



POSITION STATEMENT

Climate change, health and general practice in Aotearoa New Zealand and the Pacific

Summary of position

The College:

- › unequivocally acknowledges anthropogenic (human-made) climate change as a threat to health and equity in Aotearoa New Zealand and the Pacific.
- › recognises that many 'climate actions' aimed at mitigating or adapting to climate change will also promote the health of individuals, whānau and communities.
- › recognises that the impacts of climate change will increasingly affect the health of New Zealanders, particularly the most vulnerable groups.

We support:

- › calls for urgent action to address climate change in ways that promote the health of individuals, whānau and communities and improve health equity and collective approaches to change.
- › iwi and hapū assertions of rangatiratanga (autonomy) under Te Tiriti o Waitangi to manage climate change risks and promote the wellbeing of their people, ancestral land, water, sites, wāhi tapu, valued flora and fauna, and other taonga.
- › efforts by our members and general practice teams to raise awareness of the impacts of climate change on health, promoting healthy climate-friendly treatments and lifestyle choices that contribute to improving the sustainability of health care in New Zealand and the Pacific.
- › actions that move the New Zealand health sector towards sustainability.

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Context

Since publishing its *Position Statement on Climate Change, Health, and General Practice in Aotearoa New Zealand and the Pacific* in 2016, The Royal New Zealand College of General Practitioners (the College) has taken a leading role in raising awareness of current and projected effects of climate change and its impact on health and equity. It has taken responsibility for social leadership, promoted healthy lifestyle choices, advocated for health in climate policy and supported health sector movement towards sustainable systems.

The lack of effective action to reduce greenhouse gas (GHG) emissions means that the need for action is now even more urgent. The subtitle of the 2021 report of the *Lancet Countdown on health and climate change* sums up the current situation as ‘Code red for a healthy future’.¹

This position statement is based on a review the College’s 2016 position statement.

Introduction

The College unequivocally acknowledges anthropogenic (human-made) climate change as a threat to health and equity in Aotearoa New Zealand. Equally, the College recognises that many ‘climate actions’ aimed at mitigating GHG emissions will also promote the health of individuals, whānau and communities.

This position statement does not aim to detail the convincing body of evidence supporting projected changes to global temperature or its impacts. This research has been extensively covered by qualified, reputable institutions – most notably the Intergovernmental Panel on Climate Change – and it is beyond scientific doubt that our world is warming.² The College notes that climate science is often described in probabilities and likelihoods due to the complexity of the science involved. This issue is eloquently explained by the Office of the Chief Science Advisor in the 2013 report on New Zealand’s changing climate and oceans.³

Rising temperatures, altered ecosystems, and changes to human systems (e.g. food production, the global economy) will increasingly affect the health of New Zealanders, particularly the most vulnerable groups. As noted in the College’s position statement on health equity, specialist GPs are encouraged to take a population health as well as an individual approach.⁴

The responsibility of health professionals in climate action is increasingly acknowledged by the New Zealand health sector (as well as internationally), and the College supports this stance. Some key health institutions that have engaged in climate action to date include:⁵⁻¹⁰

- > [The Royal Australian and New Zealand College of Psychiatrists](#)
- > [The Royal Australasian College of Physicians](#)
- > [The New Zealand College of Public Health Medicine](#)
- > [The Australasian College for Emergency Medicine](#)
- > [The New Zealand Nurses Organisation](#)
- > [The Royal College of General Practitioners \(UK\)](#)



Another notable organisation is [OraTaiao: The New Zealand Climate and Health Council](#), established in 2009 by doctors, other health professionals and students concerned about the health impacts of climate change. Its membership has been steadily growing as more health professionals become aware of the impending threat and health opportunities.^{3,11} Support for climate action and social leadership by respected society members (including doctors) are important factors in creating political momentum. Public support for climate action facilitates the necessary national policy decisions about emission reductions and sustainable development.

Finally, the precautionary principle has been repeatedly identified as a reason to prepare and act now. The cost of climate action is far less than the potential costs of inaction. Furthermore, there are many positive health outcomes associated with climate actions that can help reduce the burden of numerous chronic diseases prevalent in New Zealand and the Pacific.

