

Submission by the Australian Nursing and Midwifery Federation

National Health and Climate Strategy - Consultation

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Nursing &
Midwifery
Federation

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Introduction

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 320,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF recognises that we are in a climate emergency and, as per the United Nations Sustainable Development Goals, need to accelerate the transition to net zero in order to appropriately and holistically meet the challenge presented to health and the environment. Nurses and midwives work in a global context, see daily the ways in which human health is inextricably linked to the health of the environment in which we live, and are equally affected by climate disasters in their professional and personal lives. Nurses and midwives, as the primary providers of healthcare to all communities in all settings, are key to the achievement of these goals. If investment in the nursing and midwifery professions is not made, they cannot succeed. We acknowledge the well-documented need for drastic transformation, with implications cascading through the national healthcare sector. The ANMF welcomes the opportunity to provide feedback on the Australian Government's National Health and Climate Strategy consultation paper.



Consultation Questions:

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

The ANMF broadly supports these objectives, but believes they must be strengthened in order to translate them into meaningful action, institutional change, and accountability.

Due to the importance of bold, holistic action on climate change in order to secure a safe future for current and existing generations, the Strategy would benefit from a vision statement which underpins the objectives and actions of the Strategy. The ANMF recommends the Strategy is amended to reflect a health systems paradigm, including the promotion of health and wellbeing, climate resiliency, and a net zero health and aged care system. It should also articulate specific emissions reduction targets reflecting best scientific evidence.

Measurement

The ANMF agrees that the coordinated and standardised collection and public reporting of carbon emissions data across the healthcare sector should be prioritised. This establishes the baseline from which we progress, identifies hotspots, and establishes a case for action. The Australian health sector needs the mandated tools, information, and personnel to measure and report on its carbon footprint.

The ANMF is firm in the belief that measurement risks becoming a reductionist box-ticking exercise if accountability and performance mechanisms are not intentionally built in. The data can be captured and entered, without being accompanied by meaningful action, let alone transformative change. Therefore there must be a clear plan, with an accountability body built in, to action the information assessed concurrently with measurement. The measurement objective should be accompanied by a list of specific elements to be measured.

Health in all policies

The ANMF fully supports a health in all policies approach (HiAP). All dimensions of climate change are interlinked with human health. Action to reduce the health risks from climate change requires working across all sectors and all levels of government. The overall focus of the Strategy needs to be strongly directed towards reducing the current risks to population health from climate change, caring appropriately for a population already affected by climate change, and maximising the health benefits of carefully designed climate actions.

The outcome of the Strategy must be to prevent illness, injury and death associated with climate change, minimise the healthcare systems' contribution to Australian emissions and ensure health systems' resiliency. This requires dedicated systems and processes to bring a health lens to policy development that evaluates the potential for health benefits and health harms in other sectors, including energy, resources, transport, agriculture, infrastructure, planning, and environment.



There are many recommendations with a HiAP approach, already outlined in the 'Healthy, Regenerative and Just Framework' (authored by the Climate and Health Alliance) – this should be drawn upon when drafting the Strategy.

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

First Nations leadership

The ANMF supports a YES vote for the Voice to Parliament. This will mean that Aboriginal and Torres Strait Islander peoples will have a say on policies and issues that directly affect their lives. Aboriginal and Torres Strait Islander peoples have 65,000 years of continuous connection to the land and water. At present there is no systemic way that Aboriginal and Torres Strait Islander peoples can have their say and provide their views on decisions and legislation directly impacting them, including the inequitable impacts of climate change and human-made decisions that impact on Country and on health issues.

Tackling health inequities

The strategy should focus on disease prevention and management in the face of increasing environmental stressors as well as discussing the health system's response to climate change.

The Strategy must more clearly recognise how vulnerable our rural and remote communities are to the impacts of climate change. Access to resources is severely limited in rural and remote communities, further impacting day-to-day and emergency health responses. In rural and remote health care, nurse and midwife-led care is key to ensuring accessibility. Rural areas must be prioritised throughout the strategy as an integral part of climate and health.

The Australian Government also must be mindful of unintended consequences. As we shift to renewable energy, there must be structures in place to ensure that the critical minerals we use are not associated with human rights and child labour abuses internationally.

Population health and prevention

One of the most effective ways to reduce the impact of the healthcare sector on climate change is to keep people as healthy as possible for as long as possible – this is the core tenet of population health and prevention. The ANMF would like to see this be more central to this Strategy.

