National Health and Climate Strategy Consultation Paper

Submission from The George Institute for Global Health

July 24, 2023

Acknowledgement of Country

The George Institute for Global Health acknowledges the traditional owners of the lands on which we work, and in particular the Gadigal people of the Eora Nation on which our Sydney office is situated. We pay our respects to Elders past, present and future.

We value and respect the ongoing connection of Aboriginal and Torres Strait Islander peoples to Country and seek to work in partnership with communities to deliver better health outcomes.

Executive Summary

The George Institute for Global Health commends the Australian Government on its efforts to protect the health and wellbeing of Australians from the effects of climate change by developing a National Climate and Health Strategy. We appreciate of the opportunity to contribute a submission on the Consultation Paper to inform the development of the strategy and stand ready to collaborate to address the evidence gaps and other considerations identified in this submission.

The George Institute for Global Health is broadly supportive of the Climate and Health Alliance's submission. Our submission identifies several recommendations we encourage the Australian Government to take into consideration in the development of the strategy:

- Considering the direct and indirect impacts of global heating are multidimensional and complex **the Strategy should set out a roadmap for the consideration of climate change impacts on health to be integrated into government decision making** and programmes across portfolios and jurisdictions.
- **The Strategy should set a clear vision, mission, and objectives**. We would recommend objectives focusing on four key areas to mitigate and adapt to climate change: health for all; a net-zero emissions health care system; accelerating innovation; and climate-positive public policy.
- **The George Institute is supportive of the four objectives overall. The Strategy must set ambitious goals, targets and time limits that are aligned with broader health and social policy goals.** It should include a plan to deliver the following:
    - **Health for all**: prioritise developing climate risk and vulnerability assessments for high-risk communities. The government can consider commissioning research to support the development of a framework of vulnerability indicators and using these to map the vulnerability of communities based on intersection of the risk of extreme weather events and social vulnerabilities. Efforts to strengthen resilience to climate impacts within the population should be prioritised, and adaptation plans need to explicitly address the social determinants of health such as housing, employment, education etc.
    - **Net-zero emissions health care system:** a decarbonisation plan needs to be developed for the health system in partnership with states and territories. The first steps should be to commission an emissions baseline report and develop a marginal abatement cost curve (MACC) for the health system, providing a clear indication of where to focus investment to ensure it is effective and efficient.
    - **Accelerating research and innovation:** to achieve transformational change, the health system itself will need to flex and change. This is also important in order to address the increasing costs of healthcare, the shift in burden of disease to non-communicable diseases (NCDs), global workforce challenges, and sustained inequities in health outcomes. Climate impacts are another source of pressure that will disrupt existing models of care in the health system. Investment and support are needed for research and innovation to develop new, future-focused models of care that meet multiple objectives as temperature rise and other changes to the climate are inevitable.
    - **Climate positive public policy**: the policy decision making architecture needs to be renovated to bring it up to speed with this complex and difficult challenge.

Mechanisms need to be created for climate impacts to health to be formally considered in decisions led by other portfolios (for example vehicle emissions standards). Consideration of the impacts of climate change on health and wellbeing need to be brought into the centre of government policy making.

Furthermore, we would recommend the following changes within Government architecture:

1. **The Minister for Health should be added to the Net-Zero Cabinet Committee** and the impacts of climate change should be **considered in all Cabinet decisions** by requiring a statement to be prepared outlining the expected impacts of the decision on commitments to reduce emissions and build resilience and adaptation.
2. **A Ministerial Council or similar body should be created with the purpose of aligning the mission, objectives and actions of the Commonwealth and States and Territories.** The initial task of such a body must be to agree on a common set of objectives and actions that each jurisdiction will contribute to. This is necessary to deliver the goals of the strategy in a meaningful way, recognising the interdependence of health funding, service delivery, and ultimate health outcomes across jurisdictional boundaries.

In conclusion, to address the compounding impacts of climate change on health, the strategy needs to go beyond providing direction and support to the health system. The strategy needs to be interwoven with government policy making across portfolio and jurisdictional boundaries to ensure that just as climate impacts build on each other, responses are also cumulative and aligned.

