

Thursday, December 15, 2022

Responses to Croakey's review of media statements during COP27, between 31 October and 23 November 2022.

Roland Sapsford and Fiona Armstrong, Climate and Health Alliance

Finding: The analysis identified 135 media releases during this time. Not one statement addressed COP27 negotiations as a health issue, and only one statement addressed climate change as a public health issue.

CAHA Comment:

Australian officials and negotiators have shown limited public awareness of the importance of health, other than as a climate adaptation issue, for at least the last decade. This of course reflected the federal political landscape at the time.

At the same time, we've seen increasingly large international health delegations to the COP since COP17, when the first global climate and health summit was held in Durban. The Australian Government is only now building the capacity and the sense of permission needed for climate and health linkages to have a more explicit place in official releases and documents.

Finding: No tweets during this period were identified discussing COP27 or climate change as a health issue.

Interestingly, five media statements discussed health issues related to climate events (eg Japanese encephalitis and floods) but did not mention the terms "climate" or "climate change", nor did they acknowledge the link between climate and health.

CAHA Comment:

The national climate and health response is only just emerging in Australia under the leadership of Health Minister Mark Butler. This follows consistent and substantial advocacy from health stakeholders over several years.

The Commonwealth's capacity for scoping and engaging with the broad range of health *risks* posed by climate change, and the significant health *benefits* of climate action, is limited. This holds for both the Commonwealth Health Department, as well as the Department of Climate Change, Energy, the Environment and Water (DCCEEW). This gap again reflects the political history of the last decade.

To address this, we see key needs as being

- strong sectoral engagement to draw on existing knowledge and build momentum in the short term
- significant investment in training and capacity building across key agencies
- expanding the size of the unit beginning to focus on this issue within the Health Department
- policies and programs to limit health harms and maximise health gains as part of investment in a wide range of climate policies.

Mitigation is critical, and a rapid transition away from fossil fuels is key, but the impacts are here and now, so investing in resilience, recovery and support is also critical. We are past the point where we can debate the relative importance of adaptation and mitigation - both are critically important now.

We pay our respects to the Traditional Custodians of the Country where we live, work and travel upon, and to the Elders, past, present and future.

Finding: Given this year is the first year since 2013 that Australia has had a Federal Minister for Climate Change, we also analysed Chris Bowen and Assistant Minister Jennifer McAllisters' media statements during COP27.

Between them, they released 12 statements (one was a joint statement). Seven of the statements discussed COP27 discussions, with no mention of health. Two statements mentioned health in relation to energy policies.

CAHA Comment:

More cross portfolio collaboration is needed to ensure climate and energy policies also reduce risks to health and actively promote positive health outcomes, for all people and all populations. Ensuring good climate policy is also good health policy and vice versa is a key role for a National Health and Climate Strategy. We expect a stronger emphasis on health in the future.

Finding: We also analysed media statements and tweets for comments on Indigenous Affairs relating to COP27, climate change and health. No media statements addressed this. However, one tweet, by the Assistant Minister for Climate Change & Energy Jennifer McAllister, acknowledged the importance of including First Nations voices at COP27 negotiations and climate policies.

CAHA Comment:

There is much more to do in order to go beyond the lip service of acknowledging Indigenous cultural knowledge and practice. This requires listening to, and learning from Aboriginal and Torres Strait Islander people, and co designing solutions and strategies with them. Aboriginal and Torres Strait Islander people are at the front line of many climate impacts in Australia and need to be resourced to address these in ways that supports self-determination and caring for Country.

Questions:

With so much evidence of the health impacts of climate change, why does there appear to be so much reluctance for health departments and ministers to comment on or address the issue?

CAHA Response:

See our comments about capacity and political history above. Our hope and expectation is that this pattern will change over the coming months.

Given the increasing presence of health leaders at COP27 (i.e. World Health Organization), what are your thoughts on the lack of engagement on COP27 discussions in Australia's health departments and ministers?

CAHA Response:

The Australian Government is just getting started on its climate and health agenda. There is much to be achieved for health from a cross portfolio approach at home, as well as collaborating with others abroad, such as through the [ATACH](#) program.