Preventive healthcare and readily available local community services can reduce reliance on hospital-based, carbon-intensive healthcare. This principle can be expanded to include the availability of prompt, local professional assessment and care within hospitals, aged care, mental health facilities, and community services.



The ANMF has been involved in a number of interventions that provide structure to support early intervention and avoid unnecessary deterioration/escalation. We specifically refer to the availability of prompt and professional assessment and care within hospitals, aged care, mental health and community services. We embrace a commitment to population health and prevention, utilising the existing workforce to their full scope of practice.

The ANMF has collaborated on numerous preventive health interventions, most recently of note, the National Preventive Health Strategy 2021-2030, Australia's Primary Health Care 10 Year Plan 2022-2032, the Strengthening Medicare Taskforce and the Nurse Practitioner Workforce Plan.

One health

The ANMF suggests that the Strategy uses the internationally recognised term 'planetary health' rather than 'one health' in order to address the holistic nature of the climate crisis.

The rate of extinction is accelerating and over the last 200 years Australia has suffered the largest documented decline in biodiversity of any continent.^{1,2} This is primarily due to anthropogenic activity.³ This is of concern given our use of nature for therapies and healing. Penicillin, morphine, and some of the most effective cancer chemotherapeutics we have today all derive from natural sources. Many of humanity's biggest killers, including cancer, infection, and heart disease, are treated with medicines that originate from plants and fungi.⁴

In 2022, the Australian Government joined more than 90 countries in signing the global Leaders Pledge for Nature, committing us to reverse biodiversity loss by 2030. This pledge sits alongside decarbonisation pledges and renewable energy strategies that come with demand for resources, development, and technology.

Renewable energy development can impact habitat availability, ecological corridors and pollution from noise, waste and chemicals. Australia needs research and rigour in setting a path for renewable energy that does not come at the expense of biodiversity. There will be need to designate areas for legal protection as a conservation tool, both to mitigate climate change in and of itself, and to halt the loss of biodiversity. Where a trade-off cannot be avoided, the choice must be for the least possible impact. We must also end our wasteful use of raw resources and incentivising recapture of recycled content for reuse.⁵

The ANMF recommends that the Strategy sets a path for renewable energy and critical minerals that does not come at the expense of biodiversity. Where a trade-off cannot be avoided, the choice must be for the least possible impact. There will be need to designated areas for legal protection as a conservation tool, both to mitigate climate change in and of itself, and to halt the loss of biodiversity.

In consideration of both just transition and health inequity principles, it should also include the safe mining of rare metals internationally because of the associated human rights and child labour abuses around the world.



Evidence-informed policymaking

Research is needed to identify carbon and low value care hotspots to drive evidence-based decision making for clinical care and related protocols and guidelines.

Government needs to support and consult with organisations such as Choosing Wisely Australia and Wiser Carbon Neutral who are endeavouring to work with health professionals and researchers, in order to develop and communicate such an evidence base.

Partnership-based working across all levels of government and beyond

The ANMF encourages investment in the nursing and midwifery workforce in order to better increase primary healthcare availability. We welcomed the announcement of Australia's Net Zero Authority to support workers in decarbonising sectors to access new employment, skills and support as the net zero transformation continues.⁶ An important aspect of partnership across all levels of government and industry is supporting a just transition. As part of partnership principles, the government must consult and work with unions on our energy transition.

We are aware that the development of new industry around decarbonisation and renewable energy zones will require supportive infrastructure, including hospitals and health services. This will require addressing the national shortage of nurses and midwives. Modelling shows a projected shortfall of 85,000 nurses nationwide by 2025.⁷

Investment in the nursing and midwifery workforce increases healthcare availability, reducing hospital admissions and readmissions. The ANMF encourages investment in the nursing and midwifery workforce in order to better increase primary healthcare availability, particularly as a retraining option for workers from emissions-intensive sectors. The Strategy should reflect the principles of a just transition to sustain thriving and healthy communities in decarbonising industry.

In the absence of national coordination, various states have developed Sustainable Development Units (SDU's), or their equivalent, within their Departments of Health. Western Australia Health has developed a Sustainable Development Unit; New South Wales Health a Climate Risk and Net Zero Unit; and Queensland Health an Office of Hospital Sustainability.

In States and Territories where these SDU's have not yet been established, the ANMF recommends this be implemented, and these bodies engage directly with the National Climate and Health Body. The SDU's should take a supportive role with dedicated Sustainability Officers and local green-champions within healthcare services. These partnerships can be vehicles for the exchange of accurate information, ideas and to channel project resourcing.



