environmental Change
Have you read and agreed to the Privacy Statement? (NB we will not be able to use your submission unless you tick this box)
☒ I have read and agreed to the Privacy Statement
Do you identify as Aboriginal and/or Torres Strait Islander? (Yes/No/Prefer not to say)
☒ Yes (Assoc Prof Veronica Matthews on behalf of HEAL Indigenous Steering Committee) ☒ No ☐ Prefer not to say
Please select which applies to you: ☐ Individual citizen ☐ Health Service Provider ☐ Industry and Life Sciences Organisation or Representative ☒ Academic or Researcher ☐ Primary and/or Allied Health Peak or Advocacy Organisation or Representative ☐ Aged Care Service Provider

☐ First Nations Health Service Provider
☐ First Nations Community Group
☐ First Nations Peak or Advocacy
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Questions for feedback from the Consultation Paper

Introduction

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

About the HEAL Network

The vision of the Healthy Environments and Lives (HEAL) Network is to catalyse research, knowledge exchange and translation into policy and practice that will bring measurable improvements to our health, the Australian health system, and the environment.

The HEAL Network is a broad coalition of 100 investigators and more than 30 organisations from across Australia that aims to bridge the gap between knowledge and action by bringing together Aboriginal and Torres Strait Islander wisdom, sustainable development, epidemiology, and data science and communication to address environmental and climate change, and its impacts on health across all Australian states and territories.

HEAL focuses on participatory solutions-driven research that provides robust scientific evidence to underpin structural policy and practice changes. To meet this need, our collaboration includes Government health and environmental authorities; health sector organisations; Indigenous organisations; and data providers to integrate a complex social, environmental, economic and institutional ecosystem into a cohesive, multidisciplinary research network.

The Healthy Environments and Lives (HEAL) National Research Network has a strong capacity to provide strategic advice on policy for the health impacts of environmental and climate change, and we welcome the opportunity to provide this submission to the Consultation Paper on the National Health and Climate Change Strategy. The issues identified and recommendations below come from a number of HEAL investigators.

Response to Question 1

The four objectives are broadly supported by members of the Healthy Environments and Lives (HEAL) National Research Network.

Issue: The National Health and Climate Strategy (the Strategy) proposes four objectives which we consider to be of equal importance. However, the Consultation Paper has a strong bias towards Objective 2 Mitigation. Approximately 50% of the consultation questions (12 out of 25) relate to mitigation activities, while some 25% of the questions relate to adaptation (4 out of 25).

Recommendation: Ensure that the final Strategy has an equal number of implementation outputs under Objective 2 and 3, so as not to give the impression that mitigation activities are more important than adaptation activities. Adaptation activities should focus on healthcare delivery as well as on population health.

Issue: The bias towards mitigation in the Strategy is also reflected in the phrasing of Objective 1 Measurement. This objective seeks to “measure and report on health system

greenhouse gas emissions"; we note the clarification in footnote 8 that "other measurement challenges related to climate change and health – such as measuring environmental exposures and vulnerability indicators… are listed under Objective 3 on adaptation." However, the current phrasing of Objective 1 gives the impression that the Strategy values mitigation above adaptation.

Recommendation: Amend the text of Objective 1 to include measurement of and reporting on adaptation actions implemented through the Strategy, including both the negative health impacts and positive improvements in health and wellbeing. Ensure that the Strategy's dual focus on healthcare delivery and population health are captured in the measurement and reporting indicators under this Objective.

Issue: Seventy countries internationally have formally committed to develop climate resilient and low carbon, sustainable health systems; 24 of these countries have made a net zero commitment, and have set a net zero target (source: WHO 2023a). Note that these 24 countries include high income as well as low and middle income countries, and that Australia does not feature on this list. Greenhouse gas emissions reduction targets are required in order to monitor the progress of Australia's health systems (at the state and territory as well as national level), and thus the effectiveness of the Strategy. It is clear that several public and private sector health organisations in states and territories are looking for direction-setting from the national Department of Health and Aged Care to guide their decarbonisation efforts. The Department can use its convening power to set a signal for public and private sector health systems in states and territories through Objective 1.

