



**Moana Ola Pasifika Public Health Network**  
**Submission on**  
**New Zealand's post-2020 climate change contribution under the**  
**United Nations Framework Convention on Climate Change**  
**(UNFCCC)**

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**Submitted by**

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PASIFIKA PUBLIC HEALTH NETWORK

**Moana** is our indigenous name for our vast but common, oceanic home.

**Moana** also has deeper meanings in most of our indigenous cultures: depth, vastness, and complexity of the web of life and the knowledge therein.

**Ola** is another profound concept in our cultures as noted in Samoa, Cook Islands, Tonga, and Tangata Whenua.

**Ola** means holistic health and wellbeing (encompassing all of its spiritual, physical, mental and ecological dimensions), optimum results and excellence.

The **Moana Ola** Network means that we all come together and make our home, **Moana**; a healthy, prosperous and peaceful home for all.

Sione Tu'itahi, May 2014

***Moana is our Indigenous name for our vast but common, oceanic home that is also known as the Pacific Ocean, the biggest ocean on earth and one of the regions worst affected by climate change.***

***Moana Ola means that we all come together and make our home, Moana, a healthy, prosperous and peaceful home for all.***

# **Moana Ola Pasifika Public Health Network submission on New Zealand’s post-2020 climate change contribution under the United Nations Framework Convention on Climate Change (UNFCCC)**

## **Introduction and rationale for reducing emissions**

- 1 We are writing on behalf of Moana Ola – the Pasifika Public Health Network (Moana Ola). Moana Ola comprises a group of Pasifika public health leaders representing various public health organisations and communities in Aotearoa, New Zealand.<sup>1</sup>
- 2 Moana Ola aims “to provide an independent, inclusive, and collective Pasifika public health voice regarding health, social and economic issues that impact Pasifika families and communities in Aotearoa, New Zealand.”<sup>2</sup>

## **Climate change is a serious emerging risk to global public health, development and equity.**

- 3 Moana Ola recognises that climate change is a transboundary and serious emerging risk to global public health, development and equity.
- 4 Climate change is expected to act primarily as an intensifier of existing threats to health through both direct and indirect pathways.
- 5 Direct impacts include excess mortality and morbidity due to exacerbated air pollution, heat waves, floods, hurricanes, and other natural disasters.
- 6 Catastrophic natural disasters have indirect effects on health as well, and include increased infectious diseases or ciguatera food poisoning.<sup>3</sup> Food insecurity and the psychological impacts of climate induced migration will have spill over effects on the New Zealand economy.<sup>4</sup>
- 7 Forward planning across the sectors is necessary to safeguard the economic output of climate sensitive industries.

## **The New Zealand Government should prioritise the health of Pacific peoples, New Zealand Māori and all vulnerable groups in identifying its national commitments under the future UNFCCC climate agreement.**

- 8 Pacific peoples,<sup>5</sup> New Zealand Māori, and vulnerable<sup>6</sup> populations in New Zealand carry an inequitable burden of disease and are at risk of disproportionate health and social impacts from climate change.<sup>7</sup>

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<sup>1</sup> The following submission are solely supported by the individuals listed above and do not necessarily reflect the view of any organisation with which the individuals are affiliated. The information and materials provided are for general information purposes and may not be relied upon as a substitute for professional or legal advice.

<sup>2</sup> Le Va. (2015). *Moana Ola Pasifika Public Health Network launched*. Retrieved from <http://www.leva.co.nz/> Moana Ola was established in 2014 in response to a need to strengthen Pacific leadership, one of four priorities in *Taeao o Tautai: The Pacific Public Health Workforce Development Plan 2012-2017*.

<sup>3</sup> Ciguatera is a foodborne illness caused by eating fish that is contaminated by the ciguatera toxin.

<sup>4</sup> See, Bennett, H., Jones, R., Keating, G., Woodward, A., Hales, S., Metcalfe, S. (2014). “Health and equity impacts of climate change in Aotearoa-New Zealand, and health gains from climate action [Special Article],” *The New Zealand Medical Journal*, 127(1406).