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

All types of emissions are in scope. In order to reduce global warming by 1.5 C as recommended by the IPCC report, net zero must be achieved by 2050.⁸ In order to reach these targets, emissions reduction must be ambitious and far-reaching. A planet threatening tipping point, and net zero targets require that every emission in the system requires urgent address.

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?

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?

The ANMF's members in nursing and midwifery understand that racism is a serious health issue, which can negatively impact on both mental and physical health outcomes in Aboriginal and Torres Strait Islander communities. The ANMF is endorsing a YES vote in The Voice to Parliament and encourages the Strategy to embed a clear plan for Aboriginal and Torres Strait Islander peoples cultural knowledge and practice into goals, targets and actions. The Strategy will only be effective for First Nations peoples if it is underpinned by genuine engagement and co-design principles.

The Strategy must utilise Aboriginal and Torres Strait Islander peoples expertise and knowledge of Country to guide policy and practice. Specifically:

- a. The ecological knowledge of Traditional Owners and Indigenous Rangers should be combined with scientific and fire-fighting knowledge as part of post-fires regenerative work to preserve and re-populate species and habitat;
- b. State and national emergency response and recovery programs must include representation, consultation and respect for the specific needs of Aboriginal and Torres Strait Islander communities;
- c. Resources must be provided for Aboriginal and Torres Strait Islander peoples to develop climate adaptation plans and risk assessments suited to context, availing Indigenous insight and unique expertise;
- d. It is essential that the interest of First Nations peoples are strongly represented as we develop Australia's minerals.



A range of critical minerals are indispensable to the manufacture of solar panels, wind turbines, batteries and electric vehicles and demand is strong. Indigenous people must be included as genuine partners in any strategies (for example in the Critical Minerals Strategy) and any associated programs or grants (for example the Critical Minerals Development Program).

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?

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

For Australian health sector emissions targets to be set and met the mode of data collection needs to be consistent nationally, transparent, and automated. Given that the healthcare system is buckling under current 'business as usual' the targets need to be achievable and not onerous, particularly for health practitioners.

The Australian Commission on Safety and Quality in Healthcare has recently drafted a Sustainable Healthcare Module. The Commission recognises that delivering environmentally sustainable and adaptable services is an important national priority. Improving sustainability can improve the safety and quality of care, improve the health of the community, reduce low value care, reduce unwarranted variation and reduce waste. It is imperative that the ambitious approach to climate action does not compromise consumer experience or health outcomes. Where possible, the Strategy should enable person-led solutions.

Additional initiatives that could be considered include:

- The health sector being added to the National Greenhouse Gas Inventory along with energy, industrial processes, agriculture, waste, and land use sectors.
- Expanding the National Greenhouse and Energy Reporting Scheme beyond scope 1 and 2 emissions. Scope 3 emissions embodied in the supply chain are not a regulatory requirement under the scheme so are not measured or reported despite being the largest contributor to the healthcare footprint.
- The Australian Health Performance Framework (AHPF) contains 45 indicators to track the performance of Australian health and the healthcare system, and yet indicators that could be used to measure the impacts of carbon emissions generated by the health sector on health and health outcomes is lacking.
- State-led annual employee opinion surveys could incorporate sustainability for employee feedback on specific workplace improvement.



- Federal government could introduce regulatory frameworks to facilitate implementation and assessment of environmental performance standards as a mandatory component of quality healthcare accreditation. This should include both the public and private sectors.

8. What do you think of these proposed focus areas for emissions reduction? Should anything else be included?

Built environment, including energy and water

Design considerations need to include climate-change related variances such as:

- Flexible spaces (for example to accommodate increased need for space from surge presentations, or decreased need for space due to developing models of care which shift screening, therapy, and treatment into home and community).
- Improved infrastructure to support telemedicine reducing demand in outpatient areas.
- Green spaces and respite areas for staff.

Where new hospitals and buildings are required, they should be future fit, zero emissions, and fossil fuel free. For example, the Melton Hospital in Victoria, the Adelaide Women and Children's Hospital in South Australia, or the expansion of the Canberra Hospital in the ACT.

The NHS have developed a new Net Zero Carbon Hospital Standard which will be applied as part of the government's Health Infrastructure Plan. This will drive both clean energy and energy conservation, as well as utilising technologies such as real-time-monitoring.

As states and territories shift to 100% renewable energy, design must pay regard to the provision and staffing of sterilisers to facilitate material/equipment reuse and tracking procedures, rather than single use. This will also generate savings.