Recommendation: Amend the text of Objective 1 to commit Australia towards the establishment of agreed national, state and territory health sector emissions reduction targets. These should be projected out over future decades to match the Australian Government's national emissions reduction commitments of 43% below 2005 levels by 2030 and net zero national emissions by 2050.

Recommendation: Commit to Australia joining the list of countries that have made a commitment to net zero health systems, through participation in the Alliance for Transformative Action on Climate and Health (ATACH). The ATACH is a World Health Organization (WHO) initiative, an informal voluntary network for countries to exchange views, share information, and enhance technical and political co-operation. This would enable the Australian health sector to express the ambitions of the Strategy and to take on a leadership role internationally.

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

The six principles are broadly supported by members of the HEAL Network.

Issue: It is unclear whether these principles are ranked in order of importance. Several members of the HEAL Network emphasised the importance of Principle 6 Partnership-based working across all levels of government and beyond. This Principle is critical to the implementation of the Strategy, in a few different ways.

Effective governance arrangements will be critical to the implementation of the Strategy. The Strategy does not articulate the areas where the national Department of Health and Aged Care will develop programs and interventions, in contrast to the areas where the state and territory health jurisdictions will operate. Setting these expectations would be an important early task for implementing the Strategy.

We note that some jurisdictions already have governance arrangements and programs in place that would complement the national Strategy. Within their respective Departments and Ministries of Health, New South Wales (NSW) has a "Climate Risk and Net Zero Unit"; Western Australia (WA) has "Sustainable Development Unit"; and Victoria has a "Climate Change and Environment team". On the contrary, several health jurisdictions have much lower levels of organisational maturity in responding to climate change and environmental sustainability in the health sector. The role of this Strategy and the national Department of Health and Aged Care in this context needs to be clarified.

Recommendation: Cleary articulate the roles and responsibilities under the Strategy for the national, state and territory health jurisdictions. Establishing the governance arrangements under the Strategy will be an important early task in the Strategy's implementation.

Issue: Principle 3 Population health and prevention is a highly supported element of the Strategy. The Strategy also references the National Preventive Health Strategy 2021-2030 and the upcoming Australian Centre of Disease Control. However, the interaction of the Strategy with these existing mechanisms for health protection, disease prevention and broader population health programs across Australia is not clear.

For example, the Strategy states "responses to climate change must be underpinned by a public health perspective". This would suggest that the Strategy needs to be integrated within the existing national public health governance structures through the Australian Health Protection Principal Committee (AHPPC), the Environmental Health Standing Committee (enHealth), and close engagement with state and territory Chief Health Officers.

The Strategy does not adequately reference the existing, legislated role of state and territory Departments and Ministries of Health in population health through Public Health Acts at the state and territory level. Identifying the interactions and existing work undertaken by different jurisdictions will enable the Strategy to focus its efforts on areas where the most gains are likely to be made and avoid duplication of efforts.

Recommendation: Identify and map out existing work undertaken by state and territory Departments and Ministries of Health in divisions and directorates of public and population health. This would be an important early task in the Strategy's implementation.

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

Members of the HEAL Network support a focus on all three scope of greenhouse emissions when developing the Strategy's emissions reduction efforts. We emphasise the focus on all aspects of activity across the health sector (including upstream procurement supply chain management and downstream management of health products and waste through circular economy approaches), as opposed to a more narrow focus on healthcare delivery only.

Different analytical methods for measurement of health sector greenhouse gas emissions are maturing, and have been applied at the national, state and hospital level in Australia. Both "top down" (environmentally-extended multi-regional input-output) and "bottom up" (process-based lifecycle analysis) methods are available, and their feasibility has been demonstrated, for quantifying the baseline and monitoring ongoing progress on greenhouse gas emissions reduction in the Australian health sector.

Issue: There is an important role for the Strategy to set out different pathways or roadmaps for which of the various types of greenhouse gas emissions could be addressed by different health jurisdictions, given that jurisdictions with lower levels of organisational maturity and capacity in responding to climate change and environmental sustainability are looking for guidance from the national Department of Health and Aged Care.