Specific comments in response to the consultation questions

Q1: How could these objectives be improved to better support the vision of the Strategy?
The vision outlined in the consultation paper (page 4] could be further strengthened to provide a clear articulation of what success for implementing the Strategy looks like.

Proposed vision: *"the vision of the National Health and Climate Strategy is to set out a roadmap to achieving a healthy community where the impacts of climate change on health are avoided, mitigated, or minimised, and the healthcare sector achieves net zero emissions."*

The Consultation Paper suggests that rather than seeking to achieve agreement on actions across jurisdictions, the Commonwealth is aiming to facilitate a common approach. We strongly urge the government to recognise that cross-jurisdictional responsibilities within the health system render this approach ineffective. The Strategy must outline a pathway to achieving agreement between the Commonwealth and all States and Territories to common objectives, outcomes, targets, and the actions that jurisdictions will take to achieve agreed outcomes.

The four objectives that are set can be further strengthened through the inclusion of meaningful targets and key results so that achievement can be measured.

1. **Measurement and reporting**: suggest amending to "Develop an emissions baseline for the health system and implement a monitoring and reporting system to enable monitoring of emissions over time." Add a measurement objective related to adaptation, for example "Develop a set of indicators of vulnerability to climate impacts. Provide regular public reports tracking mitigation and adaptation indicators."
2. **Mitigation**: suggest amending to "Develop and implement a decarbonisation plan to achieve a net-zero health system by 2040."
3. **Adaptation**: suggest amending to "Identify communities at high risk of climate and health impacts and develop community-led adaptation plans to protect health, build resilience in communities and develop a climate-resilient health system"

4. **Health in all policies**: suggest amending to "Establish a Ministerial Council or similar body tasked with aligning the mission, objectives and actions of the Commonwealth and States and Territories to ensure all portfolios and jurisdictions have responsibility and accountability for delivering on a common set of outcomes".

We would like to suggest a further objective is added on:

Research and innovation: finance research to quantify the health impacts of climate change and to generate new evidence on innovative measures which offer the greatest protection to health (with associated increased returns on investment), while supporting the overarching objectives on mitigation and adaptation.

In reference to the comments on Page 4: *For First Nations communities, climate change will exacerbate pre-existing high levels of ill-health; compound existing challenges in accessing safe water and appropriate housing, infrastructure, and health services; and affect cultural and spiritual connections to Country,* we suggest the following amendments:

- Suggest amending this to "…climate change will further disconnect First Nations peoples' cultural and spiritual connections to Country and exacerbate pre-existing…"
- The current framing places disconnection to Country at the end of the sentence, however this disconnection resulting from ongoing impacts of colonisation is what is exacerbating high levels of ill-health so should therefore come first.

Q2. How could these principles be improved to better inform the objectives of the strategy?

We are supportive of the principles. In addition, we make the following comments:

- **First Nations leadership**: this principle could be further strengthened by mentioning agency and self-determination (see examples provided in response to Q4 below). There should also be further explanation within the strategy of how this principle is adopted in practice i.e., what this looks like in developing the strategy and any decisions stemming from it.
- Suggest including an Aboriginal and Torres Strait Islander holistic definition of health t underpin the strategy which also strengthens the health in all policies framing.

  For example, the National Aboriginal Community Controlled Health Organization definition of health is "not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their community." (NACCHO)

Q3. Which of the various types of greenhouse gas emissions discussed above should be in scope of the Strategy's emission reduction efforts?

The Strategy should include Scope 1, 2 and 3 emissions. It is vital that in developing a decarbonisation plan, the strategy does not rule out activities simply because they might be part of scope 3 emissions. Some scope 3 emissions reduction activities may prove to be more practical or cheaper to implement that reducing scope 1 or 2 emissions. It is also important to have a comprehensive picture of emissions to develop a cost-effective and feasible roadmap to achieve net zero emissions.

Q4. 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?