Health impacts of climate change

The College considers climate change to be a health issue separate to its environmental implications. The effects of climate change on global health¹² are commonly divided into three categories:

- 1. Direct impacts:** The most dramatic effect of climate change is (and will likely continue to be) the altered weather patterns. As well as the direct physical impact of extreme weather events (heat, drought, storms), affected populations continue to suffer from increased health and social impacts long afterwards.^{13,14} Rising temperatures are already increasing the severity and frequency of these dramatic weather patterns, with further increases expected over the coming decades, and neither New Zealand nor Pacific countries and territories are immune from these consequences.^{3,15} Rising sea levels, resultant flooding and coastal erosion are already impacting on housing (particularly in low-lying coastal areas), with further sea-level rise and its consequences projected to increase.¹⁶
- 2. Ecologically and biologically mediated impacts:** Changing temperatures and precipitation patterns are expected to alter ecosystems and, consequently, disease patterns. New Zealand and the Pacific are already affected by a range of climate-sensitive diseases (e.g. vector-borne disease, enteric infections, allergic disease, skin cancer).¹⁷⁻²⁰
- 3. Human-system impacts:** As well as mounting political tensions caused by the global need for equitable emissions accountability, climate change is impacting countries' economies differently.²¹ Climate-sensitive industries (agricultural, horticultural, forestry, fishing) are a core component of New Zealand's economy – particularly in the export sector, Māori economy, and employment. Reduced exports could have impacts across the socioeconomic determinants of health, including health sector funding.

Whilst there are some positive regional projected effects from climate change on health (e.g. increased agricultural productivity, modest reductions in cold-related mortality and morbidity in some areas due to fewer cold extremes, geographical shifts in food production and reduced capacity of disease-carrying vectors due to exceedance of thermal thresholds), the Intergovernmental Panel on Climate Change



(IPCC) has concluded that these would be overwhelmed by the negative impacts.¹² This position statement focuses on predicted health impacts in New Zealand and the Pacific.

The direct, biologically and socially mediated health impacts most likely to be experienced by New Zealanders because of climate change are listed in Table 1.²² The College is particularly concerned that these health impacts are likely to disproportionately affect populations already experiencing inequitable health outcomes including Māori, Pacific Peoples living in New Zealand, and the Pacific Islands.^{4,23}

Table 1. Expected health impacts of climate change in New Zealand

Reproduced with the authors' permission, from: Bennett H, Jones R, Keating G, Woodward A, Hales S, Metcalfe S. Health and equity impacts of climate change in Aotearoa–New Zealand, and health gains from climate action [special article]. N Z Med J. 2014;127(1406).²²

Food security and nutrition: Increased global food prices, affecting many locally produced and imported food staples in New Zealand, are likely to reduce the ability of some groups to afford a variety of nutritious foods, further compromising nutritional outcomes for those groups.^{12,24–26}

Mental health and suicide: Increased stress and mental health issues (e.g. farmers with drought, victims of extreme weather). Young people may suffer anxieties about catastrophic climate change, not unlike those experienced by children growing up with the fear of nuclear war.^{12,27–30}

Housing and health: Healthiness of some housing will be affected by extreme weather, e.g. indoor moisture (with heavy rainfall, flooding), high indoor temperatures (during heatwaves in poorly insulated houses).³¹ It is also likely that people will arrive in New Zealand from climate change–affected areas. This may put further pressure on availability of low income–larger family homes, potentially impacting household overcrowding and the incidence of some infectious diseases.^{32–34}

Injury and illness from extreme weather events (e.g. flooding, storms, landslides, storm surges, drought): Immediate trauma, and indirect health impacts in weeks to months after extreme events (e.g. mental health problems, exacerbation of pre-existing medical conditions).^{12,35–37}