A spectrum of approaches can assist less mature systems in commencing their work, for example:

- Taking a "central to distal" approach, by addressing the low hanging fruit of emissions under direct control of the health organisation (on-site scope 1 and energy supply contracts for scope 2 emissions), and then moving on to influence other parts of the business (such as health procurement, hospital meals and fleet management).
- Taking a "laissez faire" approach, whereby health organisations can focus on agenda-setting, awareness raising and creating an authorising environment, while transitions in other health jurisdictions and other sectors and industries will lead to reduction in scope 2 and scope 3 emissions. The health organisation will benefit from these broader transitions, albeit at a slower pace or direct benefit to them.

Recommendation: Develop a project early in the implementation of the Strategy to outline the decarbonisation roadmap options for different Australian health systems and health organisations (public and private) to take in their emissions reduction efforts.

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?

The HEAL Network has national and regional Indigenous governance structures through a network of Communities of Practice. Our aim is to ensure Aboriginal and Torres Strait Islander communities' needs are prioritised in the Network, and that any research conducted with First Nations communities is done respectfully, protects communities intellectual and cultural property rights, data sovereignty rights and is aligned with relevant cultural protocols. We also aim to prevent duplication of effort so communities are not overburdened with research/consultation initiatives. In this context, we would welcome further and ongoing engagement to support the national Department of Health and Aged Care through the HEAL Communities of Practice in all jurisdictions.

One of the HEAL Network's three cross-cutting themes is Indigenous Knowledge Systems. This theme embeds systematic engagement of Indigenous people and organisations in environmental change preparedness, planning and co-design of mitigation and adaptation solutions. It integrates Indigenous knowledge structures that lie outside Western academic and intellectual paradigms into discourses, to shape research agendas within a framework that protects cultural and intellectual property.

There are three existing First Nations initiatives that can inform the Strategy:

(A) The Earth Systems and Climate Change Hub within the National Environmental Science Program at CSIRO holds national dialogues with Aboriginal and Torres Strait Islander people on Climate Change to bring together Indigenous and Western scientific knowledge for climate adaptation (source: NESP 2021a). A key document from CSIRO's collaboration with Indigenous communities is Our Knowledge, Our Way (source: NESP 2021b) that provides best practice guidelines to collaborate in caring for Country activities. Key principles are strong partnerships; sharing and weaving knowledge; and national and global Indigenous networks for peer-to-peer learning and support.

However, there is limited consideration of health and wellbeing outcomes in CSIRO's partnerships with Indigenous communities given their focus on scientific aspects of healthy Country and environments. Collaboration is required across the Department of Health and Aged Care, Department of Climate Change, Energy, the Environment and Water and CSIRO to leverage Indigenous knowledge and adaptation efforts and to improve documentation of holistic outcomes covering health of community and Country.

(B) The Lowitja Institute held a national roundtable discussion in 2021 on climate change and Aboriginal and Torres Strait Islander health that centred the voices of Indigenous community leaders and advocates. The main themes identified from the Roundtable were to value and centre Indigenous knowledges and to partner with communities in place-based approaches to address climate issues. As the strategy consultation document highlights, many Indigenous communities are already challenged by access to safe water, housing and health services. As the roundtable delegates highlighted, first and foremost, these ongoing issues must be addressed to build adaptive capacity of these communities.

(C) The HEAL Network's priority action to develop a Story-Data Atlas that will apply participatory community-based mapping processes with urban, rural and remote Indigenous communities. Indigenous community map-makers will be trained and employed to gather traditional knowledges and experiences, documenting environmental changes and their impact on communities. These stories will be combined with environmental and health data into interactive digital maps to inform community co-design of mitigation and adaptation plans.

Recommendation: The consultation and involvement of First Nations voices is critical to the Strategy and that is a very welcome inclusion. The Strategy must now take care to balance two competing issues: (1) avoiding the duplication of existing structures for First Nations engagement where possible, while (2) avoiding collusion with some structures which we caution are simply not working for their intended purpose. Further detail is provided in the next response.