- 9 The health disparities of Pacific peoples, New Zealand Māori, and vulnerable populations in New Zealand are inherently systematic, avoidable, unfair, and unjust.<sup>8</sup>
- 10 Climate policy adds a new layer with public health policy development. This requires health equity in the development of common policies to reduce the scale and impact of climate change and health inequities.<sup>9</sup>
- 11 Moana Ola calls upon the New Zealand Government to prioritise the health of Pacific peoples, New Zealand Māori, and all vulnerable groups within our society in identifying its national commitments under the future United Nations Framework Convention on Climate Change (UNFCCC) universal agreement.<sup>10</sup>

**There are many co-benefits to health, equity and the economy from action to reduce emissions**

- 12 Moana Ola believes that policies with potential co-benefits for Pacific peoples, New Zealand Māori, and other vulnerable groups for example regarding obesity and climate change, fit within three broad categories: replacing car use with low-emission, active modes of transport;

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<sup>5</sup> In this submission, Pacific peoples are defined as those indigenous peoples who hail from the 22 Pacific Island countries and territories that are member states of the Secretariat of the Pacific Community. In New Zealand, the six largest Pacific populations include Cook Island Māori, Niuean, Tokelauan, Samoan, Tongan, and Fijian. Under New Zealand's Citizenship Act of 1977, residents from the Cook Islands and Niue, now self-governing countries in free association with New Zealand, are considered to be New Zealand citizens with open migration access to New Zealand and access to its social services. The Citizenship Act 1977 imposes the same requirements for the inhabitants of Tokelau, a New Zealand territory and ipso facto New Zealand citizens.

<sup>6</sup> The vulnerable groups include indigenous peoples; minority groups; poor people; children and young people; elderly people; those already in poor health, living with disabilities, living alone, displaced from their homes and homelands, or whose enjoyment of their rights is limited in other ways, and populations dependent on one or few resources. Many Pacific peoples belong to more than one of these groups.

<sup>7</sup> See, Bennett, H., Jones, R., Keating, G., Woodward, A., Hales, S., Metcalfe, S. (2014). "Health and equity impacts of climate change in Aotearoa-New Zealand, and health gains from climate action [Special Article]," *The New Zealand Medical Journal*, 127(1406). See also, Hosking, J., Jones, R., Percival, T., Turner, N., & Ameratunga, S. (2011). "Climate Change: The implications for child health in Australasia," *Journal of Paediatrics and Child Health*, 47(8), 493-496.

<sup>8</sup> See, Braveman, P. & Gruskin, S. (2003). "Theory and Methods: Defining Equity in Health," *Journal of Epidemiology & Community Health*, 57: 254-258.

<sup>9</sup> See, New Zealand Medical Association. (2011). *Health Equity Position Statement*. Retrieved from <http://www.nzma.org.nz/>

<sup>10</sup> See, Climate & Development Knowledge Network. (2014). *The IPCC's Fifth Assessment Report: What's in it for Small Island Developing States?* New York: Overseas Development Institute and Climate and Development Knowledge Network. Pacific peoples in New Zealand have very close links to their family in the Pacific region through their migration experiences as dispersed populations, cultural practices, language, heritage, beliefs, and remittance flows across the region. The Pacific islands are especially vulnerable to the impacts of climate change. Thus the effects of climate change on the Pacific islands will have substantial direct and indirect effects on the Pacific people living in New Zealand.

improving diets and reduce emissions from the food system; and economic policies to reduce the over-consumption of food and fossil fuel energy.<sup>11</sup>

- 13 The New Zealand College of Public Health Medicine (NZCPHM) observes that the health co-benefits of reducing emissions could reduce the leading causes of death and illness in New Zealand, such as cardiovascular disease, cancers and diabetes, with large cost savings to the health sector.<sup>12</sup> These direct benefits, along with indirect benefits from increased productivity of a healthier population would help offset the early costs of addressing climate change.
- 14 The planning process for rapid and effective action on climate change represents an important opportunity to improve health and equity co-benefits from well-designed climate policies. Moana Ola notes that Health Impact Assessments (HIAs) should play a crucial role in the resolution of these issues.<sup>13</sup>