Heat-related deaths and illness: Increases in heat-related deaths and illness, particularly for those with chronic illness and those aged over 65 years. Heat stress for outdoor workers. Winter deaths may decline, but this is uncertain as winter deaths may be influenced by seasonal factors that are unrelated to climate.^{12,38–45}

Vector-borne and zoonotic (animal to human) disease: Increased likelihood that mosquito vectors could establish in New Zealand, which could lead to local transmission of mosquito-borne diseases (e.g. dengue, Ross River virus). Also, possible impacts on other vector-borne diseases (e.g. tick-borne) and zoonotic diseases.^{12,46–51}

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Food- and water-borne disease: Heavy rainfall can lead to contamination of drinking and recreational water/shellfish with faecal pathogens from animals and humans. Both high and low rainfall, and higher temperatures may impact on bacterial and parasitic diseases causing gastroenteritis (e.g. giardiasis, salmonellosis). Dry conditions could affect continuity of household water supplies, impacting diseases influenced by hygiene.^{12,52-55}

Ultraviolet (UV) radiation: Climate change may delay recovery of stratospheric ozone. Warmer temperatures could promote increased or decreased outdoor time, affecting exposure to solar ultraviolet (UV) radiation – with possible impacts on rates of skin cancer, eye disease, and vitamin D levels.^{12,56-59}

Physical activity: Warmer temperatures, and either increases or decreases in outdoor time, may impact on levels of recreational physical activity – an important determinant of health.⁶⁰

Cardiorespiratory disease from air pollution: High temperatures can exacerbate photo-chemical air pollution with impacts on respiratory disease. Hot, dry conditions increase potential for bush/forest fires, where smoke impacts on people with cardiorespiratory disease.^{12,61-64}

Allergic diseases, including asthma: Possible impacts on allergic conditions with changes in plant distribution, flowering, and pollen production.^{12,65}

Indoor environment: Climate change may affect the healthiness of indoor environments (e.g. overheating of buildings, changes in indoor air pollutants, flood damage and indoor moisture).^{30,66}

General practice is the first point of contact for most New Zealanders seeking health care, and this is where changes to disease profiles will be detected first, especially in already vulnerable patients and populations. This will have implications for required resources and is most likely to affect rural GP practices where patients often work outdoors and have climate-sensitive livelihoods.

The connection between the Pacific and New Zealand must also be factored in when considering the health impacts of climate change. The realm of New Zealand includes Tokelau, the Ross Dependency, and the self-governing states of the Cook Islands and Niue. Due to New Zealand's historic, social, and geographic proximity to Pacific Island nations, New Zealand is likely to see an increase in migrants from the Pacific as the atolls and islands succumb to rising sea levels and the difficulties created by climate impacts. This has implications for housing and social supports. Pacific Island nations need greater capacity to deal with climate impacts through increased human resources, medical equipment and medicines, and general support.

As a developed nation within the Pacific region, New Zealand and its health sector has a role to play in growing the region's capacity to address climate change. The top priority must be to actively support the global aim of limiting warming to 1.5°C so our Pacific neighbours can retain their homelands.⁶⁷



Impact on Māori health

The health impacts for New Zealand, as expected in other countries, will vary between different sub-populations based on socioeconomic factors, age, ethnicity, geographic location, and health status.¹² Māori already experience gross inequities in disease burden, housing quality, and socioeconomic status,^{68,69} and these disparities are expected to be exacerbated by climate change impacts; for example:

- Inequitable rates of mental illness and suicidal behaviour among Māori are likely to increase.
- Māori are disproportionately affected by poorer quality housing, overcrowding, and crowding-related illness and will consequently be more affected by increased housing pressure from migrant populations, sea level rise, flooding, and coastal erosion.
- Māori have inequitably higher burdens of climate-sensitive disease such as cardiovascular and respiratory illness, asthma and allergic diseases.

Some features of te ao Māori increase vulnerability to climate impacts, such as the concentration of Māori in areas of the North Island, with many communities, marae and historical sites situated near coastal areas at higher risk for the establishment of emerging mosquito-borne illness, sea-level rise, and coastal erosion.¹⁶ Additionally, there are implications for the Māori economy, which is predominantly invested in climate-sensitive primary industries.