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?

A substantial amount of work is already being undertaken in relation to caring for Country, climate change and Indigenous knowledges, each with their own governance forums which can inform the Strategy. Much of this work is occurring sporadically and requires some overlying communication and coordination channel. Importantly, consultation mechanisms need to be networked into local community in recognition of the different climate and cultural contexts across locations. One such example of local consultation is land and sea management ranger groups funded through the Australian Government and their links to local Land Councils. Another example of existing local governance initiatives by traditional custodians is the process undertaken by the Martuwarru Fitzroy River Council.

Having culturally safe, responsive, flexible governance structures would be important for proper engagement with Aboriginal and Torres Strait Islander communities. Having governance led by community-controlled organisations and the ability to bring organisations into decision making and provide policy advice as priority topics and locations change would be essential.

Recommendation: The Strategy can share its development and intended directions by presenting to and engaging with existing structures such as:

- Community-controlled health organisations such as National Aboriginal Community Controlled Health Organisation (NACCHO) and their affiliates, and the Lowitja Institute who are leading advocates in climate change and Aboriginal and Torres Strait Islander health.
- The Lowitja Institute is currently undertaking a series of roundtable consultations across the country to yarn with Aboriginal and Torres Strait Islander people on their climate concerns with a view to developing a national strategy for advocacy.

Recommendation: The HEAL Network is able to facilitate consultation sessions with First Nations groups for the Strategy, recognising our focus on Aboriginal and Torres Strait Islander health and environmental research initiatives and knowledge translation.

Proposed Objective 1: Measurement

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?

The HEAL Network has extensive expertise in the various methodologies for measurement of health sector greenhouse gas emissions. These studies have been undertaken at the jurisdictional level (in NSW and WA) and at the hospital level (in NSW and Victoria).

Members of the HEAL Network have several existing and planned initiatives with state and territory health jurisdictions as well as specific health organisations. Examples include:

- Measuring greenhouse gas emissions from respiratory inhaler use in Australia (based on metred dose inhaler and dry powder inhaler dispensing rates).
- Process based life cycle assessments of common tests and procedures such as common pathology tests, and radiology tests (CT and MRI).
- High resolution health system-specific "top down" carbon footprinting assessments to guide health system strategy setting and the development of decarbonisation roadmaps (in WA).
- Environmentally-extended "top down" footprinting assessments which moves beyond quantifying carbon emissions to considering other environmental impacts of healthcare delivery, such as waste generation and water utilisation (in NSW).

Issue: The HEAL Network's activity represents the leading edge of initiatives to measure and report on health system emissions and energy use in Australia. These initiatives and studies set the foundation for a better informed and nuanced approach to heath sector emissions reduction.

Recommendation: Utilise the Strategy and the convening power of the national Department of Health and Aged Care to disseminate existing efforts and findings, and subsequently standardise the approach across all state and territory health jurisdictions.

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

Issue: There are effective mechanisms in place for researchers to access nationally-held health data through organisations such as the Australian Institute of Health and Welfare (AIHW). However, the same is not the case for nationally-held data that can be used to support health sector emissions reduction (for example, national data on volatile anaesthetic gas utilisation). These data have not been made available on request for research purposes.

One of the HEAL Network's three cross-cutting themes is Data and Decision Support Systems. This theme will create a Findable, Accessible, Interoperable and Reusable (FAIR) database of health, population, climate and environmental datasets and analytic tools for assessment of past, current and future impacts of environmental change on health, vulnerability, equity and service delivery. It will generate durable, standardised and scalable protocols for sharing data between states, organisations and disciplines to inform responses at national, state, and local levels.

Recommendation: The Strategy should include a strand of work to identify, collect and disseminate critical data sets that are required to support targeted emissions reduction efforts within health and aged care. The HEAL Network is ideally situated with the technical expertise to lead this work.