There needs to be further research to capture other opportunities this shift to renewable energy will bring. There needs to be adequate footprint allowed in building design and planning for recycling stations in local departments and collection points on the dock.

Consider on-site laundry to allow for gown washing and reducing the emissions from transport and nano-particulate pollution and impacts from plastic.

The Strategy should ensure buildings include particular attention to back up generator placement with protection from heat and water invasion.



Buildings should include green spaces built in for horticultural therapy, staff rejuvenation and countering heat island effect. These should be watered by recaptured water from roof tops and reverse osmosis capture. No new build should have reverse osmosis water going down the drain. Composting facilities should be utilised in these spaces where appropriate in order to divert food waste from landfill.

Consult with those who will use the space when designing, especially nurses and midwives, and consideration should be given to work health and safety in design ensuring there are adequate systems of work and footprint, as above.

Consider the potential of reducing the construction and maintenance of clinic buildings through optimising telemedicine and reducing travel requirements.

Increase primary care and community services to avoid escalation and preserve hospitals for acute service provision.

Travel and transport

Strengthen reliable public transport – both near hospitals and health services and in the community in general, especially in regional and new communities. Public transport to hospitals must be reflective of hospitals' 24-hour nature, ensuring staff can safely access their workplace for their 24-hour roster, and that people require emergency care around the clock.

The creative expansion of digital technology and telehealth services reduces the need for vehicle transport.

Local policies should include a framework for reducing emissions related to staff commute. The Strategy should actively encourage non-fossil fuel transportation options, for example e-bikes for staff transport, after-trip services, secure bicycle storage and showering/changing facilities, car-pooling initiatives, and electronic vehicle fleets and charging.

As a part of HiAP, the Strategy should prioritise onshore manufacturing in order to reduce emissions from shipping and airfreight transport. When designing health campuses, towns and cities, active transport should be promoted and encouraged, through cycle and walkways, adequate lighting (night), and shade structures (daytime).

Supply chain

The Strategy must consider both supply chain resilience and decarbonisation. The government supports coordination in the Pacific region and internationally to take advantage of bulk procurement opportunities such as combined use of purchasing power similar to the UK and US, who have joined forces in purchasing only from manufacturers making progress towards net zero.



The NHS in the UK has legislated zero emissions targets for procurement. If Australia does not initiate similar policies in a timely manner, the global supply chain will force our health care system to purchase the remaining high-emissions supplies.

Developing onshore manufacturing of hospital supplies not only reduces the carbon footprint of these supplies, but also increases supply chain resilience.

Consider opportunities for locating suppliers and manufacturers in newly de-carbonising geographical areas to provide local jobs for those moving out of high-carbon industries. This supports the newly announced Net Zero Authority.

The ANMF Victorian Branch is a patron of Medical Pantry, a Victorian company that rescues unused medical supplies and equipment and delivers it to underserved communities around the world. Around 80-90% of what they receive is unexpired and unused. A significant portion of this is due to stockpiling of supplies and equipment in Australia in case of supply chain interruption. That has included critical personal protective equipment (PPE) supplies.

Onshore manufacture can be part of stopping this stockpiling. This can also include pharmaceuticals. There has been an antibiotic shortage in 2022-23.⁹ The Australian Medical Association (AMA) has called for a comprehensive medicine supply strategy, including domestic manufacturing, to help ensure supply of critical medicines in Australia.¹⁰

Medicines and gases

Desflurane should be federally banned. NHS Scotland announced a ban in early 2023.¹¹

All health care services should have a mandatory nitrous oxide management plan which takes into account consumer education, worker health and safety, and pain management alternatives.

The Strategy should implement learnings from similar international healthcare systems. One paper published a study showing 70-90% of procured nitrous leaks out before getting anywhere near the person requiring care. Their recommendations are worth considering:

1. Establishment of multidisciplinary medical gas committees;
2. Assessment of N₂O use and waste at all sites with piped N₂O or Entonox®;
3. Review of N₂O stock management and security;
4. Proactive identification of leaks from the manifold, outlets, or pipes;
5. De-commissioning redundant manifolds;
6. Introducing portable supply where clinically necessary;



7. Building new operating theatre complexes without piped N₂O systems.

PBS criteria for inhaler use should be updated. Metered dose inhalers should be restricted to those who have a demonstrated need for one. When appropriate these people should be provided with a dry powder inhaler.

Waste

ANMF members have called for better provision of regional recycling, and extended producer responsibility for manufacturers to take responsibility for their own packaging materials and requirements for clear labelling about the recyclability of packaging.