### **Summary of Submission**

- 15 Moana Ola hereby communicates its support of the discussion document's objectives to facilitate clarity, transparency and understanding of New Zealand's post-2020 climate change contribution under the UNFCCC. We refer to the information contained in the discussion document and in the government's recent Sixth National Communication to the UNFCCC.
- 16 New Zealand's post-2020 target for greenhouse gas emissions must support the international objective of limiting global temperature rise to 2°C of pre-industrial levels.
- 17 An emissions reduction target of at least 40% based on 1990 levels by 2030 represents a fair contribution from New Zealand. The proposed target would facilitate New Zealand's transition to a low carbon economy. This is a transition that will place positive externalities on New Zealand's long-term living standards because climate action is in New Zealand's best interests.
- 18 The long-term phase out goal by 50% from 1990 by the year 2050 does not provide a high probability of reaching the 2°C goal with the majority of emissions coming from agriculture. Therefore it is imperative to accelerate investments in energy efficiency, renewable energy generation, land management and forestry. The commitment to phase out greenhouse gas emissions should complement New Zealand's existing goals and not replace them.
- 19 We urge the government to reduce climate risks in ways that improve health and equity particularly for Pacific peoples, New Zealand Māori and vulnerable groups.

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<sup>11</sup> Lowe, M. (2014). "Obesity and climate change mitigation in Australia: overview and analysis of policies with co-benefits," *Australian and New Zealand Journal of Public Health*, 38(1), 19-24.

<sup>12</sup> See, NZCPHM. (2013). *Climate Change: New Zealand College of Public Health Medicine Policy Statement*. Wellington: NZCPHM, at pp 15-16. See also, Bennett, H., Jones, R., Keating, G., Woodward, A., Hales, S., Metcalfe, S. (2014). "Health and equity impacts of climate change in Aotearoa-New Zealand, and health gains from climate action [Special Article]," *The New Zealand Medical Journal*, 127(1406).

<sup>13</sup> The Health Analysis and Information for Action resource system is a centralised database which provides central, regional and local authorities with information to help them formulate and plan the implementation of responses and adaptive strategies for increasing human health resilience to the infectious disease consequences of climate variation and change.

- 20 In line with the Melanesian Spearhead Group Secretariat (MSG) Leaders Declaration on Environment and Climate Change,<sup>14</sup> the Majuro Declaration for Climate Leadership<sup>15</sup> and the Lifou Declaration,<sup>16</sup> all levels of governance, NGOs, institutions, civil society, including the private sector have a role in reducing greenhouse gas emissions.
- 21 An intersectoral collaborative approach will help by setting individual achievable targets across all sectors of society, starting with individuals, their communities, civil society, government ministries and agencies. Collectively, these changes to reduce the negative impact on climate change can effectively contribute to larger positive gains working towards meeting the ambitious national target to reduce the effects of climate change to society.
- 22 Fossil fuel divestments and demanding the government to plan for climate-sensitive diseases as well as climate induced human displacement will present challenging issues.

### **Summary of Recommendations Regarding New Zealand Targets**

- 23 Moana Ola recommends that the New Zealand government sets two differentiated targets – an international target and a domestic target.

#### ***International target***

- 24 To protect New Zealand’s national interests, it is imperative that the government submits an INDC to the UNFCCC that commits to a fair and ambitious target of at least **40%** based on **1990** levels by **2030**;<sup>17</sup>

#### ***Domestic target***

- 25 To take responsibility for meeting its post-2020 contribution, the New Zealand government should establish concrete steps in working towards the 40% emissions reduction target in a way that does not harm Pacific peoples, New Zealand Māori, and the vulnerable groups in New Zealand, and undertakes its climate actions in ways which increase equity.<sup>18</sup>

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<sup>14</sup> MSG Declaration on Environment and Climate Change (signed by members of the MSG on 30 March 2012).

<sup>15</sup> Majuro Declaration for Climate Leadership 2013 (adopted by the Pacific Islands Forum Leaders on 5 September 2013).

<sup>16</sup> Lifou Declaration 2015 (signed by Pacific leaders at the 3<sup>rd</sup> Oceania Summit 21 on 30 April 2015).

<sup>17</sup> See, Ministry for the Environment (2014). [\*New Zealand’s Sixth National Communication under the United Nations Framework Convention on Climate Change and the Kyoto Protocol\*](#). Wellington: Ministry for the Environment at p 11.

<sup>18</sup> For example, setting equitable health strategies with supplementary support measures to mitigate increasing annual costs for Pacific, Maori and vulnerable communities. Although this is not simple, given the many factors which can contribute to “vulnerability.” This may mean that targeted legislation and policy, outside or in addition to general health equity measures with regard to areas which are identified as being associated health risks.

