



Public Health Association
AUSTRALIA

**Public Health Association of Australia
submission to the Joint Standing
Committee on Treaties Inquiry into the
Paris Agreement**

Contact for recipient:

Committee Secretary, Joint Standing
Committee on Treaties

A: PO Box 6021, Parliament House,
Canberra ACT 2600

E: jsct@aph.gov.au **T:** (02) 6277 4002

Contact for PHAA:

Michael Moore – Chief Executive Officer

A: 20 Napier Close, Deakin ACT 2600

E: phaa@phaa.net.au **T:** (02) 6285 2373

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Contents

Introduction	3
The Public Health Association of Australia	3
Vision for a healthy population	3
Mission for the Public Health Association of Australia	3
Priorities for 2016 and beyond.....	3
Preamble	4
Health Equity	4
Social and Environmental Determinants of Health	4
PHAA Response to the Paris Agreement	5
The Paris Agreement recognises health as a key issue	5
Health Impacts of Climate Change	5
Time for action	6
Conclusion	6
References	7

Introduction

The Public Health Association of Australia

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups.

The 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.

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.

Vision for a healthy population

The PHAA has a vision for a healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Priorities for 2016 and beyond

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. The aims of the PHAA include a commitment to:

- Advancing a caring, generous and equitable Australian society with particular respect for Aboriginal and Torres Strait Islanders as the first peoples of the nation;
- Promote and strengthen public health research, knowledge, training and practice;
- Promote a healthy and ecologically sustaining human society across Australia, including tackling global warming, environmental change and a sustainable population;
- Promote universally accessible people centered and health promoting primary health care and hospital services that are complemented by health and community workforce training and development;
- Promote universal health literacy as part of comprehensive health care;
- Support health promoting settings, including the home, as the norm;
- Assist other countries in our region to protect the health of their populations, and to advocate for trade policies that enable them to do so;
- Promote the PHAA as a vibrant living model of its vision and aims.

Preamble

PHAA welcomes the opportunity to provide input to the Joint Standing Committee on Treaties inquiry into the Paris Agreement. This submission is made in the broader context of advocating that the reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Health Equity

As outlined in the Public Health Association of Australia's objectives:

Health is a human right, a vital resource for everyday life, and a key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions of society that underpin people's health. The health status of all people is impacted by the social, political, and environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease.

The PHAA notes that:

- Health inequity differs from health inequality. A health inequality arises when two or more groups are compared on some aspect of health and found to differ. Whether this inequality (disparity) is inequitable, however, requires a judgement (based on a concept of social justice) that the inequality is unfair and/or unjust and/or avoidable. Inequity is a political concept while inequality refers to measurable differences between (or among, or within) groups.¹
- Health inequity occurs as a result of unfair, unjust social treatment – by governments, organisations and people,² resulting in macro politico-economic structures and policies that create living and working conditions that are harmful to health, distribute essential health and other public services unequally and unfairly, preventing some communities and people from participating fully in the cultural, social or community life of society.

Social and Environmental Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries. This is particularly pertinent when considering issues such as carbon pricing, where costs to society generally need to be internalised to the system yet the disadvantaged protected. The Polluter Pays principle needs to be applied.

The determinants of health inequities are largely outside the health system and relate to the inequitable distribution of social, economic and cultural resources and opportunities. Health inequities are the result of the interaction of a range of factors including: macro politico-economic structures and policy; living and working conditions; cultural, social and community influences; and individual lifestyle factors.

Underpinning the social determinants of health is a healthy and functioning ecosystem that provides us with these functions: Support (nutrient and chemical cycles, soil provision and replenishment), Provision (clean air, fresh water, material resources), Regulation (air and water quality, climate, flood control, disease control, waste / pollution management), and spiritual/cultural value (aesthetics, wonder, recreation).

The PHAA recognises the foundational role of the Earth's ecosystems to human civilisation, prosperity, health and wellbeing, the nature of humanity's inextricable relationships with the ecosystem of which we are a part, and recognising in this context that these ecological determinants of health (an Eco-social viewpoint) are entwined with health and wellbeing along with socially determined influences, PHAA will act and call for action for the promotion and protection of the health of the ecosystems in a concerted manner in its policy development and implementation.

PHAA Response to the Paris Agreement

The Paris Agreement recognises health as a key issue

The Paris Agreement references 'rights to health' in the preamble, as well as the additional decision about recognising the health co-benefits of mitigation actions which the World Health Organization (WHO) refers to here: http://www.who.int/globalchange/mediacentre/events/COP21_climateagreement_health/en/.

The Agreement states that:

"Acknowledging that climate change is a common concern of humankind, Parties should, when taking action to address climate change, respect, promote and consider their respective obligations on human rights, **the right to health**, the rights of indigenous peoples, local communities, migrants, children, persons with disabilities and people in vulnerable situations and right to development, as well as gender equality, empowerment of women and intergenerational equity."