The Strategy must support research to reduce the number of single use items that are used for either convenience or assumed infection control reasons. Infection control is at risk of being used as a marketing opportunity to a risk adverse consumer group. We need an in-depth evidence base to guide procurement decisions in a shift to items that can be safely reused. Examples to explore include tourniquets, blood pressure cuffs, washable gowns, processable surgical trays, bowls, and kidney dishes.

In addition, all new healthcare builds must have waste stations and waste segregation facility built into wards, departments and docks. Re-sterilisation opportunities must be maximized and accommodated both in new builds and in sterilizing department staffing.

As part of the Strategy, training materials must be developed for health practitioners and all health service workers. If used in health service orientation and mandatory education, training materials can provide consistent messaging around recycling, pharmaceutical waste disposal, clinical waste disposal, and food waste. This can also stretch to education providers, ensuring that health waste remains top of mind throughout health practitioner's careers. Waste reduction will need to be incentivised and simple with visible outcomes to ensure that health practitioners at the bedside see results. Quick wins will be essential because nurses and midwives are overwhelmed by the task.

The measurement phase of the Strategy should capture savings of appropriately segregating clinical waste. It is possible to develop clear pathways for healthcare waste to be part of circular economies and go back into new builds. Investing in product development for products made from reusable content will also help to reduce waste footprints.

Research has found that up to 40% of hospital food doesn't get eaten and is thrown away.¹² The Strategy must support and upscale projects which are diverting food from landfill. An audit at the Epworth Hospital in Richmond, Victoria found food waste was 30% of the waste stream by volume but 73% by weight.¹³ Another study at Box Hill Hospital, Victoria found 6 tonnes of non-perishable, unopened, unexpired single use food sachets, for example: salt/pepper/fruit juice cartons, going to landfill that were tested as microbiologically safe. Melbourne Health won



the 2019 Premier's Sustainability Award for re-diverting 4,000 meals a month from landfill to a food charity which diverted 9 tonnes from landfill and reduced greenhouse gas emissions by 17 tonnes of CO₂e per year.¹⁴ Hospital food should be local, plant forward, and nutritious, and can be made at scale while reducing waste volume.

Additional

Health Care Without Harm has developed a global roadmap for healthcare de-carbonisation. They identify seven high impact areas, including the addition of:

- the provision of healthy, sustainably grown food and climate resilient agriculture; and
- incentivising and producing low carbon pharmaceuticals.

Likewise, [Global Green and Healthy Hospitals has an agenda of 10 goals](#) for the health sector to address and promote greater sustainability and environmental health. It adds leadership and chemicals to this list.

As well as moving from high to low carbon alternatives, the emphasis should be on reducing unnecessary testing, admissions, and treatments. Nurses and midwives are best placed among health practitioners to lead this work in the primary health care setting. Governments need to prioritise primary health care and health prevention funding as a strategy to keeping consumers out of our tertiary centres. Strengthening the nursing and midwifery workforce, and empowering nurses and midwives to work to their full scope of practice shifts the health system from low to high value models of care.

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 COVID-19 pandemic highlighted the need to develop an evidence-based approach to indoor air ventilation that meets infection control requirements, and decarbonisation needs.



- 10. Which specific action areas should be considered relating to travel and transport, over and above any existing policies or initiatives in this area?**
- 11. Which specific action areas should be considered relating to supply chain, over and above any existing policies or initiatives in this area?**
- 12. Which specific action areas should be considered relating to medicines and gases, over and above any existing policies or initiatives in this area?**
- 13. Which specific action areas should be considered relating to waste, over and above any existing policies or initiatives in this area?**
- 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 ANMF advocates strongly for the increased support and funding for nurse- and midwife-led primary models of care. Nurse and midwife-led models of care contribute to reduced acute hospital presentations, avoid over diagnosis and overtreatment, reduce waste, and support early disease-identification.

The Strategy should explore opportunities for health system funding reform to support health promotion, strengthen primary care, optimise high value care and prevent low value and harmful care. Nurses and midwives are key to providing care within communities and the ANMF has been a consistent leader in this space.

- 15. What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?**

Climate accountability cannot only depend on public providers. Regulation across the healthcare sector is necessary, and should be included in director responsibilities across all health care facilities. Health and aged care systems should require accreditation dependent on their climate portfolio. Recognition of high achievers will drive competition in this sector. Similarly to public providers, climate targets must be transparent and incentivised.