- 26 It is recommended that the government reaffirms its commitment towards a low carbon economy through robust policy action.
- 27 In practical terms, this requires:
- (i) an ambitious post-2020 target to be supported by investments in rigorous emission reduction standards and technology transfer;
  - (ii) health equity in the assessment of costs and benefits;
  - (iii) complementing existing national sustainable development priorities with additional energy measures across all sectors;
  - (iv) adopting a binding goal of carbon neutrality by 2050;
  - (v) placing an immediate moratorium on new fossil fuel exploration, and setting targets to gradually phase out existing fossil fuel extraction in the next decade; and
  - (vi) establishing a mechanism for an independent forum to address climate change matters on an ongoing basis.

#### **Specific Comments on the Discussion Document**

- 28 The government document, “New Zealand’s climate change target: Our contribution to the new international climate change agreement” has been circulated for comment. It reports that under the post-2020 climate change agreement, parties have the flexibility in defining their intended nationally determined contributions (INDCs). New Zealand’s contributions are likely to include targets similar to those in the previous commitment periods where parties take ‘responsibility’ for emissions covered under a specific target and an associated carbon budget. The INDCs are not only qualified by ‘mitigation’ targets and could take the form of finance, adaptation, capacity building, or technology transfer contributions.
- 29 Moana Ola hereby communicates its support of the discussion document’s objectives to facilitate clarity, transparency and understanding of New Zealand’s post-2020 climate change contribution under the UNFCCC. We refer to the information contained in the discussion document and in the government’s recent Sixth National Communication to the UNFCCC.
- 30 **It is proposed that New Zealand should draw on the following to deliver its INDC target:**
- (i) Fair and ambitious targets of **at least 40% by 2030** in our gross **domestic greenhouse gas emissions** compared with 1990;
  - (ii) Investments in rigorous emission reduction standards and technology transfer;
  - (iii) Health equity in the assessment of costs and benefits;
  - (iv) Complementing existing national sustainable development priorities with additional energy measures across all sectors;
  - (v) Adopt a binding goal of carbon neutrality by 2050;
  - (vi) Targets to gradually phase out existing extraction in the next decade;

(vii) Mechanisms for an independent forum to address climate change matters on an ongoing basis.

- 31 We urge the New Zealand government to commit to an economy-wide target (100% of New Zealand's greenhouse gas inventory) to reduce its greenhouse gas emissions by at least 40% by 2030 compared to 1990 levels. Carbon credits from international mechanisms should be used.<sup>19</sup> This INDC is consistent with New Zealand's desired emissions trajectory to reduce 50% of emissions by the year 2050.<sup>20</sup>
- 32 In presenting its INDC, we call upon the government to reaffirm its commitment to address climate change, to the multilateral rules-based climate regime that requires the participation of all States, and to sustainable development as well as its solidarity with vulnerable countries.<sup>21</sup>
- 33 Regarding mitigation, Moana Ola proposes that New Zealand's INDC gives priority to cost-effective mitigation actions with social benefits such as the improvement of public health.<sup>22</sup>
- 34 A multi-lateral assessment process<sup>23</sup> is important to reduce greenhouse gas emissions and offers opportunities to improve health, equity, and reduce chronic disease burdens with resultant cost savings for the health sector and society.

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<sup>19</sup> See, European Commission. (2013). *The 2015 International Climate Change Agreement: Shaping International Climate policy beyond 2020*. Retrieved from <http://www.ec.europa.eu/> See also, Dhar, D., Macmillan, A., Lindsay, G., Woodward, A. (2009). "Carbon pricing in New Zealand: implications for public health," *New Zealand Medical Journal*, 122(1290): 105-15 for carbon reduction strategies and evidence for policy implementation to maximise progressiveness.

<sup>20</sup> See, Ministry for the Environment (2014). [\*New Zealand's Sixth National Communication under the United Nations Framework Convention on Climate Change and the Kyoto Protocol\*](#). Wellington: Ministry for the Environment.

