

Public Health Association

Response to Climate Change Authority Draft Report: Reducing Australia's Greenhouse Gas Emissions – Targets and Progress Review

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Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal nongovernment organisation for public health in Australia and works to promote the health and wellbeing of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles.

Public Health

Public health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

The Public Health Association of Australia

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA has been a key proponent of a preventive approach for better population health outcomes championing such policies and providing strong support for the Australian Government and for the Preventative Health Taskforce and National Health and Medical Research Council (NHMRC) in their efforts to develop and strengthen research and actions in this area across Australia.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

Advocacy and capacity building

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Ecology and Environment Special Interest Group of PHAA

The Ecology and Environment Special Interest Group (SIG) is an active part of the PHAA on several topics. Overall activity focuses on promoting an ecologically sustainable human society as a

foundation for long term human health. Acting for a safe climate by advocating for a rapid, ordered transition from fossil fuels to renewables; opposing expansion of the nuclear industry and supporting sensible discussion on wind turbines as an energy source are priorities. Environmental chemical, including lead, exposures is an emerging topic.

We work with the Climate and Health Alliance on several projects, including the Energy Choices and Health Collaboration. This project assesses the potential impacts on health of all the major energy sources, with a particular focus on fossil fuel extraction and use. Immediate, direct and longer term global health effects are equally important. We also educate about the wider health implications of greenhouse gas emissions.

Reducing Australia's Greenhouse Gas Emissions – Targets and Progress Review

PHAA supports the recommendations of the draft report with a few minor comments. PHAA sees this report as an important guide for Australia in fulfilling its role within the international community for mitigating the severity of global warming and its consequences. This action is essential for protecting the health of present and future Australians from the effects of global warming.

1. The relevance to health

- 1.1. Global warming and its sequelae sea level rise and climate change are an important and serious policy problem ultimately because of the effects on individual and societal health and wellbeing and via economic disruption.
- 1.2. The actual and potential global warming health effects are well documented. These include an amplification of a host of existing issues and can be considered in three groups (Figure 1)(1, 2). First are the direct effects, such as: increased injuries from more severe or frequent weather events including heat waves, and storms compounded by sea level rise and population shifts. Next are the secondary, indirect effects from ecosystem changes in natural cycles and functions. These include the changed range and timing of infectious diseases; changed temperature, rainfall and evaporation effects on plants additional to those from increased atmospheric CO_2 concentrations; sequelae from changes in microbiota influencing soil fertility; and changed insect ecology that will effect crop fertilisation and pest prevalence and behaviour. All of these are likely to synergistically reduce agricultural output and quality resulting in food insecurity. The economic and social consequences of these and other systemic effects will both reduce capacity to respond, including health system capacity, and reduce psychosocial wellbeing (3-11).

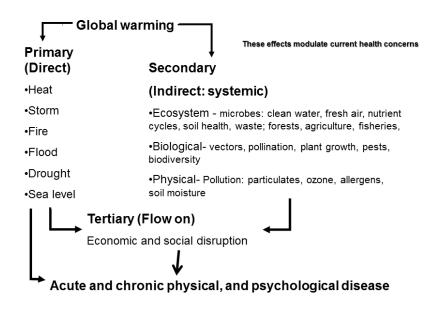


Fig 1 Summary of health consequences of greenhouse gas emissions

- 1.3. Additional to these effects, as poorer developing nations, particularly ones who will be affected by rising sea levels within a decade of so, become more affected by the consequences of greenhouse gas emissions, global population displacement raises legitimate humanitarian issues which include forced migration and health impacts.
- 1.4. Carbon emitting energy sources have local and direct adverse impacts on people's health besides the global indirect effects from global warming (12). These effects will be reduced at the same time as action to reduce greenhouse gas emissions from energy generation and transport.
- 1.5. Based on the public health principle that to prevent or minimise these health related consequences as much as possible is better and ultimately less costly than having to manage them, it is therefore in society's interests to protect the health of people in this and subsequent generations, by taking action to conserve the natural environment, and rapidly reduce greenhouse gas emissions.