Health ministers and departments need to engage with and attend future COPs. There is much for them to learn, as well as offer, in terms of sharing approaches and lessons from experience and practice. Australia's performance around climate and health will be in the spotlight if Australia hosts a COP in the near future.

What could/should health departments and ministers be doing more of to engage in and address climate-change related health issues?

CAHA Response:

We have listed some broad "key needs" above. Organisational measures to complement action on these needs could include:

- Developing KPIs for all health service managers and boards to prioritise climate change;
- Making climate action a condition of funding agreements
- Introducing a mandatory national health performance standards for climate action.

Dr Kate Wylie, Deputy Chair for the Doctors for the Environment Australia and Chair of the RACGP Climate and Environmental Medicine Specific Interest Group

With so much evidence of the health impacts of climate change, why does there appear to be so much reluctance for health departments and ministers to comment on or address the issue?

I can only speculate as to why there is not more focus on climate change as a health issue. Considering the level of evidence provided by the health sector and the IPCC I cannot believe that the government is ignorant of the extreme detrimental impacts on human health that climate change represents. Perhaps they have not taken the time to fully assimilate this knowledge into their messaging? Perhaps they are scared of the public reaction or they don't know how to communicate about it to fit into a simple soundbite?

The effects of climate on health are broad and complex so they are hard to talk about, but they do represent an opportunity to galvanise the public to support action on climate change.

By personalising climate change as a human health issue that is affecting the health of the Australian people now and into the future, the government can garner support for its emissions reduction target and be seen as acting for the good of the people, representing our needs and ensuring a safe and healthy community.

Given the increasing presence of health leaders at COP27 (i.e. World Health Organization), what are your thoughts on the lack of engagement on COP27 discussions in Australia's health departments and ministers?

Climate change is primarily couched as a political and an economic problem. The fossil fuel industry continues to control the narrative despite their product being the primary driver of global warming and the climate crisis. The health effects are disregarded and sidelined even though we know that it is the greatest health threat facing humanity.

By focusing on the human impacts of the climate crisis we can cement it as a human health issue that requires united global action to treat and at the same time reduce the social license of the fossil fuel industry to continue to peddle their life destroying products.

The WHO's health pavilion at COP27 demonstrated the vital need for climate action on health grounds. That this was not addressed and appreciated by our health minister is a sad indictment on Minister Butler's commitment to climate action.

Minister Butler has vocally supported climate action and described climate change as “a global health threat [that] has not received the attention it fully deserves,” at the Climate and Health Alliances forum in October. That he remained silent throughout COP27 which was held just a few weeks later unfortunately throws doubt on the true extent of his commitment. It was a missed opportunity to shift the narrative and change the nature of the debate.

What could/should health departments and ministers be doing more to engage in and address climate-change related health issues?

It is vital that the health effects are communicated to the Australian people. Health ministers and health departments need to be more vocal about how climate is impacting on health and commit to educating and informing the public.

We need to know the full extent and breadth of climate change's effects on health so that we can prepare ourselves and reduce its impacts. As an example, we all need to know the detrimental impact of heat waves on human health and that they are Australia's most deadly natural disaster. We can protect ourselves from heat effects by behavioural change and avoiding high sun exposure on hot days. We can also act on a community level with increased shade and town planning.

I do welcome the planned National Health and Climate Strategy announced in the October Federal Budget. Currently it is focusing on emissions reduction in the health sector but should take the opportunity to expand its scope to include a public health education campaign on the health effects of climate change.

Any additional comments?

Climate change is a health issue. We need to treat it.

Climate change is an immense global health problem, with the WHO naming it the greatest health threat of our time. The IPCC recognises climate change as a threat to human wellbeing and included the health impacts in its 2022 report.

Our governments have a duty of care to protect the health of the community and they are not doing this if they are not addressing the effects of global warming on human health.

Fiona Cornforth, Chair of the National Health Leadership Forum

With so much evidence of the health impacts of climate change, why does there appear to be so much reluctance for health departments and ministers to comment on or address the issue?

The reluctance for health ministers and governments to explicitly acknowledge the impact of climate change and health is a result of continued political sensitivity to those that are still resistant to change. Whilst governments thus in turn their departments, remain sensitive to this backlash they continue to view responses to climate change as a cost imposts rather than viewing action as opportunities and necessary.