<sup>21</sup> Article 4.4 of the UNFCCC provides that developed countries "shall also assist the developing country parties that are particularly vulnerable to the adverse effects of climate change in meeting costs of adaptation to those adverse effects." The IPCC AR5 findings show that the impacts of climate change will affect the coastal settlements, livelihoods, ecosystems, economic stability and infrastructure of Small Island Developing States (SIDS) with sea level rise posing the most immediate threat to low-lying atolls such as Kiribati and Tuvalu. Further, the IPCC AR5 report that the vulnerable groups – elderly, the poor, rural children, indigenous communities – are at risk of being marginalised if adaptation is not informed by equitable frameworks. See also, Climate & Development Knowledge Network. (2014). *The IPCC's Fifth Assessment Report: What's in it for Small Island Developing States?* New York: Overseas Development Institute and Climate and Development Knowledge Network. See generally, Lindsay, A. G., Percival, T., & Woodward, A. (2011). From typhoid to tsunamis: Samoan children in a changing world. In E. Bell, B. M. Seidel, J. Merrick (Eds.) *Climate change and rural child health* (pp. 189-203). New York: Nova Science Publishers, Inc.

<sup>22</sup> One option here is to grant credit for transformative mitigation measures such as the shift from private to public and active transportation. This focused approach would lower the risk of funding measures that do not contribute to long term mitigation, adaptation or sustainable development. See also, New Zealand Medical Association. (2011). *Health Equity Position Statement*. Retrieved from <http://www.nzma.org.nz/>

<sup>23</sup> See, UNFCCC. (19 September 2013). *Submission by Swaziland on behalf of the African Group*. Retrieved from [http://unfccc.int/files/documentation/submissions\\_from\\_parties/adp/application/pdf/adp\\_african\\_group\\_workstream\\_2\\_20130919.pdf](http://unfccc.int/files/documentation/submissions_from_parties/adp/application/pdf/adp_african_group_workstream_2_20130919.pdf). This is a principle-based reference framework which proposes

- 35 The government's discussion document frames climate action in terms of its inherent interest in promoting energy efficiency targets and other technologies that are more ambitious than the emissions targets they are combined with.
- 36 Commitments for the advancement of technologies face the highest degree of uncertainty with respect to what their outcome in terms of greenhouse gas emission reductions will be; given it is difficult to forecast domestically how successful the technology development efforts will actually be. Framing climate action this way, ignores the greater costs of climate inaction and the real gains to our health and economy if taking action now.
- 37 Improving housing insulation, encouraging active transport, and increasing access to public transport are examples of actions which reduce carbon emissions and also improve the health, equity and educational and economic opportunities of Pacific peoples, New Zealand Māori, and vulnerable populations.
- 38 An emissions path based on economic analysis will look at the costs to carry the process of emissions reduction and the costs to defer to future generations. We urge the government to choose an emissions path based on the precautionary principle of bearing high costs early to avoid the uncertainties of climate change.
- 39 Although Moana Ola understands that the government is fully committed to the UNFCCC negotiation process in working towards adopting a protocol, another legal instrument or an agreed outcome with legal force under the Convention, New Zealand needs a firm long-term pathway that provides the key sectors with time to plan and transition towards a low carbon energy system.

**Moana Ola urges the government to prioritise the proposed objectives for the INDC as follows:**

**A. Towards carbon neutrality by 2050**

- 40 Moana Ola encourages a healthy post-2020 climate change target in line with keeping global warming below 2°C that is ambitious and achievable.
- 41 We advise that New Zealand contribution to the universal climate change agreement an economy-wide target to reduce greenhouse gas emissions by at least 40% by 2030 compared to 1990 levels.
- 42 This commitment will require robust policies and coordinated action across the integrated sectors as determined by decisions of the UNFCCC Conference of the Parties on reporting agriculture; waste; land use, land use change and forestry; energy; industrial processes and products use.
- 43 The government should develop inclusive monitoring, reporting and verification protocols that accommodate the different sectors while ensuring that information outputs deliver both real and verified greenhouse gas emissions reductions.

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to use a set of objective criteria in relation to historical responsibility, current capability and development needs to determine the required international effort as well as fair shares of Parties. Such a framework was fleshed out further in Ngwadla, X. (2013). *Equitable Access to Sustainable Development: Relevance to Negotiations and Actions on Climate Change*. Retrieved from [http://www.mapsprogramme.org/wp-content/uploads/EASD-Relevance-to-negotiations\\_Paper.pdf](http://www.mapsprogramme.org/wp-content/uploads/EASD-Relevance-to-negotiations_Paper.pdf).