Proposed Objective 2: Mitigation

8. What do you think of these proposed focus areas for emissions reduction? Should anything else be included?
All responses for Proposed Objective 2 Mitigation (Question 8 to 14) are summarised here. The six proposed focus areas are appropriate and cover the major categories responsible for health sector greenhouse gas emissions. **Recommendation:** Consider sequencing efforts on specific focus areas over different periods of time. For instance, "prevention and optimising models of care" and "supply chain" are likely to require longer term and ongoing efforts over the life of the Strategy, whereas it may be possible to establish health sector standards for "waste" and "travel and transport" at an earlier stage. The sequencing of the six focus areas should be done through further consultation with stakeholders. **Issue:** The focus area of "prevention and optimising models of care" is widely considered to be the highest yield area, as prevention of disease (and a healthier population) would mean reduced need for delivery of healthcare which, in turn, would mean reduced greenhouse gas emissions from health facilities, waste generation and supply chain requirements. Similarly, developing and standardising models of care that are environmentally sustainable would amplify emissions reduction over millions of patient encounters (in hospital and primary care settings) every year. **Recommendation:** The Strategy should emphasise the focus area of "prevention and optimising models of care" by establishing programs aimed at changing clinician behaviour towards high value, low carbon care (and reducing low value, unnecessary medical interventions). **Issue:** The focus area of "supply chain" currently has a lack of consensus among Australian health system managers regarding the optimal approach to reduce supply chain related emissions. There are concerns about insufficient purchasing power of individual health organisations or health jurisdictions, and (perhaps unfounded) expectations that international moves to decarbonise the health sector supply chain will trickle down to Australia. There is an important role for the national Department of Health and Aged Care in this setting to bring together state and territory Health Ministers to agree on supply chain decarbonisation commitments. This would enable Australia to impact health sector suppliers in a way similar to a centrally managed health system such as the National Health Service (NHS) in England. **Recommendation:** Utilise mechanisms such as the Health Ministers' Meeting (HMM) and Health Chief Executives Forum (HCEF) to develop national consensus positions on health sector supply chain decarbonisation targets and approaches. **Recommendation:** Involve government agencies such as the Medical Services Advisory Committee (MSAC), Therapeutic Goods Administration (TGA), and Pharmaceutical Benefits Scheme (PBS) to set requirements such as: mandatory reporting on greenhouse gas emissions of medical products and pharmaceuticals; weighting the carbon footprint of a product (through lifecycle assessment) alongside existing economic evaluation as a criterion for selecting medical products to be subsidised.

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?
The response to this question is summarised under Question 8.
10. Which specific action areas should be considered relating to **travel and transport**, over and above any existing policies or initiatives in this area?
The response to this question is summarised under Question 8.
11. Which specific action areas should be considered relating to **supply chain**, over and above any existing policies or initiatives in this area?
The response to this question is summarised under Question 8.
12. Which specific action areas should be considered relating to **medicines and gases**, over and above any existing policies or initiatives in this area?
The response to this question is summarised under Question 8.
13. Which specific action areas should be considered relating to **waste**, over and above any existing policies or initiatives in this area?
The response to this question is summarised under Question 8.
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 response to this question is summarised under Question 8.
15. What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?
The Strategy can consider two categories of private providers where the national Department of Health and Aged Care has substantial influence: individual health practitioners (such as general practitioners, specialist consultants, dentists, and allied health practitioners) and private health organisations (operating private hospital facilities). **Issue:** For private health organisations, state and territory health departments are the regulatory authority for privately owned and operated private health facilities in their jurisdiction. The Strategy can leverage this regulatory role and local relationships, by setting expectations for the implementation of emissions reduction initiatives in the publicly-funded health system to be applied in the privately-funded health system. It is encouraging that many private health organisations have already made commitments to decarbonise their operations, but there is a risk of greenwashing as not all private organisations may have the capability to deliver on their commitments. **Recommendation:** Establish a governance mechanism (such as a working group) that specifically focuses on both categories of private providers (individual health practitioners and private health organisations), to disseminate good practice from the public health system, and to set emissions reduction expectations on private providers.

