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E ngā rangatira mā, tēnā koutou,

We appreciate the opportunity to submit on this incredibly important first advice to government under the Climate Change Response (Zero Carbon) Amendment Act. In doing so we acknowledge the huge amount of work already done by the Commissioners and the Secretariat.

Climate Health Aotearoa is a University of Otago Theme and a national centre of climate change and health researchers. Our membership covers all the expertise in Aotearoa on climate change and health, with over 40 members, from a range of institutions, including Universities of Auckland and Otago, Waikato and Massey Universities, Crown Research Institutes (ESR, Manaaki Whenua, NIWA), NGOs (Sustainable Health Sector National Network, Brighton Observatory of Environment and Economics), and Māori stakeholders (Iwi Chairs Forum).

Built on a Matike Mai governance framework, our areas of research cover: climate change effects on health, wellbeing, and health and social equity; health and equity centred climate change adaptation; identifying climate change mitigation policies that have co-benefits for health, wellbeing and equity; and the central role the health sector plays in both mitigation and adaptation.

The Commission's advice, and what the government does with it, has profound consequences for health, wellbeing and fairness, as is acknowledged by the high-level objectives and rhetoric. We therefore provide evidence-based recommendations on how to strengthen the advice so that it can meet its obligations to protect population health, contribute to eliminating unjust inequalities, while grasping the major opportunities in climate action for improving population wellbeing.

While we have responded to the questions posed by the Commission in the online format requested, there are three general recommendations we would like to reinforce here:

1. **Relationships with Māori**

While we commend the Commission on the relationships already built, and the work to develop a Māori framework, this is poorly integrated into the main advice, and the promise of these relationships is not yet translated into policy recommendations that will protect and improve hauora Māori and contribute to addressing Māori health inequities. **We recommend a more accountable process and ensuring that the advice of a wide range of Māori community and research experts are centralised and translated into meaningful policy recommendations**

2. The commission's independence

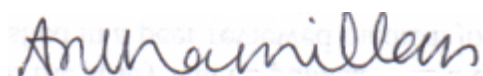
The commission's stated role is to provide "*independent, evidence-based advice to Government*". Currently this is severely compromised by the privileged role that major commercial interests in ongoing inaction play in developing the Commission's advice, made clear by examining the background workshops, meetings, and membership of the technical advisory groups. Instead of independent, evidence-based advice, the report really represents a tussle between the evidence for action required, and pre-empting what might be politically possible (the job of Government). **To fulfil its role, we recommend that the Commission learn lessons from public health that to achieve healthy, equitable public policy, major commercial interests in inaction should be excluded from the process of designing policy. This would leave space and time for other important voices, including young people, health and equity expertise, a wider range of Māori and Pacific voices, those currently innovating towards a just transition, and expertise in social change.**

3. The role of the health sector

The health sector has the potential to be a major social leader for change. As well as being responsible for a significant proportion of emissions (5-10% based on overseas examples), the sector is one of the country's largest and most diverse employers. Pharmac, the Ministry of Health, DHBs and other health organisations have a major influence over a range of procurement supply chains and waste streams that are of relevance to other sectors. DHBs can also be a powerful voice in local government decision-making. The size and diversity of the workforce, the density of interaction with the wider community, and the position of health professionals as influencers over people's everyday decisions, means that changes in the health sector can ripple through the behaviour of much of the population. The UK National Health Service is an example of what can be achieved with the right mandate and support. Through supported national leadership, by 2019 they had reduced their overall emissions by a quarter on 1990 levels, while significantly increasing throughput. **We recommend the Commission recognises this significant potential leadership and influence role of the health sector in its advice, and makes specific recommendations to mandate and support the sector to fulfil these roles, including setting up a national healthcare sustainable development unit, similar to the UK equivalent.**

We provide further specific recommendations under the most relevant of the Commission's questions. We also append a full list of evidence to support our recommendations. We would appreciate an opportunity to speak to our submission in person in front of the full Commission.

Nāku, noa
Nā



Associate Professor Alex Macmillan
Co-chair, on behalf of Climate Health Aotearoa

Climate Health Aotearoa: List of evidence

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