The ANMF encourages membership to Global Green and Healthy Hospitals. In addition, climate change should be included in undergraduate and postgraduate education of all health practitioners and in the training of all care workers.



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?**

Platform priorities:

The ANMF suggests the following platform priorities:

- a. Establish the platform by which the project will operate, considering:
 - a. Communication with the NHS to identify how they established priorities. The NHS trajectory modelling suggests the trajectory identify:
 - Big emitters, for example medical equipment and pharmaceuticals;
 - Emissions the government was leading on, for example Australia's National Electric Vehicle Strategy;
 - Disproportionate problems such as MDI use, anaesthetic gases. This sets macro level targets broken down to achievable but inspirational aspects that could be delivered, and could easily be replicated in Australia.
 - b. Establishing a robust regulatory framework, rather than depending on varied levels of elective action.
 - c. Establish State Development Units in Departments of Health that do not yet have one to establish the communication pathways that will enable them to communicate with local services and green champions. ANMF suggests including Sustainability Officers across health networks. For example, Barwon Health has a regional coordinator across 12 healthcare services, providing a replicable model that may provide inclusivity for regional areas. NSW Health has created a Climate Risk and Net Zero Unit and appointed 10 Net Zero Leads to lead and coordinate Net Zero programs at a local level across carbon hotspots including allied health, anaesthetics, emergency, ICU, medical imaging, nursing and midwifery, pharmacy and surgery.
 - d. Establish nationally coordinated data collection, monitoring, and reporting, with a consistent carbon accounting methodology. Release strategic pathways describing how this will be translated into emissions reduction. Include performance indicators and accountability mechanisms.



Practice priorities:

The ANMF suggests the following practice priorities:

1. Procurement opportunities. While supply chain may be one of the more difficult areas to address, it is also one of the most critical, coming with both precedent, and, with the right promotion, clinical visibility.
2. Join in with other nations (UK, EU, and US) who are using their procurement power to move suppliers to de-carbonise their own supply chain. This is a high priority given the impact it can have on our emissions. Low emissions supply chain has high relevance to nurses and midwives, the end users of procurement decisions, who have often taken on the additional task of researching best alternatives within imprecise availability. This action would appropriately shift this work onto governance, and would have clinical visibility therefore clearly driving practice and cultural change.
3. To bring staff on board, and build momentum, identify high visibility projects and accompany them with education and promotion.

For example:

Medical gases: work with anaesthetic and perioperative groups in Australia – a smaller group of professionals to target, and investment with potential high return.

Waste: waste is a lower percentage of our footprint, yet because of its high visibility, it can feel like it is the bulk of it. The huge amounts of disposable PPE that were used during the COVID-19 pandemic, are a recent underscoring of this. Working on a few waste projects as a visible early starter and encouragement can grow a sense of government support, momentum, and engagement opportunity. Single-use gowns is an example of relevance to health practitioners all over Australia that could be replaced with reusable gowns. This would bring triple bottom line savings for people, planet and profits.

- b. Which of the six sources of emissions discussed above (on pages 13 to 18) are the highest priorities for action?**

Immediate action is needed across all these priority areas.



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

Built environment and facilities

Hospitals and healthcare services represent both a large capital investment and long-term infrastructure intended for use beyond 2050’s emissions targets. They must be future-fit, and not rely on technology and function which is rapidly becoming obsolete. Hospitals need to be all electric, with facilities for re-sterilising and resource harvesting. When designing new buildings, the end of life re-use of materials must be considered.

Medicines and gases

As discussed above, anaesthetic gases represent an easily regulated priority area with disproportionate impact.

Travel and transport

As discussed above, enhancing healthy transport options such as increased public transport, electric vehicles, and electric bicycle and scooter facilities to and in hospitals has a greater public health impact, as well as reducing emissions.

Supply chain

Given that clinical service delivery is a major part of our ecological footprint, supply chain must be addressed. Further, the NHS has demonstrated how to do so. Similar models must be explored in Australia and others within our geographical region.

Waste

Waste management offers quick-win projects which offer visible evidence to hospital workers and patrons that the government is taking tangible action to reduce the health care industry’s impact.

Preventing and optimising models of care

The ANMF advocates strongly for the increased support and funding for nurse- and midwife-led primary models of care. Nurse and midwife-led models of care result in fewer hospital presentations, avoid over diagnosis and overtreatment, reduce waste, and identify disease early. Utilising robust nurse and midwife-led models of care eliminates low-value care, increases employment, and provides the most economical, evidence-based community care.