- 44 We urge the government to undertake ambitious commitments by adopting a binding goal of becoming a carbon-neutral economy by 2050. This means that in working towards the proposed 2030 commitment, New Zealand’s domestic greenhouse gas emissions will be reduced. The INDC indicator should be achieved through prioritising sustainable health and fair policies which promote further renewable energy generation, and transform key sectors to build a resilient, healthy and decarbonised economy by 2050.
- 45 Moana Ola proposes that our national commitments towards the low carbon transition should include actions that align with the Subsidiary Body on Scientific and Technological Advice (SBSTA) recommendations:<sup>24</sup>
- New buildings are carbon neutral buildings as of 2025;
  - Transport is decarbonised or electrified by 2040;
  - Zero net deforestation by 2025;
  - Hydrofluorocarbon phase out by 2030; and
  - Low carbon electricity generation reduced to zero net greenhouse gas emissions by 2040.

## B. Fairness and ambition

- 46 **The government should incorporate fairness and ambition within the context of its national priorities.** We urge the government to consider its INDCs with a high level of ambition underlying its emission reductions by 2030. New Zealand’s approach to considering fairness and ambition should also examine how its INDCs contribute to meeting the ultimate objective described in art. 2 of the UNFCCC of achieving stabilisation of greenhouse gas concentrations in the atmosphere at a level that would prevent dangerous anthropogenic interference with the climate system.<sup>25</sup>
- 47 **What is considered a fair and ambitious contribution as an appropriate international response to climate change is not fixed and will change over time.** The mitigation potential for New Zealand’s contributions will evolve with new technological alternatives. In turn, this will change what is considered a fair and ambitious contribution that meets our common but differentiated responsibilities for climate change.<sup>26</sup> The INDCs will need to continue to raise

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<sup>24</sup> See, UN. (2014). *Subsidiary Body on Scientific and Technological Advice (SBSTA)*. Retrieved from <http://www.unfccc.int/> As per the latest SBSTA 41 recommendations, further work to explore the feasibility of these ambitious goals including carbon neutral growth and emissions reductions in light of the developments in COP21 are ongoing. It is important, however, that there is a sector-wide target for sustained improvements in the long term.

<sup>25</sup> See, UNFCCC. (May 9, 1992). *Art. 2, 1771 U.N.T.S. 107, 31 ILM 849, 851* (entered into force March 1994) Retrieved from [http://UNFCCC.int/files/essential\\_background/background\\_publications\\_htmlpdf/application/pdf/conveg/pdf](http://UNFCCC.int/files/essential_background/background_publications_htmlpdf/application/pdf/conveg/pdf).

<sup>26</sup> See, Rajamani, L. (2006). *Differential Treatment in International Environmental Law*. Oxford, UK: Oxford University Press. See also, Posner, E. & Weisbach, D. (2010). *Climate Change Justice* (pp. 10-40). Princeton, NJ: Princeton University Press, Princeton. See, generally, Vanderheiden, S. (2008). *Atmospheric Justice: A Political Theory of Climate Change*. New York: Oxford University Press. See also, Weijers, D., Eng, D. & Das, R. (2010). *Sharing the Responsibility of Dealing with Climate Change: Interpreting the Principle of Common but Differentiated Responsibilities*. In J. Boston, A. Bradstock

ambition over the long term as the scientific understanding of climate change and socio-economic realities are constantly evolving. In keeping with the need for the 2015 universal agreement to be flexible and durable, health equity, fairness and strong links to evolving science will need to be regularly assessed.

- 48 **Climate change poses fundamental ethical concerns in several ways.** The principles of climate justice include equitable sharing of the benefits and burdens associated with climate change. Developed countries, including New Zealand, have benefited – and continue to benefit – far more from climate change than many developing countries, and yet developing countries are experiencing a far greater impact on health.<sup>27</sup> As Jim Yong Kim, the President of the World Bank, says, “the poor will be hit first and hardest. . . . (T)he people who are least responsible for raising the Earth’s temperature may suffer the gravest consequences from global warming. people who are least responsible That is fundamentally unfair.”<sup>28</sup> The disproportionate negative impact of climate change on Pacific peoples in New Zealand<sup>29</sup> and in the Pacific islands<sup>30</sup> is very unfair.
- 49 **New Zealand has made binding commitments to respecting and protecting human rights.** The United Nations special experts on human rights have pointed out that New Zealand is obliged to fully respect human rights in all of its actions about climate change. These obligations includes facilitating informed public participation in the development of climate policy, especially by those most affected by climate change (who include Pacific peoples), and taking particular care “to anticipate, prevent and remedy negative effects on vulnerable groups, which may include indigenous peoples, minorities, persons living in poverty, migrants and displaced persons, older persons, persons with disabilities, and children, as well as to empower and protect the rights of women.” Climate change is a global threat to human rights. New Zealand’s human rights responsibilities around climate change do not stop at its borders.<sup>31</sup> Responding to climate change brings opportunities for New Zealand to strengthen human rights for Pacific peoples in