First Nations excellence is pivotal to addressing climate change and protecting First Nations Country, culture, and wellbeing. One example is the development and sustained success of the Aboriginal Community Controlled Health Organisation (ACCHO) sector in providing communities holistic and integrated models of health and wellbeing that address social and cultural

determinants of health[i]. Another example is the excellence of First Nations communities' responses to the COVID-19 pandemic planning, response, and management[ii].
There are several First Nations policies, initiatives, and practices that the Strategy can draw upon/align with:

- The forthcoming National Injury Prevention Strategy uses an Aboriginal definition of health and wellbeing and involves a cross cutting theme on climate and health which specifically references impacts on Aboriginal and Torres Strait Islander communities.
- The George Institute is collaborating with the Yuwaya Ngarra-li partnership[1] which is a partnership between the Dharriwaa Elders Group and University of New South Wales (UNSW) to work to improve the wellbeing, social, built, and physical environment, and life pathways of Aboriginal people in Walgett through collaborating on evidence-based initiatives, research, and capacity building. There are several communities led projects, papers and reports that provide examples of localised initiatives and expertise that the strategy could draw upon.
- Lowitja Institute published a Climate Change and Aboriginal and Torres Strait Islander Health Discussion Paper with relevant outcomes and recommendations to draw upon[iii].
- Recognition of articles from the UNDRIP relating to First Nations health and wellbeing relating to decision making and governance, the right to determining health and social programs, maintenance of cultural practices, rights to lands/territories and resources and decisions impacting these.

  Specifically, alignment with article 29.1 "Indigenous peoples have the right to the conservation and protection of the environment and the productive capacity of their lands or territories and resources. States shall establish and implement assistance programmes for indigenous peoples for such conservation and protection, without discrimination."

The Consultation Paper predominantly focuses at present on First Nations communities in remote areas and should highlight the impacts to Indigenous communities in urban areas as well, particularly as most Aboriginal and Torres Strait Islander people live in urban areas.

In essence, all the examples provided above take a community-first approach. The problems to be addressed are defined and prioritised by communities, and strategies to address the defined problems are co-designed with communities. This is what the principle of self-determination means in practice.

Q5. 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?

Engagement with First Nations peoples should be considered from a local, state, and national context to ensure that issues can be addressed at the appropriate scale. Aboriginal community-controlled health services (ACCHS) should be considered a key partner in both identifying issues of concern to local communities, facilitating dialogue, and developing actions and solutions.
Other groups that should be included are:

- The National Aboriginal Community Controlled Health Organisation (NACCHO)
- Coalition of Peaks
- Joint council on Closing the Gap
- Expertise from local groups, grassroots organisations, and local Aboriginal lands councils

Recognition of intergenerational knowledge and voice in these forums from youth to Elders/knowledge holders is important.

[1] See report for details https://www.dharriwaaeldersgroup.org.au/images/downloads/YuwayaNgarra-liFoodForumReport27June.pdf

The George Institute's Guunu maana (Heal) program can provide further advice on ways to effectively engage Aboriginal and Torres Strait Islander was of being, thinking and doing to develop a strategy that appropriately responds to the needs of First Nations peoples and prioritises decolonisation and self-determination.

Q6. 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?

No comments on this question.

Q7. What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

To achieve measurable and reliable emissions reductions from the health sector, the Strategy must commission experts in the estimation of emissions to develop a framework for estimating, measuring, monitoring, and reporting emissions in the healthcare sector. This framework would describe a methodology to obtain reliable emissions estimates, identify data sources and gaps, and develop a program to build the emissions inventory. This is a foundational step that must be taken to identify opportunities for emissions reduction that are cost-effective, feasible and appropriate.

The National Greenhouse Gas Inventory (NGGI) is not adaptable to this purpose in our view. The NGGI estimates emissions using the UNFCCC carbon accounting framework that is designed to report emissions by source. To measure the emissions by sector, it is necessary to determine the emissions from all relevant sources that can be attributed to that sector of the economy through life cycle assessment (LCA). There are a variety of methodologies and tools that have been developed to support LCA; however, in our view it is likely that any LCA tool would need to be augmented or modified to take into consideration all sources of emissions across the healthcare sector, and also deliver estimates that are sufficiently robust for public policy and program development and implementation.

Q8. What do you think of these proposed focus areas for emissions reduction? Should anything else be included?