Issue: For individual health practitioners, the national Department of Health and Aged Care can directly influence practice through Medicare funding arrangements and the subsidisation of healthcare in Australia. While this is a highly contested issue with multiple competing professional and financial interests, the Strategy can nevertheless influence the direction of funding negotiations over the longer term.

Recommendation: Establish a governance mechanism (such as a working group) to shift practice away from low-value care. This can be achieved through several means, such as financial incentives or disincentives through the Medicare Benefits Schedule (MBS). A strong communications and engagement program will be particularly relevant to individual practitioners (such as general practitioners or dentists) who may not routinely access organisational messaging provided to salaried health practitioners.

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?

Given the broad scope of the Strategy, there is a risk that its efforts could become diluted by seeking to act in too many directions simultaneously, resulting in superficial achievements, and demonstrating unsatisfactory progress in the view of stakeholders. The Strategy should carefully consider the feasibility of leading on all aspects within the federated governance structures and mix of public and private delivery of healthcare in Australia.

It would be important for the national Department of Health and Aged Care to obtain a stronger understanding of what state and territory jurisdictions, academic research networks, and other non-government stakeholders are already intending to do, so that efforts are not duplicated. The Strategy has a unique opportunity to capitalise on pockets of excellence that have already emerged in Australia. However, a larger central workforce would be required to enable these efforts to achieve their intended outcomes.

Recommendation: The scale and urgency of decarbonising the health system and building up its climate resilience makes it an imperative that the National Health, Sustainability and Climate Unit and the Strategy more broadly receive increased funding and human resource support to implement programs and utilise its convening power. We would endorse a level of funding and resourcing commensurate with internationally leading, best practice health systems such as the National Health Service (NHS) in England.

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

The response to this question is summarised under Question 16.

Proposed Objective 3: Adaptation

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?

The fifteen health impacts listed under Proposed Objective 3 Adaptation are appropriate and accepted areas that should be addressed through adaptation action.

Several different methodologies are available for assessment of climate change-related health impacts, risks and vulnerabilities. Some examples include:

- Vulnerability and Adaptation (V&A) assessment (source: WHO 2021).
- Burden of disease assessments and linkage methods for environmental health (and climate change) indicators (source: WHO 1996).
- Health Impact Assessment (source: WHO 2023b).
- Sectoral adaptation guidance such as the NSW Climate Risk Ready Guide (source: NSW Government 2023).

Members of the HEAL Network have expertise in these as well as other methodologies for health impact, risk and vulnerability assessment. Regardless of the methodology chosen, we highlight two issues that may impede progress.

Issue: Access to data on health indicators and environmental indicators across all state and territory jurisdictions. Currently there are difficulties in accessing data and, when accessed, the data is not harmonised across all parts of Australia. This makes quantitative assessments of the health impacts, risks and vulnerabilities difficult to carry out.

Recommendation: Utilise the Strategy to establish a system for nationally harmonised data collection for future climate change and health adaptation assessments. Mechanisms such as the National Climate Change Adaptation Research Facility (NCCARF) have been highly effective in the past. The HEAL Network's Data and Decision Support Systems theme is able to provide technical advice and implementation support for this purpose.

Issue: All major guidance on adaptation assessment highlights the critical importance of effective stakeholder engagement to appreciate the end user, individual, community and system-level impacts of proposed adaptation actions. This would ensure that the voices of First Nations people and vulnerable communities are heard, as well as the voices of health practitioners (who respond to climate-related health impacts), and ensures the valuing of the broader community- and population-level impacts to the health status of all Australians.

Recommendation: Enshrine the need for co-design and co-decision making through best practice stakeholder engagement in any future adaptation assessments undertaken through the Strategy.

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?

Response to Question 19(a) and 19(b).

We strongly endorse the development of a National Health Vulnerability and Adaptation Assessment (the Assessment) and National Health Adaptation Plan (the Plan), as key initiatives under the Strategy. The rationale for developing these two outputs is clear: it would put Australia in step with other countries internationally, and it would align and strengthen the Australian health sector's response under the forthcoming National Climate Risk Assessment and a National Adaptation Plan.