2. Comments on the Draft Report

- 2.1. We strongly agree with and support embedding equity within the broader mitigation and development approach. As such we accept the recommendation for a modified contraction and convergence approach, but submit that the common but differentiated convergence would have been as effective and equitable.
- 2.2. We agree with both the proposed options for emission reduction pathways but submit that Option 2 - the 25% below 2000 levels - be put forward as the preferred option. We argue that this provides Australia with greater flexibility adjusting to progress in international negotiations and agreements, economic and technological change, and in adapting to rapid evolution in the situation. From a risk management viewpoint, should the situation deteriorate more rapidly than anticipated, having conserved a larger proportion of the

budget may mean less social and political disruption in the future if targets and trajectories need to be tightened. The arguments the Report uses for not accepting the 5% target apply here as well.

2.3. PHAA recognises the economic utility and greenhouse gas reduction benefits of using overseas offsets as a back-up for not being able to achieve sufficient domestic emission reductions, but we are concerned that this may reduce pressure on the Australian economy and industry to transition away from fossil fuels; that is they may take an easy option path. This may delay transition to alternative, renewable energy sources. Because of the health harms from fossil fuel use additional to those from global warming, PHAA is keen to see rapid reductions in fossil fuel use domestically.

Conclusion

PHAA supports urgent, strong, rapid yet planned reductions in greenhouse emissions to protect the health and wellbeing of Australians and other at risk populations. Thus we generally support the recommendations made in this report, with the suggestion that the Option 2 emissions reduction target be the CCA's preferred option, and that broader factors relating to the transition away from fossil fuel use to renewables - such as the health effects of fossil fuel use - be taken into account.

PHAA appreciates the opportunity to make this submission. Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

Michael Moore

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References

1. McMichael AJ. Climate Change in Australia: Risks to Human Wellbeing and Health, Austral Special Report 09-03S. Melbourne, Australia: The Nautilus Institute, RMIT2009.

2. Butler C, Harley D. Primary, secondary and tertiary effects of eco-climatic change: the medical response. Postgraduate Medical Journal. 2010;86:230-4.

3. Stern N. Review Report on the Economics of Climate Change 2006. Available from: <u>http://www.hm-</u>

treasury.gov.uk/independent_reviews/stern_review_economics_climate_change/stern_review_rep_ort.cfm.

4. Confalonieri U, Menne B, Akhtar R, Ebi K, Hauengue M, Kovats R, et al. Human health. In: Parry M, Canziani O, Palutikof J, van der Linden P, Hanson C, editors. Climate change 2007: impacts, adaptation and vulnerability Contribution of working group II to the fourth assessment report of the intergovernmental panel on climate change. Cambridge, UK: Cambridge University Press; 2007.

5. Costello A, Abbas M, Allen A, Ball S, Bell S, Bellamy R, et al. Managing the health effects of climate change. The Lancet. 2009;373:1693-733.

6. Hanna EG, Kjellstrom T, Bennett C, Dear K. Climate change and rising heat: population health implications for working people in Australia. Asia-Pacific Journal of Public Health. 2011;23(2 suppl):14S.

7. McMichael A, Lindgren E. Climate change: present and future risks to health, and necessary responses. Journal of Internal Medicine. 2011;270(5):401-13.

8. Global Humanitarian Forum. Human Impact Report: Climate Change — The Anatomy of a Silent Crisis. Geneva: United Nations2009.

9. Gleadow RM, Evans JR, McCaffery S, Cavagnaro TR. Growth and nutritive value of cassava (Manihot esculenta Cranz.) are reduced when grown in elevated CO2. Plant Biology. 2009.

10. Taub DR, Miller B, Allen H. Effects of elevated CO2 on the protein concentration of food crops: a meta-analysis. Global Change Biology. 2008 Mar;14(3):565-75.

11. Hughes L, McMichael T. The Critical Decade: Climate change and health. Canberra: Climate Commission, Commonwealth of Australia (Department of Climate Change and Energy Efficiency)2011.

12. Smith KR, Frumkin H, Balakrishnan K, Butler CD, Chafe ZA, Fairlie I, et al. Energy and Human Health. Annual Review of Public Health. 2013;34:159-88.