We broadly agree with the sources of emissions but note that as hospitals are one of the largest purchasers of food. The emissions included attributable to foods and beverages need to be included in the supply chain component of emissions. The food and beverage industry contributes to around 1/3 of anthropogenic greenhouse gas emissions, and therefore is important and necessary in climate change mitigation strategies.

Q9. 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 consultation paper does not refer to energy efficiency measures other than the use of the National Australian Built Environment Rating System (NABERS) to identify potential opportunities for emissions reduction. Energy efficiency measures are the most cost-effective way of reducing building emissions and should be considered a very high priority.

Actions that can be taken include:

- Upgrading lighting

- Improving efficiency of heating, ventilation, and air conditioning systems, and commercial and industrial appliances such as motors through upgrades
- Installing smart energy usage systems to control usage and switch off appliances when not needed.

Energy efficiency measures can be applied to sites throughout the health and aged care system (including existing buildings) and should be supported with financial incentives to encourage their use. State governments have experience implementing energy efficiency strategies and would be well placed to provide advice on the development of appropriate programs.

The consultation paper neglects the importance of building thermal efficiency in its overall emissions. New buildings should be required to meet minimum, ambitious standards of thermal efficiency to minimise the energy required for heating and cooling.

The Strategy should set out timelines for purchase of 100% renewable energy for hospitals and engage with States and Territories to gain support for this measure.

Q10. Which specific action areas should be considered relating to travel and transport, over and above any existing policies or initiatives in this area?

No comments on this question.

Q11. Which specific action areas should be considered relating to supply chain, over and above any existing policies or initiatives in this area?

The Strategy should include emissions from food purchased by health and aged care facilities. Research conducted by the George Institute has shown that apart from meat products, fresh food is lower in emissions that processed and packaged foods. This is primarily due to the additional energy that is required in the processing of food adding to the emissions profile. Fresh, healthy food is better for patients and aged care residents, as well as having the co-benefit of lower emissions. The George Institute's FoodSwitch program includes calculations of greenhouse gas emissions associated with a large database of processed foods.

We recommend that greenhouse gas emissions of processed food and beverage products purchased by hospitals and residential aged care facilities are included in the emissions baseline and emissions reduction actions. The options made available should be higher in fresh fruits, vegetables and minimally processed nuts and legumes, and lower in meats, particularly red and processed meats. These changes can have substantial impacts on both human health and environmental impacts.

Q12. Which specific action areas should be considered relating to medicines and gases, over and above any existing policies or initiatives in this area?

Reducing low-value care is important in reducing overuse of medicines where it has been demonstrated they provide no benefit. This includes overprescribed scans, tests, and pathology; prescribing treatments that have been found to be less effective than alternatives, and prescribing medicines when other interventions such as diet, exercise and preventive medicine would be more effective.

Reducing overuse of medicines where they do not have a clinical benefit will also result in reduced emissions from the production, transport, storage, and distribution of medicines.

The Strategy should:

- Include actions to reduce low value care.

- include actions to require pharmaceutical manufacturers to list the emissions associated with production.

Q13. Which specific action areas should be considered relating to waste, over and above any existing policies or initiatives in this area?

No comments on this question.

Q14. 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?

Non-communicable diseases (NCDs), such as diabetes, cardiovascular disease, and stroke, are the leading cause of 89% of deaths in Australia, affecting over 50% of the population. People with chronic and complex illnesses are particularly vulnerable to health risks associated with climate change. By taking measures to prevent NCDs, we can enhance resilience to climate-related health issues and improve overall health outcomes.

The healthcare system must explore innovative models of care that alleviate the strain on hospitals, enhance primary care accessibility, and leverage digital and virtual healthcare solutions to overcome geographical and other barriers. Considering the health impacts of climate change, it becomes imperative to develop care models that target the root causes of mortality and morbidity, while also facilitating better access to healthcare services.

The George Institute, in collaboration with Oxford University has developed SmartHealth Pregnancy, a low-cost, smartphone-based system used by female community health workers to identify pregnant and postpartum women with high-risk conditions (including heart disease, stroke and diabetes), refer them to primary health care and facilitate two-way communication between primary care and the community to ensure timely follow-up and adherence to medications and lifestyle advice. These types of tools can improve the quality of care in rural and remote communities and should be considered more widely.