Under Te Tiriti o Waitangi, the health, cultural concepts, values and practices of Māori must be protected and inequities between Māori and non-Māori eliminated. Māori communities – iwi, hapū, and whānau – must be comprehensively involved in decision making, planning, development and the delivery of climate actions and policy.⁷⁰ The College supports iwi and hapū assertions of rangatiratanga (autonomy) under Te Tiriti o Waitangi to manage climate change risks and promote wellbeing of their people, ancestral land, water, sites, wāhi tapu, valued flora and fauna, and other taonga.⁷¹

With careful government policy and planning, including health and equity impact assessments, it is possible for future inequities to be avoided and for the health co-benefits of climate action to be realised. For this to occur, health must be at the centre of climate policy.

Impact on Pacific health

Land underpins kinship and community identity and is critical to defining the identity, heritage, and spirituality of Pacific peoples. Pacific peoples residing in New Zealand maintain historical, familial, cultural, language and economic connections with those living in the Pacific. Climate change is a severe threat to the survival of Pacific populations with the loss of land disconnecting this relationship and placing enormous social, economic and cultural stressors on Pacific families and populations. Through the Paris Agreement 2015, the global community is also committed to protecting human rights, the right to health, the rights of indigenous peoples, local communities, climate migrants, children, people with disabilities, and other vulnerable populations.⁶⁷



Pacific Island nations have undertaken a significant amount of collaborative advocacy and adaptation planning in mitigating the severe health impacts of climate change.⁷²⁻⁷⁶

Many of the health impacts that will affect New Zealand are relevant to the Pacific but to an even greater extent due to geographical, resource, and infrastructure vulnerabilities. While impacts vary across different Pacific Islands, some significant impacts of climate change on Pacific health include the following:

- > **Loss of land and livelihoods** caused by rising sea levels, erosion, and crop failure. For some islands, particularly Kiribati, the Marshall Islands, Tuvalu and Tokelau,⁷⁷⁻⁷⁹ rising seas may mean relocation, which has its own associated health concerns. Climate-induced migration has implications for recipient countries (such as New Zealand) and their populations. Additionally, loss of land is expected to lead to overcrowding and consequently greater risk for infectious disease transmission. Ocean acidification (affecting coral reef ecosystems) is also likely to have flow-on effects for local population economies, with indirect negative effects on peoples' health.
- > **Negative impact on Pacific cultures, identity and mental wellbeing** following loss of land and increased dispersion and displacement of Pacific populations. This includes the risks of losing cultural norms and traditions, religious practices, and other societal structures and relationships associated with the land. Loss of legal sovereignty will also have profound global legal implications.⁸⁰
- > **Traumatic injuries and deaths** caused by unpredictable and/or more extreme weather events such as tropical cyclones, extreme high winds, droughts, floods, extreme heat.⁸¹ Extreme weather is also often followed by disease outbreaks.⁸²⁻⁸⁵
- > **Increasing incidence of vector-borne and zoonotic disease** due to altered rainfall patterns and increasing air temperatures. Known diseases that are likely to increase include mosquito-borne malaria, dengue fever, Zika, chikungunya, parasite-borne lymphatic filariasis (elephantiasis), and mammal-borne leptospirosis.^{49,50,78,85-87}
- > **Worsening water safety and increased waterborne disease** (diarrhoeal disease, cholera, and typhoid fever) due to deterioration in the quality and/or supply of fresh drinking water.^{81,82} This deterioration is caused by extreme rainfall, saline intrusion of water supplies, and increased temperatures.
- > **Worsening food safety and increased foodborne disease** due to contamination of food by climate-sensitive bacteria (i.e. bacteria sensitive to temperatures and high humidity), viruses and toxins. This is exacerbated in some islands by limited facilities for refrigeration and secure food storage e.g. Kiribati.^{77,78}
- > **Mental health issues** (e.g. stress, anxiety and depression) due to social impacts and changes to community lifestyle, relocation, property damage, loss of livelihood, economic instability, and uncertainty about the community's future.
- > **Higher malnutrition rates** due to increasing difficulties with securing local food production and supply and increased dependency on imported, processed foods, which tend to be energy-dense and less nutritious.