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 ANMF strongly supports protecting healthcare practitioners from the significant psychological, physical, and financial impacts of climate change. Research has identified that nurses are ill-equipped with disaster knowledge, which challenges their capacity to provide clinical decision-making and leadership during climate crises.¹⁵ The Strategy should have a clear plan to research the learning needs of health practitioners in relation to climate change. Examine how health professionals can be equipped and supported to work within community healthcare and with people receiving care in climate risk recognition, mitigation, and adaptation.

Develop educational materials to be incorporated into health care organisations' e-learning systems, and include it in orientation and on boarding sessions. The Strategy can work with the [Australian Commission on Safety and Quality in Health Care](#) in a mandated implementation of the Sustainable Healthcare Module that is currently proposed as an elective Standard, in order to achieve this.

Identify new and existing healthcare tools that can be leveraged as part of developing an evidence base and tools supporting change. Public health employee opinion surveys are a current opportunity to determine priorities.

While the ANMF strongly supports the inclusion of harms for communities experiencing vulnerability in times of crisis, it is crucial the Strategy seeks to address health harms associated with incremental climate change, including heat stress, drought, and sea level rise. The Department of Health must take an active role in promoting uptake of the Sustainable Healthcare Module being developed by the Australian Commission on Safety and Quality in Health Care.

Incorporate climate risk and mitigation into the governance and management of health care, with particular emphasis on Board and Executive roles. For example, in Victoria the directors' duty of care diligence and skill under the Public Administration Act 2004 requires consideration of risk, including climate change-related risks. Foreseeable risks of harm may arise from adverse impacts to assets, service delivery and financials as well as reputational losses or other consequences. In line with this priority, the Victorian government has released a guide "Director's duties with respect to climate risk; a guide to help you oversee the management of climate related risks in your entity." It contains advice and high level principles based frameworks for Directors.



Work with local councils to identify community centres suitable for use as safety or heat health refuges. Councils can identify suitable venues that could potentially be enlisted with consideration for potential subsidies and grants. For example, in Blacktown City Council in New South Wales, an air-conditioned church and hall is being offered as a venue with toilets, seating, and cold water that would become go-to places on high heat days for the local community to gather at. In Shepparton, Victoria, the “Winter Night Shelter Initiative” provides shelter and overnight sleeping accommodation for the homeless.

In conjunction with community nurses and midwives, develop comprehensive risk registers of vulnerable people groups and resource adequate numbers of community nurses to monitor these people during identified risk events. Ensure adaptation, research, and outcomes are inclusive of culturally and linguistically diverse communities.

Predictive climate modelling should be a mandatory inclusion in determining structural design and location of new hospitals and health centres. Best practice sustainable design should be standard in all new builds and refurbishment including materials choice, facility operations and resilient design.

Climate adaptation action and risk assessment must draw on Aboriginal and Torres Strait Islander peoples cultural knowledge and practice in relation to health and wellbeing. Include First Nations youth in consultations.

In conjunction with traditional owners, evaluate legal protections for landscapes and areas identified as significant fire refuge areas for biodiversity and threatened species as part of restoration and preservation priorities.

The WHO Hospital Safety Index is being implemented as part of the Queensland Human Health and Wellbeing Climate Change Adaptation Plan. The Index is a diagnostic tool for assessing the probability of a hospital remaining operational in emergencies and disasters. It assists authorities to determine quickly what actions and measures improve safety and what capacity the hospital has to respond.

Consider the impact of climate-related internal and external migration and adequately resource reception communities to safely and warmly receive climate migrants.



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?

A HiAP approach requires dedicated systems and processes to bring a health lens to policy development that evaluates the potential for health benefits and health harms in sectors outside of health, including energy, resources, transport, agriculture, infrastructure, planning, and environment.

The areas provided in the consultation paper – transport policy; food, agriculture and trade policy, and housing policy – are excellent examples. To draw on one example, housing, and provide some context specific to our membership – housing affordability. This is a major issue for many ANMF members, who are often required to travel long distances from their home to their place of work. This results in various impacts, including a long time spent commuting (often using inactive modes of transport), financial burden, and time away from family. This can result in impacts to members' physical and mental health, and also an impact on the climate.

Health care must be facilitated to participate in the production of other national targets and strategy. The ANMF strongly supports the use of the HiAP approach. The current implied structure of the Strategy needs revision in order to fully address the health risks posed by climate change. The overall focus of the Strategy needs to be strongly directed towards reducing the current risks to population health from climate change, and to maximise the health co-benefits of carefully designed climate mitigation and adaptation actions.