The Strategy should also specifically mention Aboriginal and Torres Strait Islander patients and models of care, the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 makes specific reference to culturally safe models of care.

For First Nations communities the primordial prevention and primary prevention areas are most important as so much of the ill-health burden is impacted by social and cultural determinants of health and wellbeing stemming from ongoing impacts of colonisation.

Q15. What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

No comments on this question.

Q16. 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?**

b) Which of the six sources of emissions discussed above (on pages 16 to 21) are the highest priorities for action?

To identify priorities for emissions reduction it is necessary first to build a robust emissions baseline that can be monitored and reported on over time. The National Greenhouse Gas inventory (NGGI) is not suitable for this task, because the Inventory reports emissions by source using UNFCCC accounting. To build an emissions profile by sector, the emissions from each source need to be identified and attributed to the sector. This requires a life cycle assessment (LCA) methodology to be developed that is appropriate to the health system. While there are numerous LCA methodologies, including those developed specifically for hospitals, it is likely that these will need to be modified or augmented to provide a comprehensive picture of emissions in the Australian healthcare system, and ensure that estimates are sufficiently robust to be used for policy and program development and implementation.

It is recommended that the Department engage experts in the development of emissions baselines to develop one for the health system.

The second action that needs to be taken to inform prioritisation of emissions reduction actions is the development of a marginal abatement cost curve (MACC) for emissions reduction opportunities in the healthcare system. A MACC graphs the size of the potential emissions reduction in CO^2 equivalent against the estimated cost of delivering the reduction. In this way it presents a menu of emissions reduction opportunities from the least to highest cost, with an indication of the size of emissions reduction that will be achieved.

By developing an emissions baseline and the MACC, it is possible to map pathways to net zero.

It is recommended that following the development of an emissions baseline and MACC for the healthcare system, these form part of a decarbonisation plan for the sector.

Q17. What 'quick wins' in relation to emissions reduction should be prioritised for delivery in the twelve months following publication of the Strategy

To achieve some quick wins, the Department should engage with States and Territories to gain understanding of programs that have successfully delivered emissions reduction at the regional level that could feasibly be scaled up and applied nationally.

As discussed in response to Q9, energy efficiency measures are often the most cost effective and can deliver significant emissions reductions. These should be investigated as a high priority.

Other areas that present clear opportunities are:

- Phasing out desfluorane use
- Decommissioning oil, gas, and coal fuelled boilers in hospitals.

Q18. 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 consultation paper identifies most of the key risks to health from climate change. Heat-related illness should include heat stress as well as cardiovascular events, as heat stress attributable to climate change already contributes to 30-35% of heat-related deaths[iv]

Measures to reduce injury resulting from climate impacts should be consistent with the National Injury Prevention Strategy which is under development.

Housing impacts should also include the impact of poor-quality housing as well as housing insecurity. Inadequate quality housing with low thermal efficiency also contributes to heat stress.

The methodology for developing adaptation plans must explicitly consider social and commercial determinants of health. For example, in a community where there is a high prevalence of alcohol use, measures to address this may support reductions in alcohol-related illness and disease, increasing resilience to the health impacts of climate change.

Q19. Should the Australian government develop a National Health Vulnerability and Adaptation Assessment and National Health Adaptation Plan? If yes:

a) **What are the key considerations in developing a methodology?**
b) **How should their development draw on work already undertaken, for example at the state and territory level, or internationally?**
c) **What are the key areas where a national approach will support local/jurisdictional vulnerability assessment and adaptation planning?**

Yes, the Australian Government should develop a National Health Vulnerability and Adaptation Assessment. This should include developing indicators for risk and vulnerability to climate impacts at the community scale.

Adaptation planning should take a strengths-based approach to communities experiencing vulnerability. This involves working with the community to identify strengths and build adaptation strategies from those strengths, rather than applying a one-size-fits-all approach to communities with different climate risks and impacts, health issues and services.

It is critical that communities are included in development of methodology and any reporting, framing and decision making on adaptation planning.

Q20. Would there be value in the Australian government promoting a nationally consistent approach to vulnerability assessment and adaptation planning for the health system specifically, for instance by issuing guidance and associated implementation support tools for states, territories, and local health systems? If yes, what topics should be covered to promote a nationally consistent approach? What examples of existing guidance (either from states/territories or internationally) should be drawn from?