- > **Increased respiratory disease**, including those with infectious causes. This is particularly relevant in islands where smoking and overcrowding rates are high as these are additional risk factors for transmission.
- > **Widening inequities in health** due to unequal distribution of health impacts and limited resilience among already vulnerable populations (e.g. elderly, young children, those with a disability and/or pre-existing medical condition).
- > **Poorer access to health services** due to overwhelmed or disrupted health systems.

Climate impacts on health in the Pacific are further exacerbated by mobile populations, poor infrastructure and health resources that are already stretched. The medical workforce density in the Pacific Islands varies between 0.2 and 1.3 doctors per 1000 population, compared to 3.4 per 1000 in New Zealand.⁸⁸ The additional strain of climate impacts is likely to overwhelm available resources.

Climate change and general practice

Due to the inevitable impact of previous emissions, there will be further increases in global temperature, even if global GHG emissions stopped today.⁸⁹ Primary care and the health sector as a whole needs to identify adaption strategies for these changes. They also need to acknowledge their own contribution to the climate change problem and work to rapidly reduce and minimise GHG emissions while providing high-quality care and health equity. The New Zealand health sector contributes 3–8 percent New Zealand’s GHG emissions and is the largest emitter in the public sector.⁹⁰

Currently, there is limited literature and modelling on how primary care will be specifically impacted by climate change, but generally it is expected that health care providers will be put under strain.⁹¹ Health impacts will vary across regions, communities and demographic subgroups reflecting differences in location (geographic), socioeconomic status, preparedness, infrastructure, institutional resources, and local adaptive strategies. For example, migration-related health impacts are more likely to be concentrated in Auckland than in Dunedin. Consequently, adaptive planning for the impacts of climate change on primary care will need to be undertaken in a context-specific way at a regional level. The severity of the impact of catastrophic events, such as storms and floods, can be minimised by good disaster planning, including the establishment or strengthening of relationships between specialist GPs, allied health providers, community services and councils – especially those that will be activated in an emergency.

Some potential impacts on specialist GPs and general practices may include:

- > the need, in some regions, to develop new knowledge and skills to respond to the introduction of illnesses such as dengue fever and Ross River virus.
- > increased vulnerability (and therefore care required) for some patient groups (Māori, Pacific, children, elderly).
- > the need to improve knowledge and skills to address sociocultural and mental health issues resulting from the loss of traditional land, culture and livelihood.
- > changes and increases in disease surveillance requirements (e.g. dengue fever and waterborne disease reporting).



- > patient list demographic changes (e.g. from climate refugees).
- > greater need for disaster preparedness.
- > issues of disruption and resilience for general practice clinics, especially to buildings and other infrastructure.
- > a more mobile population as storms and coastal effects mean relocation within New Zealand.

The College also supports the view that local health responses to climate change must consider population characteristics, local resources, and the history of action on social and environmental health issues.⁹²

There is evidence to suggest that specialist GPs working in rural areas will see increasing numbers of patients with mental health problems and suicides among their community. The increased droughts and/or flooding expected in north-eastern and western areas respectively are likely to lead to financial strain and stress for those whose livelihoods are climate dependent, such as farmers and related communities. When considering rural workforce shortages there will need to be considerable planning and effort to ensure access to support services for this vulnerable population.⁹³ Relevant services, telehealth innovations and community programmes will need to work closely alongside health services with a focus on building community resilience, prevention and early intervention.

The College climate agenda

The College is committed to helping members and general practices mitigate their climate impacts. It is also committed to mitigating its own climate impacts.

To these ends, the College will continue to develop its climate change agenda to guide its climate action. The agenda will support high-quality care, health equity and low-carbon care, as well as making the operation of the College more sustainable. Actions will address both the mitigation of GHG emissions and adaptation to climate issues.

This position statement is due for review in March 2029.



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