

Submission to the Senate on the Inquiry into the United Nations Sustainable Development Goals (SDGs)

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Healthy planet, **healthy people.**

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Recommendations

The Sustainable Development Goals (SDGs) are for all countries not only for developing countries. Australian people deserve a widely disseminated and coordinated national plan to implement the SDG commitments for the wellbeing of future generations, and for Australia to function and improve her influence as a good regional and global citizen.

DEA recommends

- The development of partnerships between and with the health, environmental, and social communities to inform policy and educate the Australian public on the SDGs.
- The development of a National Sustainability Commission together with a National Environmental Protection Authority (NEPA) which together will provide national expertise for the SDG mission.

The following recommendations would come within the remit of such initiatives and partnerships:

1. Linking environment and health in all policies and in government and business processes through integrated reporting methods to meet SDGs targets.
2. Reducing dependence on fossil fuels and developing climate change mitigation and adaptation plans through a NEPA, with rapid progress to full divestment from fossil fuels and reinvestment into health and planet.
3. Encouraging within the SDG timeframe the development/redesign of cities that foster community, healthy sustainable living, active transport and wellbeing with access to nature.
4. Encouraging development of business alliances and strengthening a United Nations Global Compact (UNGC) approach that would be directly informed by the health and environment communities and would allow tracking of progress as well as harms to health.

5. Developing legislation for the wellbeing and health of future generations of Australia.
6. Aligning the Intergenerational Report of the Australian Treasury with the Australian Government's commitment to the SDGs.
7. Reinstate ODA to 0.5% of GNI as a priority to the Asia Pacific region.

Doctors for the Environment Australia

Doctors for the Environment Australia (DEA) is a voluntary organisation of medical doctors in all Australian states and territories. We work to address local, national and global health effects caused by damage to the earth's environment. The medical profession has a proud record of service to the community. This record not only includes personal clinical care, but also involvement in global issues that threaten the future of humanity. We aim to use our scientific and medical skills to educate governments and industry, the public and our colleagues to highlight the medical importance of our natural environment. In effect we function as a public health organisation.

DEA is pleased to comment on the Sustainable Development Goals; responses to each of the questions posed are detailed below.

The United Nations Sustainable Development Goals (SDG), with reference to:

a. the understanding and awareness of the SDG across the Australian Government and in the wider Australian community;

DEA supports evidenced based policy and practice based on recommendations of recent peer review publications that summarise and highlight the inextricable link between human health and the natural systems on which they depend^{2, 3}.

The UN set 17 SDGs which were designed to apply to all countries (high, middle, and low income). They replaced the Millennium Development Goals (MDGs) which ended in 2015, and build on the principles of UN General Assembly Resolution A/RES/66/288, entitled "*The Future We Want*"⁴ which was released following the Rio+20 Conference held in 2012. The SDGs are widely acknowledged as interlinked and require broad partnerships and transdisciplinary methods to achievement. The United Nations Development Fund (UNDP) recognised planetary health

as critical to achieving the SDGs across the social, economic, and environmental spheres.⁵

Planetary health is described as the health of human civilisation and the natural systems on which they depend. While the world and nations such as Australia have made substantial gains in overall life expectancy and other health outcomes, the health of present and future generations is threatened by destruction of the natural systems we exist within and rely upon. The Rockefeller Lancet Commission report⁶ on planetary health identified gaps in our current knowledge, governance, and imagination (conceptualisation) regarding the linkages between human health and the state of the planet's natural systems. Planetary health as a framework was recognised by UNDP to be strongly linked to the opportunity to assist the SDGs in framing and developing an interdisciplinary approach.⁷ Australia through Sydney University, has appointed the first chair of Planetary Health. While it is yet a relatively new field, the opportunity to use local and global planetary health expertise to drive attainment of national SDGs is an obvious one to explore for health and environment communities.

DEA is focused on educating the medical and wider community on health and environment issues. In doing so DEA informs policy within the scope of planetary health and the SDGs, and encourages policy makers to look at the evidence and practice internationally and nationally that can assist in meeting these targets. Although medically focused by profession, DEA is committed to partnership across all sectors involved in health and environment.