In Section IV of the Agreement, 'Enhanced Action Prior to 2020', health is again brought into play:

[The Conference of the Parties.....

"Recognises the social, economic and environmental value of voluntary mitigation actions and their **co-benefits** for adaptation, **health** and sustainable development."

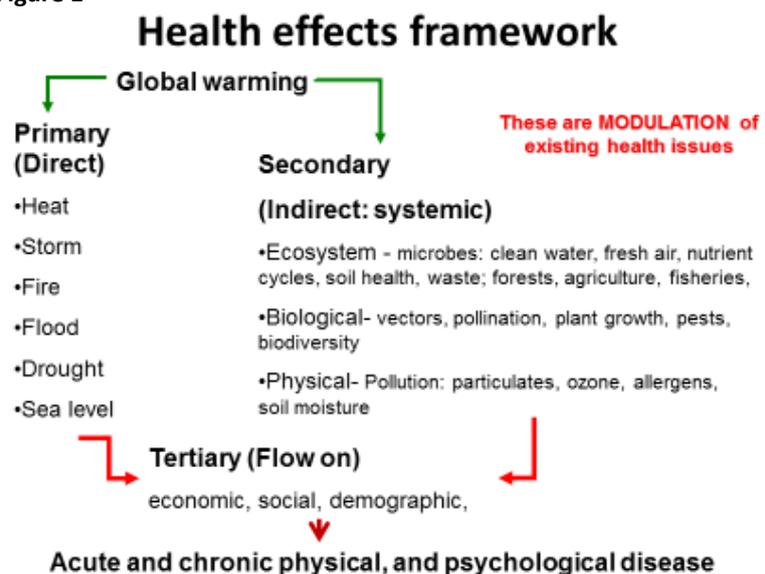
Health Impacts of Climate Change

PHAA believes that urgent, multi-partisan Australian Parliamentary action on mitigating and adapting to global warming is overdue and that the time to effectively respond to global warming is running out (*see attachment a – Safe Climate Policy*).

We base this on the best available evidence as set out in the Intergovernmental Panel on Climate Change 2014 reports, particularly *Working Group 2: Impacts Adaptation Vulnerability*.

We are particularly concerned that failure to act will precipitate a cluster of problems as illustrated in figure 1, all of which have health (both public health and clinical medical) implications. That is, these are the reasons that global warming is a health problem.

Figure 1



McMichael Anthony J., 2009. Climate Change in Australia: Risks to Human Wellbeing and Health, Austral Special Report 05/09, The Australia Institute, RMIT, Melbourne, Australia, adapted from Figure 3, p.4

Butler, C & Harley, D 2010, 'Primary, secondary and tertiary effects of eco-climatic change: the medical response,' *Postgraduate Medical Journal*, Vol. 86, No. , pp.230-234

PHAA submission on the Paris Agreement

None of these are more important than any other but the interrelated effects of greenhouse gases generally with global warming and other aspects of global environmental change are creating a huge threat to health for Australians and for other countries.

Urgent action is required. Three examples of health impacts assist in illustrating the point.

First, the fundamental capacity of Australia to feed and water its growing population under conditions of more severe weather events, more intense droughts, disruption to the numerous ecological systems that provide fertile soil, pollination for crops, check pest outbreaks is at risk from global warming and climate change. That is, global warming effects make a profound threat to our food security. Good nutrition is fundamental to life, health and wellbeing.

Secondly, the social, economic and health costs of more extreme weather and heat waves are going to increase.

Finally, the flow on effects of all this disruption and change is already causing psychological costs to people directly and from a distance.

Time for action

All in all, the later humanity takes action to mitigate the emissions of greenhouse gases, the worse this scenario becomes. Therefore urgent action to mitigate, as set out in the Paris Treaty, is the absolute minimum action that Australia needs to be taking.

We therefore recommend that this Treaty is ratified and that a national plan to implement the necessary actions be developed as soon as possible.

Conclusion

PHAA wishes the Committee to be aware of the health implications of not acting urgently to ratify and implement the Paris Agreement.

We call on the Australian Parliament to:

- Ratify the Paris Agreement
- Take the necessary action to address climate change with a unified, multiparty approach.

The PHAA appreciates the opportunity to make this submission and the opportunity and would be happy for the opportunity to address the Committee. Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.



Michael Moore BA, Dip Ed, MPH
Chief Executive Officer
Public Health Association of Australia



Peter Tait MBBS FRACGP MClmChgn
Convenor
PHAA Environment and Ecology Special Interest Group

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References

¹ Kawachi et al. (2002) 'A glossary for health inequalities'. Journal of Epidemiology and Community health. Vol. 56, pp. 647-652.

² Whitehead, M. (1990) The Concepts and Principles of Equity and Health. Copenhagen: WHO Regional Office for Europe.

