

26 March 2021

Submission to the Climate Change Commission: He Pou Arangi Climate Change Consultation: 2021 Draft Advice for Consultation

The New Zealand College of Public Health Medicine would like to thank the He Pou a Rangi Climate Change Commission for the opportunity to make a submission on <u>He Pou a Rangi Climate Change</u> Consultation 2021 Draft Advice for Consultation.

The New Zealand College of Public Health Medicine (the College) is the professional body representing the medical specialty of public health medicine in New Zealand. We have 205 active members, including 185 fully qualified Specialists, with the majority of the remainder being advanced trainees in the medical specialty of public health medicine.

Public Health Medicine is the branch of medicine concerned with the assessment of population health and health care needs, the development of policy and strategy, health promotion, the control and prevention of disease, and the organisation of services. The NZCPHM partners to achieve health gain and equity for our population, eliminating inequities across socioeconomic and ethnic groups, and promoting environments in which everyone can be healthy.

The College welcomes the release of He Pou a Rangi Climate Change Commission 2021 Draft Advice for Consultation, which establishes the pathways for Aotearoa New Zealand to get to net zero by 2050 and recommends specific accompanying policies. The College recognises climate change as an existential, urgent global threat and strongly endorses action to address its impact on the environment and human health in Aotearoa New Zealand. As former WHO Director-General, Dr Margaret Chan has stated: "achieving net zero emissions is the most important global health intervention now and for decades to come" and "health benefits will outweigh the costs of mitigation policies, even without considering the longer-term health and economic benefits of avoiding more severe climate change."

We wish to respond by focusing on two large ideas, rather than responding to the six specific issues identified by the Climate Commission.

1. Placing health and wellbeing at the centre of the response

The College contends that human health and wellbeing must be central to the Climate Change Commission's advice. Well-designed transformational emissions reduction measures not only reduce greenhouse gases (GHG) emissions, but also offer opportunities to reduce the burden of ill-health from the leading causes of death in Aotearoa New Zealand (cardiovascular and respiratory disease, certain cancers, obesity and Type 2 diabetes), as well as opportunities to achieve health equity between Māori and non- Māori.² Effective action in agriculture, transport and housing will impact on important determinants of health, such as nutrition and physical exercise,³ and will dent the big burden of non-communicable diseases (NCDs) in Aotearoa New Zealand, currently >27,000

deaths each year (89% of total deaths).⁴ Around one-fifth of government spending is directly on health, largely on long-term conditions likely to be directly responsive to healthy climate action.

A recent international study models significant health co-benefits from NDCs and related policies (nine nations covering half the world and responsible for 70% of global emissions) and shows with Paris-Accord contributions and health-centred climate policies, the health co-benefits outweigh mitigation costs, not counting the health gains from avoided climate change. While Aotearoa New Zealand has some important contextual differences, this modelling suggests that if applied within this context, climate emissions actions with co-benefits to health could ultimately prevent thousands of premature deaths per year.⁵

Actions to curb the economic and social cost of Type 2 diabetes in Aotearoa New Zealand provide an example of where a co-benefit approach would be beneficial. It has recently been reported that the numbers of people with Type 2 diabetes in Aotearoa New Zealand will increase by 70-90% within the next 20 years, disproportionately harming Māori, Pacific and Asian people, and estimated to absorb approximately 10% of the Vote: Health budget. Emissions reduction activities that focus on dietary patterns and food systems and active transport measures have the potential to not only reduce GHG emissions but also to prevent diabetes through enabling lifestyle changes via modified diet and increased physical activity.

We strongly urge the appointment of a Public Health Medicine Specialist to the Climate Commission to provide the expertise necessary to aid in these considerations.

2. Recommended nationally determined contribution changes

The College considers that the recommended nationally determined contribution (NDC) changes suggested in the draft advice are neither ambitious nor responsible enough. Crucially, advice on Aotearoa New Zealand's nationally determined contribution (NDC) to limit global heating to 1.5'C must be based on our agreed Paris principles and other agreed international agreement principles. The recommended changes do not reflect the purpose of the Climate Change Response Act 2002¹ or current international commitments on effort sharing. These principles of greater capability and historic responsibility mean our fair share contribution has been calculated as 117-133% reductions on 1990 emissions levels by 2030. To commit to less than this tenfold increase in our contribution, commits to harming others - including our Pacific neighbours with whom we have both formal and familial relationships. As a very small (albeit high emitting) nation, Aotearoa New Zealand is a 'climate taker' not a 'climate maker.' At the same time, we are profoundly dependent on stable climate, oceans, and global markets, for export earnings. Our contribution must be fair as this is the currency in bidding for the world to take the steps that protect the stable climate, ocean conditions and global markets that Aotearoa New Zealand relies on to safeguard our future. The College wishes to note that the first IPCC AR6 report is due within weeks and will update the physical science - the Commission must update their draft advice and recommendations accordingly. We need more certain pathways than 50% and 66% (to reasonably limit global heating to 1.5'C).