The SDGs apply to all countries and the mandate 'leave no one behind' is particularly pertinent in the Australian context regarding issues of indigenous health, poverty, and inequalities – as it is documented that the most vulnerable will be most impacted by climate change.⁸

However, the SDGs have not been part of public discourse around opportunities for improving health and sustainability in Australia which indicates a lack of awareness or priority of action.⁹ For example, targets under Goal 7 (energy) are not seen or acknowledged in the national energy debate, which echo similar concerns regarding inadequate progress relevant to the Paris Agreement. For Goal 13 (climate), which calls for urgent action on climate change, targets are also not currently reflected in national policies.

A commission or partnership between health and other social alliance groups might be considered to implement a national strategic approach in the absence of an integrated government-initiated plan.

b. the potential costs, benefits and opportunities for Australia in the domestic implementation of the SDGs;

Costs:

The human health costs of *not* implementing the SDGs are important to recognise, particularly in terms of increasing losses from climate change/disasters (including morbidity/mortality), increasing burden of disease due to climate change, lack of active transport and therefore reduced physical activity, and other environmental stressors such as air pollution from coal fired power stations. These costs do not appear to be considered in decision-making around e.g. energy policy, climate change mitigation, forestry management and air quality.

Although Australia has one of the highest life expectancies in the world, SDG targets have slipped 6 places in the last reporting year to 26th place globally. Many areas of target for improved action fall in the realm of health and the environment, and a specific health and environment address by the Australian government on these issues will contribute greatly to improved national SDG performance. We would expect an affluent country to set an example and adopt a leadership position to progress on the SDGs.

Opportunities:

There are several groups of opportunities in addressing health and environment issues that will also progress the SDGs. These are best approached by taking a systems approach as promoted by the discipline of planetary health.

i. Climate Change (SDG 13), Clean Energy (SDG 7), Healthy Cities (SDG 11).

Australia is one of the most vulnerable to climate change countries in the developed world according to a new report by HSBC bank.¹⁰

Yet instead of climate change being described as the biggest threat to health, DEA strongly shares the position that it is the biggest opportunity to improve health and survival^{11, 12} if certain recommendations are put into place. In particular the burning of fossil fuels to be phased out, the transition to renewable energy, stronger regulation of air quality, use of active transport, and adaptation plans for health services to cope with the health effects of climate change. Such actions will be essential to both mitigate and build resilience to climate change and ensure progress towards the SDGs.

ii. Biodiversity (SDG 14, 15), Physical activity and time in nature (SDG 3, 14, 15).

Natural systems support human health by filtering air, providing food, water and a regulated climate. Time in nature fosters mental and physical wellbeing.¹³ Australia is contributing to what is described as the sixth mass extinction of species, and is responsible for 60% of its own biodiversity loss between 1996 and 2008. DEA has made a submission in response to the Federal Government's Department of Environment and Energy's current Strategy for Nature.¹⁴

iii. Mental health, Obesity, Chronic diseases (SDG 1, 3, 11).

Tracking complex health challenges requires both biomedical and socio-political approaches. Mental health effects of climate change range from minimal distress symptoms to clinical disorders such as anxiety and depression. Other effects include those mediated by everyday activities such as transport to work and outdoor play for children. The social mental health effects of extreme weather events are well documented, particularly for natural disasters.¹⁵ Many solutions required for adaptation and mitigation are best done within the community¹⁶ with potential co-benefits¹⁷ for addressing mental health burden.

Reduced physical activity and reliance on car transport and changing food habits have arguably contributed to the challenges of the Australian obesity problem. By 2025, 37 percent of women and 37.8 percent of men will be obese according to a 2016 paper in *The Lancet* medical journal.¹⁸

**iv. Equity and vulnerable groups:
Indigenous health (SDG 1-17)
Resilience of communities in natural disasters and
heatwaves (SDG 13, 11, 7).**

By addressing the gaps and inequities in indigenous health, Australia will be progressing on a number of SDG targets. It is also well recognised that people living in rural areas already have large health disparities, and are among those most vulnerable to disasters, with problems compounded by reduced access to health care.¹⁹ Social protection, of which the goal of universal health coverage is a crucial target of SDG 3, is important to respect.²⁰

v. Intergenerational equity

There is a huge opportunity within Australia's commitment to the SDGs to address intergenerational equity to protect the health of current and future generations and the natural assets they use and enjoy.