The World Health Organization (WHO) has indicated that these are both important components of the national health sector response to climate change, and that the Assessment is a precursor to the Plan. This is explained in the Quality Criteria for Health National Adaptation Plans (source: WHO 2021). Members of the HEAL Network have expertise in developing Climate Change Risk Assessments for the Health Sector and National Adaptation Plans, for example, work undertaken to develop the relevant plans for the United Kingdom, the Fiji Ministry of Health and Medical Services, and the Republic of the Marshall Islands.

Our experience in other jurisdictions has demonstrated the appropriateness of proceeding with a health-specific Assessment and Plan, even when the national Assessment and Plan may be in progress or incomplete. The Australian health sector is well positioned to be an exemplar to other sectors nationally by proceeding with these two key outputs.

Response to Question 19(c).

The national Department of Health and Aged Care could consider incorporating and supporting the HEAL Network's priority action to develop a National Environmental Health Risk Assessment. Integrating this as an output of the Strategy could provide a more robust and effective end product.

Recommendation: The Strategy could integrate the HEAL Network priority action to develop a National Environmental Health Risk Assessment of the current and future health burdens of environmental and climate change, using available environmental and health datasets. This will involve integrating epidemiologic, burden of disease, health impact, cost-benefit and equity analysis methods and indicators. Analyses will include impacts of regional and sectoral interventions. This should assess baseline and future health and economic impacts of bushfires, air pollution and heat under a range of adaptation and mitigation scenarios integrating high resolution spatiotemporal analysis methods.

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?

Issue: As stated in the response to Question 2, we reiterate the need for the Strategy to be mindful of the varying levels of health system maturity in different state and territory jurisdictions. This issue is compounded by differing service provision needs and existing health inequalities across geographical locations, both in terms of remoteness (metropolitan versus rural) and differences in ecology (coastal versus inland environmental health risks).

Some health jurisdictions are already progressing with their own sectoral mitigation and adaptation plans; examples include the NSW Climate Risk Ready Guide (source: NSW Government 2023) and the WA sectoral emissions reduction strategies (source: WA Government 2023). On the contrary, several health jurisdictions have much lower levels of organisational maturity in responding to climate change and environmental sustainability in the health sector. These jurisdictions are likely to be looking to the Strategy and the national Department of Health and Aged Care for guidance.

Recommendation: Establish a working group to investigate existing efforts and guidance, the topics to be covered, and the process for the development of a nationally consistent approach. Given the differences between jurisdictions, proceeding without this initial discovery work may risk the Strategy delivering a product that is not accepted or utilised by its intended audience.

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

Issue: We suggest that this is not the ideal approach to identifying high priority adaptation actions. As outlined in WHO guidance, the process of developing the Health National Adaptation Plan would be the time where adaptation actions are prioritised. Such a process can be completed within the span of three to six months, and this would be the opportunity to answer this question.

We urge the national Department of Health and Aged Care to be mindful of the role of Health Protection services within state and territory health jurisdictions. Through Chief Health Officers, state and territory health jurisdictions already undertake “business as usual” functions and have an existing regulatory mandate for environmental health issues, including climate change adaptation. Thus it would be appropriate for the Strategy to first undertake the preliminary work necessary before developing a list of prioritised adaptation actions through this Consultation Paper.

Recommendation: This question would be better answered by using the quantified findings from the National Health Vulnerability and Adaptation Assessment, in order to subsequently undertake an evidence-informed national prioritisation process through the development of the National Health Adaptation Plan.

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 Health in All Policies approach enables the development of healthy public policy, with an understanding that health is not merely the product of health care activities, but is influenced by a wide range of social, economic, political, cultural and environmental determinants of health (source: SA Health 2023). This approach is highly supported by members of the HEAL Network as an overarching approach that would reduce the health impacts of climate change.