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& D. Eng (Eds.), *Public Policy: Why Ethics Matters* (p. 142). Australia: Australia National University Press.

<sup>27</sup> See, Patz, J. A., Gibbs, H. K., Foley, J. A., Rogers, J. V., Smith, K. R. (2007). "Climate Change and Global Health: Quantifying a Growing Ethical Crisis," *EcoHealth Journal*, 4(4), 397-405. See also, Mary Robinson Foundation-Climate Justice. (2013). *Principles of Climate Justice*. Retrieved from <http://www.mrfcj.org/pdf/Principles-of-Climate-Justice.pdf>. See also,

Posner, E. & Weisbach, D. (2010). *Climate Change Justice*. Princeton, NJ: Princeton University Press, Princeton, 10-40.

<sup>28</sup> Yong Kim, J. (10 July 2013). *Jim Yong Kim, Ending Poverty Includes Tackling Climate Change*. Retrieved from: <http://www.worldbank.org/en/news/opinion/2013/07/10/op-ed-ending-poverty-includes-tackling-climate-change>.

<sup>29</sup> See, Bennett, H., Jones, R., Keating, G., Woodward, A., Hales, S., Metcalfe, S. (2014). “Health and equity impacts of climate change in Aotearoa-New Zealand, and health gains from climate action [Special Article],” *The New Zealand Medical Journal*, 127(1406): 16-31.

<sup>30</sup> See, Nurse, L., McLean, R., Agard, J., Briguglio, L., Duvat, V., et al. In: Stocker TF, Qin D, Plattner G-K, Tignor M, S.K. A, et al. (Eds). *Climate Change 2014: Impacts, Adaptation and Vulnerability Contribution of Working Group II to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change*. Cambridge and New York: Cambridge University Press.

<sup>31</sup> See, United Nations Human Rights Council Special Procedures Mandate-Holders. (2014). *A New Climate Change Agreement Must Include Human Rights Protection for All: An open letter to the State Parties to the UN Framework Convention on Climate Change. 17 October 2014*. Geneva: Office of the High Commissioner for Human Rights.

New Zealand and the Pacific and protect the environment that enables the enjoyment of all human rights.

- 50 **The consensual nature of both New Zealand’s national priorities and the international relations of climate change involve ongoing negotiations.** It is clear that issues of climate justice and responsibility are important for New Zealand and that the INDCs are not limited by national boundaries or to any extent, by time. From this recognition, there are operational responsibilities that should take into account different national circumstances and that the implementation of this agenda should consider the different national realities, capacities and levels of development and respect national policies and priorities.
- 51 Quantified targets for mitigation commitments under the 2015 Agreement will be informational rather than normative in nature. We propose that New Zealand’s contributions to reduce greenhouse gas emissions by at least 40% by 2030 relative to 1990 levels ought to put the government on a low carbon transition pathway that corresponds with the recommendations of the IPCC AR5 to cut global emissions by 40% to 70% by 2050 below 2010 levels.<sup>32</sup> This economy-wide target is consistent with New Zealand’s longer term vision of a 50% reduction in net greenhouse gas emissions from 1990 levels by 2050.