Given the increasing presence of health leaders at COP27 (i.e. World Health Organization), what are your thoughts on the lack of engagement on COP27 discussions in Australia's health departments and ministers?

It was disappointing that climate change and its impact on health by the Australian Government was not acknowledged at COP27. This lack of acknowledged will hinder our responses to climate change. The NHLF calls for all Australian governments to view climate change as not only an energy and cost of living emergency problem but also problem on our health and wellbeing. Climate change is impacting on our health and consequently on our health systems, and will only worsen over the next decade unless government and their agencies acknowledge these links and act. Climate change needs to be viewed as a cross sectoral problem, we need our political leaders to come up with solutions to protect those most at risk, and start to build robust and resilient communities and health systems, whilst rapidly reducing our emissions. We must have collaborative action in these three areas to deliver the potential economic, social and environmental benefits to Australia.

What could/should health departments and ministers be doing more of to engage in and address climate-change related health issues?

The NHLF calls for health ministers and their departments to listen to the health experts and communities about the impact of climate change on health, their knowledge and expertise can assist with development of solutions.

Laureate Professor Nick Talley

I am just flabbergasted there appears to have been almost radio silence around the impact of the climate emergency on health in recent months.

Climate change represents one of the greatest threats to human health this century. Over time the climate emergency will make COVID-19 look like a picnic in the park.

Real risks going forward include more deadly infectious disease outbreaks, many more heat related deaths (especially for those living in substandard housing and heat trap suburbs), further devastating floods with their destruction and death, and destructive bushfires that not only cause local havoc but spew out deadly smoke particles in a very wide radius that can harm us all.

I'm sure health departments across Australia are only too well aware of the science and looming problems we face. Mitigation is going to be very expensive and will only partially alleviate the risks at best. Infrastructure investments that will be needed are probably largely unaffordable right now. Perhaps these realities, and the growing public acceptance climate change is real and upon us, have tempered public commentary by our health and political leaders. But we need more, not less public discourse if we are to work on viable solutions. And we need to be implementing real solutions now in the health system (which should be leading by example) and beyond.

Professor Fran Baum AO, Stretton Institute, University of Adelaide

Climate change has been a politically controversial issue in Australia and this appears to extend to the health impacts. There is generally little attention paid to health in energy policies (see our recent article analysing Australian energy policies (see attached paper or here [Energy as a Social and Commercial Determinant of Health: A Qualitative Study of Australian Policy \(ijhpm.com\)](#) (which has a model for considering the impact of energy on health) so that might explain why there has been so little attention – hopefully this will change when we get a National Climate Change and Health Policy

Given the increasing presence of health leaders at COP27 (i.e. World Health Organization), what are your thoughts on the lack of engagement on COP27 discussions in Australia's health departments and ministers?

Diarmid Campbell-Lendrum Unit Head of their Climate Change and Health Division was fully involved so yes surprising that Australia didn't engage with health but that is because the staff were not able to under the Coalition Government and it takes time to rebuild the public service with people with the necessary skills – hopefully that is underway now and we will see the fruits of that rebuilding of expertise.

What could/should health departments and ministers be doing more of to engage in and address climate-change related health issues?

Running a health and health equity impact assessment lens over the relevant Departments (urban planning, transport, environment, climate change, food production) and assessing whether they

have the policy recognition of the link between climate change and health – especially as, aside from climate change, the damage done to health by air pollution is massive so cleaning our air needs to be an issue for these Departments too. Then asking the First Secretaries of the departments to be responsible for monitoring the health impacts of their sectors and putting that in their KPIs.

Dr Gemma Crawford, National President of the Australian Health Promotion Association

Climate change is the biggest health threat facing humanity. Although it may feel overwhelming, distant, frightening, or uncomfortable to talk about, the health of our planet deserves and demands our attention.

We encourage all governments to engage in conversations about climate change and to take strong action to address it – it is a public health emergency.

The health of people cannot be separated from the health of the planet. Environmental conditions, including those caused by climate change, are key drivers of public health outcomes and intergenerational inequity.