There are concerns around risks to children's health which is a core educational exercise of DEA. The DEA report *No Time for Games* led by Professor Fiona Stanley reported that 'children are particularly vulnerable

to the health effects of climate change because their behaviours expose them to increased risks, their bodies respond differently to harms, and they are dependent on others'.²¹

vi. Divestment and reinvestment (SDG 8, 10, 12).

The opportunities to divest from harmful practices and products that impact human health have been the focus of well commended work by the Australian public health and medical community. Tobacco control and fossil fuels are two examples of harmful to health products that communities are increasingly divesting from.²²

At the same time there is growing public momentum nationally, regionally, and globally to invest in sustainable and safe goods and practices.²³

c. what governance structures and accountability measures are required at the national, state and local levels of government to ensure an integrated approach to implementing the SDGs that is both meaningful and achieves real outcomes;

It is disappointing that there is no national strategy for the SDGs from the Australian government. It indicates indecision or lack of strong commitment, and is a missed opportunity for Australia to lead by example and hence support other countries in progress towards the SDGs. There is however much happening in the communities that could be strengthened in the interim.

DEA supports the following processes to guide the development of governance structures and accountability measures.

- a. A transdisciplinary approach to consultation and evidence gathering, with a focus around law, business, and the respective health and environment arenas.
- b. The current proposal by the consortium *Places You Love* is calling for a reform of the current environment laws of Australia²⁴ and the development of a National Sustainability Commission together with a National Environmental Protection Authority (NEPA) – both with health embedded in their function and mandates.
- c. The UN Global Compact is increasingly recognising the historical harms to public health by certain actions by the corporate community (e.g. tobacco and anti-retroviral pricing). National businesses declaring commitment to the SDGs can better align with the health and environment community on health and environment themes to forge and expedite different healthy futures.

- d. A focus on intergenerational equity in planning collaboration on SDGs will need to place a high regard on human health and the environment. In particular addressing indigenous health, protection of natural assets, loss of species, and unrestricted deforestation would be critical. In the UK, Wales has enacted legislation on the wellbeing of Future generations.²⁵ The Australian Treasury has an intergenerational report which could form opportunity and basis to align and build on as a plan for integration with the SDGs.²⁶
- e. Strongly support national climate change mitigation and adaptation plans developed by a NEPA in consultation with all scientific, technological and health sectors for;
- f. strong data collection on environment/climate and health indicators and commitment to/accountability for implementation and monitoring of environment, sustainability and health action plans.

d. how can performance against the SDG be monitored and communicated in a way that engages government, businesses and the public, and allows effective review of Australia's performance by civil society;

From a health perspective there is a need for improved awareness and clear linkages between the SDGs and existing health and development priorities, and consideration of the SDGs in future policies. We need long term plans based on evidence rather than changing political positions. There are many potential gains for health and wellbeing if actions are taken to achieve SDGs, and potential risks and costs of not considering them in the long term.

e. which of the SDGs is Australia best suited to achieving through our ODA program, and should Australia's ODA be consolidated to focus on achieving core SDG;

As our closest neighbours in the Pacific are among those most vulnerable to climate change and associated health impacts, Australia should be positioning itself to work on all SDGs in ODA but with a focus in the region on climate change, clean energy, land and ocean use, and chronic diseases and gender equality.

The Australian government has significantly cut ODA which is detrimental to regional solidarity and sustainable development. Moreover, as it drops out of the OECD club of top ten donors in rankings of global donor

generosity - it will lose influence on issues and values that Australia traditionally leads or holds expertise in.²⁷ We strongly recommend that overseas development aid be restored to 0.5% of gross national income.²⁸

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