**C. Costs and benefits need to be distributed fairly within New Zealand and between countries**

- 52 Moana Ola believes that the phenomenon of climate change poses a formidable challenge to the world. We also recognise that the major impacts of climate change will be on developing nations, especially the least developed countries that remain a special case for sustainable development in light of their particular vulnerabilities to the adverse impacts of climate change including extreme weather events, coastal erosion, ocean acidification, sea level rise, that further threaten their food security and efforts to alleviate poverty and achieve sustainable development. The only uncertainty is the political will of the international community to take effective measures to combat it.
- 53 Moana Ola calls on the government to reduce GHG emissions per GDP unit. At the same time, limit GHG emissions to 40% of 1990 levels by the year 2030 so that there are no obstacles for health equity, and furthermore corresponds to the objectives of the land-use and forest management policies, increasing the level of energy efficiency, and further increases the share of renewables in New Zealand’s energy mix.
- 54 The government has varying motives for addressing the cost and benefit issue, including the promotion of economic development, reducing unpredictable energy prices, as well as the economic motivation to encourage new technology and business. Whatever the motivation, the costs of climate inaction far exceeds the costs of taking action and we need to account for this in all climate calculations.
- 55 An effective national action plan to reduce greenhouse gas emissions will bring about substantial health co-benefits and will help New Zealand address its burden of chronic

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<sup>32</sup> See, IPCC. (2013). Summary for Policymakers. In T. F. Stocker, D. Qin, G. K. Plattner, M. Tignor, S. K. Allen, J. Boschung, A. Nauels, Y. Xia, V. Bex and P.M Midgley (Eds.), *Climate Change 2013: The Physical Science Basis. Contribution of Working Group I to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change*. Cambridge, UK; New York, US: Cambridge University Press.

disease.<sup>33</sup> The way forward is to reduce climate risks using initiatives which improve health and equity in the short and medium term. The cost of climate inaction will result in differential impacts for different population groups depending on socioeconomic circumstances, age, geographic location, health status and ethnicity.

- 56 The health equity impacts for Pacific are also relevant to Māori peoples in New Zealand and low income New Zealanders who are the most vulnerable and most likely to disproportionately bear the cost burden of the negative health impacts of climate change.<sup>34</sup>
- 57 Moana Ola advises that the greater immediate health benefits would be from increased active travel than from the reduction from low carbon emissions; however, the combination of the two approaches gives the largest effects.
- 58 It is argued that a full spectrum of complementary climate and health policy measures across different sectors should be utilised to improve the serious health risks associated with non-communicable diseases, notably cardiovascular diseases, diabetes, hypertension and obesity.
- 59 National health concerns such as obesity<sup>35</sup> places a considerable strain on the health system. It was estimated that the health care costs attributed to overweight and obese persons represented 4.5% of New Zealand's total health care budget.<sup>36</sup>
- 60 Greater investments are required to reduce greenhouse gas emissions and improve health through sustainable healthy housing modifications (clean, efficient heating, insulation), with resultant cost savings for the national health system, health and health equity gains which can be diverted to other health costs requirements such as non-communicable diseases, motor vehicle injuries and mental illness.

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<sup>33</sup> See, NZCPHM. (2013). *Climate Change: New Zealand College of Public Health Medicine Policy Statement*. Wellington: NZCPHM.

<sup>34</sup> New Zealand Medical Association. (2011). *Health Equity Position Statement*. Retrieved from <http://www.nzma.org.nz/> See also, Jones, R., Bennett, H., Keating, G., & Blaiklock, A. (2014). "Climate Change and the Right to Health for Māori in Aotearoa/New Zealand," *Health and Human Rights Journal*, 1(16). See generally, McMichael, A.J., Woodruff, R.E, Hales, S. (2006). "Climate Change and Human Health: Present and Future Risks," *The Lancet*, 367(9513): 859-869. See also, WHO. (2009). *Health impact of climate change needs*. Retrieved from <http://www.who.int/>

<sup>35</sup> The World Health Organisation (WHO) defines an obese person with a body mass index (BMI) that is greater than or equal to 30. In New Zealand, it is common to define obese Pasifika and Maori people as those with a BMI that is more than or equal to 32. In the Ministry of Health, New Zealand Health Survey: Annual update of key findings 2012/13, the prevalence of obesity was highest among Pacific adults (68%) and Maori adults (48.3%).

<sup>36</sup> See, Lal, A., Moodie, M., Ashton, T. et al. (2012). "Health care and lost productivity costs of overweight in New Zealand," *Australian and New Zealand Journal of Public Health*, 36(6), 550-556. See also, Swinburn, B., Ashton, T., Gillespie, J., Cox, B., Menon, A., Simmons, D., and Birkbeck, J. (2014). "Health care costs of obesity in New Zealand," *International Journal of Obesity*, 21(10): 891-896.

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