We know those working in public health and health promotion are committed to action, but sometimes struggle to determine where their efforts are best placed. There are great blueprints for action and action from colleagues from a range of organisations, particularly the [Climate and Health Alliance](#) (CAHA) who are leading the way. Our focus at the [Australian Health Promotion Association](#) (AHPA) is increased climate literacy and competencies for action. We will also keep advocating for a greater focus on the integration of climate change action with other strategies both inside and outside health along with a strong focus on climate action and sustainability within the health promotion and illness prevention agenda.

Dr Richard Yin, GP and member of the Royal Australian College of General Practitioners Specific Interest Group on Climate and Environmental Medicine

Much more work needs to be done on climate change and health messaging that helps bring the public with us on this issue. It would help if ministers and health departments made comment to acknowledge the problem.

While the lack of engagement by the health department and ministers in COP27 was disappointing, I hope that at COP28, they have a lot more to say about their initiatives.

There is scope within the proposed CDC to have climate change impacts better considered as a public health issue and prioritized within the CDC and while the government's first step of funding a National Health and Climate Strategy is encouraging, it needs more investment.

The way we think about healthcare I think remains quite narrow and focused on acute care. The amount we spend on prevention for example sits at around 2.0% of healthcare spending, a relatively paltry amount. Social and environmental determinants need greater consideration. The CDC provides a real opportunity to embed public health and surveillance and management environmental threats into the structure of healthcare.

Kylie Woolcock, CEO of the Australian Healthcare and Hospitals Association

We pay our respects to the Traditional Custodians of the Country where we live, work and travel upon, and to the Elders, past, present and future.

Despite the perception across media, we are seeing significant activity by federal ministers and the health department to address the health impacts of climate change.

Since being elected, the Australian Government has established a National Health Sustainability and Climate Unit within the Department of Health and Aged Care and have committed to developing Australia's first National Health and Climate Strategy.

What is commendable is that they are not starting from scratch, but rather have been open to discussion and building upon work within the sector that has already been done that begins to tackle this issue. We have found Minister Butler and the Australian Government Department of Health and Aged Care very open to engaging and anticipate seeing the Strategy finalised in 2023.

The Government has recognised the work of the Healthy Environments and Lives (HEAL) Network, of which AHHA is a member, focused on catalysing research, knowledge exchange and translation into policy and practice. They are also building on the work of the Climate and Health Alliance (CAHA), through which AHHA collaborated with stakeholders across the sector in the development of a framework for a national strategy on climate, health and well-being. And, as we wrote about in the Deeble brief last year, there is consideration of the alignment of environmental sustainability and value-based health care, which will support a coherent and coordinated approach to how we co-design health care that is best for people and the planet.

Inter-departmental working groups are being established for a whole-of-department approach and to address cross-portfolio policy issues.

While state and territory governments have typically led sustainability initiatives, we are excited the progress that has been made in such a short time and are hopeful of what a national strategy can achieve.

Amba-Rose Atkinson, Gumbaynggirr nyami, PhD candidate at the Poche Centre for Indigenous Health Research and School of Public Health, Faculty of Medicine, the University of Queensland, and COP27 delegate

We need decolonisation, representation, and courageous climate-health policy.

Generally speaking, the siloing of climate solutions that we see in Australia can arguably be tied to the deep politicisation and policy turbulence over the past decades. Australia is now playing catch up, and must implement courageous climate policy and reach a point of maturity, that reflects inter-departmental collaboration, interdisciplinary approaches and high efficacy.

In order to effectively respond climate change, and climate-change related health issues, we need First Nations perspectives in the room. For First Nations peoples, the health of Country (including climate) and the health of our communities is inextricably linked. Parliamentarians and Government Agencies need to fundamentally understand this.

If our leaders do not fully appreciate the heightened climate-related health exposure of First Nations' peoples – or our communities' deep connections to Country – the climate and health dialogue will continue to remain siloed and disconnected; as reflected in current policy practices.

We need bold climate-health policy that prioritises First Nations perspectives, solutions and interdisciplinary preventative health policy; the future of this continent, and everyone that calls it home, depends on it.

Final comment:

COP27 was a sea of suits and no masks.