Issue: However, because Health in All Policies is a whole-of-system way of working, it is not clear how this approach can be reduced or made specific to addressing "key areas" such as reducing emissions and health impacts of climate change. The focus of Health in All Policies is on all policies, and focuses beyond simply one particular strategy (in this case the National Health and Climate Strategy).

Further, it is not clear whether the intention is for Proposed Objective 4 Health in All Policies to be monitored, evaluated, and have an associated program of work. If this is the intention, then there is a risk of invoking the Health in All Policies approach, but not being able to demonstrate achievement of specific deliverables that can be related back to this objective. If framed as a Principle rather than a Proposed Objective, the Health in All Policies approach would enable the Strategy to inform and contribute to other Australian Government initiatives. Note the way in which the Indo-Pacific Centre for Health Security frames climate change as a cross-cutting theme across its activity (source: DFAT 2023).

Recommendation: Include Health in All Policies in the Strategy, but as a seventh Principle rather than a fourth Proposed Objective. When taken as a Principle within the Strategy, Health in All Policies can inform the way the national Department of Health and Aged Care frames its work around health and climate change.

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 has a key role in encouraging cross-sectoral collaboration and partnerships on climate policy and public health policy. This can be done in several ways, and using Health in All Policies as a guiding principle is a good starting point. Specific mechanisms can include exploring models that promote translational research and science communication, similar to the Healthy Environments And Lives (HEAL) National Research Network and the National Climate Change Adaptation Research Facility (NCCARF). The Strategy could also be used to influence major research funding bodies such as the National Health and Medical Research Council (NHMRC) and Medical Research Future Fund (MRFF) to have larger ongoing and targeted calls for health and climate research.

The national Department of Health and Aged Care can establish a "national clearinghouse" function to enable all stakeholders (particularly state and territory health jurisdictions) to become familiar with latest developments under the Strategy, emerging guidance at a national level, capacity building and training opportunities, and research findings that can be rapidly taken to real-world implementation. This could be facilitated by the HEAL Observatory, an online knowledge-action hub on climate change and health, which is currently under development.

Recommendation: The Strategy could integrate the HEAL Network priority action to develop a Healthy Environments and Lives (HEAL) Observatory. The Observatory would be a digital knowledge-action hub to support the health sector, policy makers and communities by providing: (a) links to existing databases, analytic tools and methods that will support local, state and national decision-making; (b) links to publications, training materials, factsheets, indicators and other communication tools; and (c) an online, open, interactive forum for knowledge exchange between researchers, practitioners and communities.

Enablers

24. How could these enablers be improved to better inform the objectives of the Strategy? Should any enablers be added or removed?
Members of the HEAL Network were broadly supportive of the five enablers. Enabler 2 Research could be expanded or another enabler added to focus on "research translation to policy". This would help set directions and create an enabling environment for further government-academic partnerships. This also has the benefit of taking research outputs beyond the publication stage, and to utilise the expertise of the Australian climate-health research community to deliver solutions that will fulfil the ambition of the Strategy. Enabler 3 Communication and engagement is critical for the success of the Strategy. One of the HEAL Network's three cross-cutting themes is Science Communication. This theme will improve understanding of climate change-related risk perceptions and barriers to attitudinal, behavioural and socio-economic change. HEAL's communication and outreach activities could contribute to this enabler. There are a number of existing networks and communities of practice across research networks (such as the HEAL Communities of Practice and Aboriginal Steering Groups), professional associations (such as clinician engagement through Doctors for the Environment and medical colleges), and local community initiatives. The Strategy can engage with these existing networks and use these mechanisms to amplify its messages. Enabler 4 Collaboration can be further expanded to focus on co-design and co-decision making, so that all aspects of the program of work under the Strategy are informed by this approach. The importance of social capital in achieving the outcomes of the Strategy and climate-health interventions generally can also be elevated by expanding the focus on this enabler.
25. For each of these enablers: a. What is currently working well? b. What actions should the Strategy consider to support delivery?
The response to this question is summarised under Question 24.

Thank you for taking the time to complete this survey – your feedback is greatly appreciated!

Please submit this form in Word format to Health.Climate.Consultation@health.gov.au.