Budget

The amount of money spent on federal fossil fuel subsidies in Australia is indefensible in our climate-threatened world. Fossil fuel subsidies cost Australians \$10.3 billion in 2020-21. Despite this, while 2022 inflicted hardship upon many people around the world due to climate-driven disasters and war, the five largest western oil and gas companies alone made a combined \$200 billion in profits. Coal, oil and gas companies in Australia give the impression that they are major contributors to the Australian economy, but research from the Australia Institute demonstrates that they are major recipients of government funds.

Just transition

The ANMF supports the establishment of the Net Zero Authority to ensure that a just transition does not allow industry to disregard the communities and environmental devastation left behind. The ANMF looks forward to working with Governments and unions to capture market opportunities that create new thriving communities. This is a preventive health strategy, which avoids the physical and mental health issues that stem from mass unemployment and community degradation, as well as an economic strategy as we develop new export markets.



Training, recruitment, and employment:

As renewable energy hubs develop, there will need to be both skills taught for new industries, and supportive infrastructure including health services. There is already a dire shortage of nurses and midwives to service these new builds and services. Ongoing commitment to investment in nurse and midwife training will help to mitigate the ongoing shortage.

Transport

As the grid decarbonises and more electric vehicles and associated charging stations are developed, there is opportunity to leverage more of gas and diesel fuel into electricity funding. In addition, public transport networks must be maintained and funded as public transport impacts access to healthcare, cost of transport, and air quality. City planning must consider 24 hour access to health care facilities for staff and people requiring care to meet the 24 hour needs of these locations. Active transport measures should be encouraged as they contribute to a reduction in air pollution, traffic congestion, and to positive population health outcomes.

Pharmaceuticals

Renewable energy can contribute to reducing the footprint of pharmaceutical production. For example, a life cycle assessment on morphine production found that sterilisation and packaging contributed 90% of morphine's carbon footprint.¹⁶ Onshore manufacture of pharmaceuticals, such as the Australian Medical Association has called for, strengthens our resilience in the face of supply shortages and delays, while reducing the footprint of pharmaceuticals used in Australia.

- 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?**
- 24. How could these enablers be improved to better inform the objectives of the Strategy? Should any enablers be added or removed?**
- 25. For each of these enablers:**
- a. What is currently working well?**
 - b. What actions should the Strategy consider to support delivery?**

The ANMF believes that all these enablers are of value.



Workforce, leadership, and training

The Strategy must include adequate support for workforce involvement in the change process, beyond training, and provide detail about the change theory and process. The Strategy must recognise that in emergencies and disasters, healthcare workers are often supporting immediate family and friends. There must be contingency for workforce shortages in extreme weather events and public-health crises. The Strategy does not currently support workforce capacity building and training. There is a need for a national cross-discipline continuing professional development program on climate change and health for the health and social sector as well as other sectors.

Research by Sustainability Victoria determined that:

- 80% of healthcare practitioners say that climate change is already harming public health;
- 86% see a role for health practitioners in helping inform the public;
- 76% believe their own practice or organisation could be doing more;
- 18% feel confident in their level of knowledge on the impacts of climate change.

This research demonstrates that deliberate attention to education for new and existing health practitioners and health workers is a priority area. Climate change does not need to be a standalone topic introduced into already crowded curriculums; it can be incorporated into existing learnings. Doctors for the Environment Australia have developed ready-to-use materials.

Concurrently, health services must prioritise environmental sustainability, climate change responses, and mitigation opportunities into staff orientation. The Strategy should articulate metrics that State and Territory Departments of Health must meet – for example: Sustainability Officers in each health service/region. It is crucial that frontline health practitioners can be supported by Sustainability Officers in protected positions within health services. Combined with State Sustainability Development Units in Departments of Health, these roles will assist in delivery on Enabler 3: Communication and Engagement.



Conclusion

Thank you for this opportunity to provide feedback on the Australian Government's National Health and Climate Strategy consultation paper. We look forward to the ambitious innovations that this heralds.

Additional Information

- Global Green and Healthy Hospitals (<https://greenhospitals.org/>)
- Real, Urgent, and Now: Insights from health professionals on climate and health in Australia (<https://www.caha.org.au/>)
- Sustainability Victoria (<https://www.sustainability.vic.gov.au/>)
- Healthcare Without Harm (<https://noharm.org/>)
- Doctors for the Environment Australia "Health Professional Education Resources" (<https://dea.org.au/publications/healthprofessionaleducationresources/>)



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