Rikki Dank, a Gudanji and Wakaya woman from the Barkly Tableland in the Northern Territory, board member of Gudanji for Country, registered nurse, and COP27 delegate

Yes, there was not a lot of talk about health at COP27, despite the attempts of many, such as ourselves, Doctors for the Environment Australia (DEA) and others, to draw attention to this. As First Nations people currently feeling the effects of climate change, we are acutely aware of the related impacts upon our health — climate change effects are exacerbating already significant health problems in our communities. Our water is drying up and it is becoming increasingly impossible for us to continue to live in our homes, due to the increasing temperatures. These effects come on top of the difficulties we already face living on Country devastated by the effects of mining, overgrazing and fracking.

I think one of the reasons why there was little attention given to the health impacts of climate change is that it introduces a human element to the debate. It is easier for governments to argue over financial concerns related to climate change, such as the economic costs and benefits of a transition away from fossil fuels towards renewables and how to compensate (financially) countries and communities facing 'loss and damage' resulting from climate change – and the difficulties navigating these issues in the context of conflicting demands on the government's resources. These debates can be reduced to numbers. Numbers can be manipulated to feed different, often opposing, narratives and distract from the human costs associated with the climate crisis.

However, when we begin to discuss the human costs of climate change, such as the health impacts, governments cannot hide behind numbers: The real lived experience of climate change felt by communities such as our own, as well as the broader population, cannot be denied. In their attempts to avoid these important issues, governments across Australia risk, perversely, worsening the economic costs of climate change that they are seeking to avoid. As the health and social impacts mount, an economic cost will be born – in the form of higher health care costs and the costs associated with caring for sections of our community who face displacement as their communities become unliveable.

As First Nations people, we are not surprised regarding the lack of comment from state, territory and federal government representatives regarding the impacts of climate change on the health and socioeconomic circumstances of First Nations communities in Australia. The federal government is happy to engage in conversations regarding the impacts of climate change overseas, including on our close Islander neighbours, as well as dialogue around addressing 'Loss and Damage' for these communities – as it deflects attention from the fact that they are doing absolutely nothing to address the impacts of climate change on First Nations communities here in Australia.

Importantly, addressing such issues would lay bare the government's position with regards to First Nations communities here – we are treated as irrelevant to the conversation, as our Country suffers the effects of climate change at the same time as it is being destroyed by climate damaging extractive industries, without our consent. We are dying with our Country. We need greater government engagement with First Nations communities, addressing the health impacts which we are facing as a result of the destructive processes occurring on our Country as well as the impacts

of climate change on our health and our capacity to live on our Country. Importantly, the federal government needs to start involving First Nations communities in discussions around 'Loss and Damage' as we are suffering both here in Australia.

Discussions need to go beyond dealing with the problems associated with climate change, but also the solutions. There is a lot of talk about 'nature-based solutions' in the climate change space. However, the role of First Nations communities and traditional land management practices have been largely ignored. We have been caring for our Country for millennia and retain much of that knowledge to this day. As such, a key part of any 'nature-based solution' for climate change in Australia needs to involve returning land and control of traditional Country back to First Nations people, so that we may take the lead in the national response to climate change.

Adjunct Associate Professor Lesley Russell, Croakey columnist and health policy analyst

It's hard to know why federal and state and territory Health Ministers are apparently so uninterested in addressing the issues around health and climate change: the impact is regularly reported in the media. I think there are two main reasons for the lack of action:

1. There is no-one within the bureaucracies they oversee who has responsibility for this issue, so it never makes it into briefing notes, future scoping, priorities for action (and there is little appetite for seeing the bigger picture of health rather than healthcare). If we knew how much was spent on, for example, hospital admissions as a consequence of heat, or the Medicare costs of once-tropical diseases now found in Victoria, there might be more appetite for doing something.
2. How easy is it for a Minister for Health to take ownership of this issue in Cabinet meetings with their colleagues who are in charge of environment, climate change, industry development portfolios? I suspect that without either (a) strong leadership from the very top (ie Prime Minister or Premier) and / or (b) a new oversight focus such as health-in-all policies with assigned responsibilities - nothing can and will happen.