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¹ Section 3(aa) states, to "provide a framework by which New Zealand can develop and implement clear and stable climate change policies that—(i) contribute to the global effort under the Paris Agreement to limit the global average temperature increase to 1.5° Celsius above pre-industrial levels; and (ii) allow New Zealand to prepare for, and adapt to, the effects of climate change:" (reference: https://www.legislation.govt.nz/act/public/2002/0040/latest/DLM158590.html)

The College strongly recommends that the Climate Commission's advice should be based on a Tiriti o Waitangi partnership. NDC advice should start with Māori interests – if these are already clearly established through true Tiriti partnership. Alternatively, it is important to outline the steps, resourcing and timeline to understand and fairly represent Māori interests and partner with Māori when presenting Aotearoa New Zealand's compatible contribution prior to COP26 this year. Indigenous relationships with the natural environment are significant, and there is potential for loss of identity due to displacement and dispossession of lands, resources, and waters with climate change. Further, the Māori economy is disproportionately invested in climate-sensitive primary industries and is likely to experience significant adverse effects from climate change.⁸

Further background on the College's stance on national emissions' reduction targets is in the College's supplement to its Climate Change Policy Statement, 'Background to the NZCPHM's stance on setting national GHG emissions targets'. This stance is consistent with that of the Oxfam briefing paper, and is thus the basis for needing to reduce emissions by 117% to 133% (on 1990 levels) by 2030. We attach for the Commission a copy of that supplementary material, and ask that this be read alongside our submission here.

Thank you for the opportunity for the NZCPHM to submit on <u>He Pou Arangi Climate Change</u> <u>Commission: 2021 Draft Advice for Consultation</u>. We hope our feedback is helpful and are happy to provide further clarification on matter covered in this submission.

Sincerely,

Dr Jim Miller, President, NZCPHM

Attachment: Supplement One to the NZCPHM Climate Change Policy Statement: Background to the NZCPHM's stance on setting national GHG emissions targets.



2018_revised_supple ment_1_cc_policy.pdf

References:

(https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(20)30296-5/fulltext)

(https://www.nzcphm.org.nz/media/67575/2013 11 6 climate change substantive policy final-corrected .pdf)

(https://www.nzcphm.org.nz/media/85324/2018_revised_supplement_1_cc_policy.pdf, located at https://www.nzcphm.org.nz/policy-publications)

¹ Fu-Chun MCF. Accelerating towards net zero emissions: the most important global health intervention. Lancet Planet Health. 2021;5(2):e64-e65.

² New Zealand College of Public Health Medicine. NZCPHM Climate Change Substantive Policy Statement. Wellington: NZCPHM, 2018.

³ Bennett H, Jones R, Keating G, Woodward A, Hales S, Metcalfe S. Health and equity impacts of climate change in Aotearoa-New Zealand, and health gains from climate action (Special Article). N Z Med J. 2014;127:16-31. (https://www.nzma.org.nz/journal-articles/health-and-equity-impacts-of-climate-change-in-aotearoa-new-zealand-and-health-gains-from-climate-action-special-article)

⁴ World Health Organization (WHO). Noncommunicable Diseases (NCD) Country Profiles, 2018. WHO: 2018. https://www.who.int/nmh/countries/nzl_en.pdf

⁵ Hamilton I, Kennard H, McCushin A, Hoglun-Isaksson L, Kiesewetter G, Lott M, et al. The public health implications of the Paris Agreement: a modelling study. Lancet Planet Health. 2021;5(2):e74-e83 (https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(20)30249-7/fulltext)

⁶ Price Waterhouse Coopers. The Economic and Social Cost of Type 2 Diabetes. 2021. (https://healthierlives.co.nz/wp-content/uploads/2021/03/COT2D.pdf)

⁷ Oxfam NZ. Oxfam Briefing Paper. A Fair 2030 Target for Aotearoa. Wellington: Oxfam NZ, 2020. (https://www.oxfam.org.nz/wp-content/uploads/2020/09/Oxfam-NZ-Briefing-A-Fair-2030-Target-for-Aotearoa.pdf)

⁸ Jones R, Bennett H, Keating G, Blaiklock A. (2014). Climate Change and the Right to Health for Māori in Aotearoa/New Zealand. Health Hum Rights. 16(1):54-68. (https://www.hhrjournal.org/2014/07/climate-change-and-the-right-to-health-for-maori-in-aotearoanew-zealand/)

⁹ New Zealand College of Public Health Medicine. Supplement One to the NZCPHM Climate Change Policy Statement: Background to the NZCPHM's stance on setting national GHG emissions targets. Wellington: NZCPHM, 2018.