We believe there would be benefit to developing guidance on vulnerability assessment and adaptation planning. Many state and local governments have already conducted their own assessments which would be useful in informing guidance.

21. What immediate high-priority health system adaptation actions are required in the next 12 to 24 months?

We recommend that the Department develop a set of indicators of vulnerability to climate impacts to enable further work.

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?

It is essential that the impacts of climate change are considered in all government policy decisions to ensure that there is a joined-up and consistent approach to tackling global heating. To do the effectiveness of existing decision making structures need to re-consider, and we would recommend the following considerations:

- The Commonwealth minister for Health is included in the membership of the Net Zero Cabinet Committee.
- the impacts of climate change should be considered in all Cabinet decisions by requiring a statement to be prepared outlining the expected impacts of the decision on commitments to reduce emissions and build resilience and adaptation.
- A Ministerial Council or similar body supported by an expert advisory group should be created with the purpose of aligning the mission, objectives and actions of the Commonwealth and States and Territories.
    - The initial task of such a body must be to agree on a common set of objectives and actions that each jurisdiction will contribute to achieve the objectives of the National Climate and Health Strategy.
    - This is necessary to deliver the goals of the strategy in a meaningful way, recognising the interdependence of health funding, service delivery, and ultimate health outcomes across jurisdictional boundaries.

A Health in all Policies approach is also important to address existing inequities faced by First Nations communities due to the ongoing impacts of colonisation impacting multiple social and cultural determinants of health that sit outside of direct health related policy. Siloed efforts, fragmented funding, and lack of First Nations involvement in decision making have impacted poorly on health outcomes.

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?

As described above, we recommend that a Ministerial Council or similar body is established with representatives from the Commonwealth and all States and Territories to drive agreement on a national consistent approach to addressing the health impacts of climate change and achieving a net-zero healthcare system.

The Ministerial Council should be supported by an expert advisory group that incorporates First Nations representatives, community and consumer representatives including youth, climate scientists, experts in emissions reduction, public health experts, health system managers and other expertise to advise on priority setting, development of appropriate actions and implementation.

For decisions relating to First Nations communities, community governance mechanisms and self-determination are critical to ensuring that solutions are community driven and have broad community support.

Effective engagement and collaboration with First Nations communities must include cultural competency to respond to First Nations history, cultures and the diversity of communities; valuing the cultural skills and knowledge of community organisations and First Nations peoples; clarity about the purpose and the relevant scale for engagement; recognition of a holistic definition of health and wellbeing, particularly the importance of the connection to Country; relationships built on trust, respect and honesty; ongoing communication; effective governance mechanisms that build on existing community strengths and processes; appropriate time frames (including for deliberation and responsive funding, where applicable).

24. How could these enablers be improved to better inform the objectives of the Strategy? Should any enablers be added or removed?

- All enablers are essential from a First Nations perspective.

Research that is led by, for, with First Nations communities to produce meaningful evidence.

Monitoring and evaluation should also be framed from a First Nations perspective and the principles of data sovereignty adhered to including what, why and how of any data collection and analysis.

About The George Institute for Global Health

The George Institute – a leading independent global medical research institute – was established in Sydney, with additional major centres in China, India, and the UK, and an international network of experts and collaborators. Our mission is to improve the health of millions of people worldwide by using innovative approaches to prevent and treat the world's biggest killers: non-communicable diseases (NCDs) and injury.

Our work aims to generate effective, evidence-based, and affordable solutions to the world's biggest health challenges. We research the chronic and critical conditions that cause the greatest loss of life and quality of life and the most substantial economic burden, particularly in resource-poor settings.

The George Institute's Planetary Health Initiative seeks to embody this ethos, by seeking to ensure that evidence informs the development and implementation of social, economic, and environmental policies to address and reverse the ongoing impacts of ecological change on human health and equity and improve planetary health outcomes. Learn more here.

Contacts

This submission was prepared by Veronica Le Nevez, based on input from a team of leading researchers (listed below) around the world, with extensive experience on climate change and health.

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