The concern about lack of action on health impacts of climate change, and my suggestions about why this is the case, apply equally well to all aspects of the social and economic determinants of health and Closing the Gap. So, if governments are serious about tackling these health issues (as an effective way of addressing healthcare burdens and costs), then changes such as those I outline, and more, must be made to the way governments and their bureaucracies operate. And appropriate expertise and funding will also be needed.

The Albanese Government has committed to refocussing its budgets on wellbeing, which will demand similar changes. So, there is (apparently) a willingness at the federal level to do this. Perhaps then the imperative is to frame the health impacts of climate change as a national wellbeing priority.

Susie Moloney, Executive Director of the Centre for Just Places at Jesuit Social Services

With so much evidence of the health impacts of climate change, why does there appear to be so much reluctance for health departments and ministers to comment on or address the issue?

Governments are often focussed on the more obvious economic costs associated with climate change – including the cost to countries and industry to reduce emissions, the costs of inaction, and costs associated with losses.

Public health is largely considered a ‘non-economic loss’ (WHO 2022, p.3), but has implications for a wide range of social and environmental determinants of health - the array of conditions that impact people’s health and quality of life. In fact, the impact of climate change on human health will result in large economic costs - both in economic costs borne by individuals and in increased government health spending to meet growing community needs.

Given the increasing presence of health leaders at COP27 (ie World Health Organization), what are your thoughts on the lack of engagement on COP27 discussions in Australia’s health departments and ministers?

Discussion about mitigation actions and targets have dominated international climate change negotiations, including COP26 and 27, where lack of progress on achieving agreed targets was prominent. It is understandable and necessary that the work to reach an agreement of higher emissions reduction targets is the primary agenda. This has perhaps meant there is less attention given to the already existing impacts of climate change that are increasing, despite a reduction in emissions. The focus on loss and damage at COP27 is recognition of the uneven impacts and costs to poorer nations.

What could/should health departments and ministers be doing more of to engage in and address climate-change related health issues?

Policy responses to climate change are siloed in Australia. Responding to climate change is largely held within environmental departments often neglecting and siloing the intersecting social, economic and health inequities that make certain regions and communities more vulnerable to a changing climate, with fewer resources to cope and adapt. The ongoing and uneven impacts of climate change on people and communities is not being given anywhere near the prominence it requires in national debates.

The public health impacts of climate change implicates the social and environmental determinants of health and require a whole-of-government and multi-level government response. Much more needs to be done at the national level, including integrating Aboriginal and Torres Strait Islander perspectives on health that emphasise the interconnections between social, emotional, cultural, physical and spiritual dimensions of wellbeing, as well as community capacity and governance. States also play an important role. In Victoria, we already have the policy and legislative framework to address the health impacts of climate change, including a Climate Change Act and Strategy, as well as a Public Health Act that requires state and local governments to address and plan for climate change impacts on health and wellbeing. We also have a sector specific Health and Human Services Adaptation Action Plan released in February 2022, co-led by the Department of Health and Department of Families, Fairness and Housing. Yet, funding for climate change responses decreased by 40% in the last budget and with limited funding for adaptation.

In recognition that climate change will put increasing pressure on health infrastructure, with services at greater risk of disruption at times of extreme weather and increased demand, health services are calling on health departments and ministers to invest in building the sector’s resilience. Resourcing for place-based, cross-sector collaborative networks is important in addressing the complex, interrelated drivers of climate-sensitive health risks.

Other comments

Climate change reveals and exacerbates the growing inequities in society – this presents another significant challenge for governments. With over 20 years of research and advocacy into locational disadvantage, we know that social and ecological injustice are linked and have significant health implications for community members in being able to remain safe and well in the places they live and work. For example, Jesuit Social Services’ 2021 *Dropping off the Edge* research into locational disadvantage across the country found that communities experiencing high levels of social injustice

were also experiencing disproportionately high levels of environmental injustice such as heat stress, air pollution and lack of green canopy.

Extreme heat causes more deaths than all other natural disasters combined, yet is not classed as a “disaster” (unlike floods and bushfires, for example) which limits the funding directed from Federal to State and local governments in planning for increasingly frequent and prolonged heat events. The Centre for Just Places has been working with community health and service organisations and local governments across Melbourne to strengthen place-based collaborative climate adaptation and resilience.