CLIMATE HEALTH What will happen after the Inquiry in Western Australia finishes?



Dr Tarun Weeramanthri Chair, Climate Health WA Inquiry

he Climate Health WA Inquiry is nearing completion, with the final report to be delivered to the Minister for Health by the end of March 2020. The government will table the report in Parliament, release it

publicly and respond to it formally in the months following. The Inquiry was established under the *Public Health Act 2016* and is, to our knowledge, the first statutory inquiry anywhere in the world on this topic. Its focus is on the environmental changes and health risks caused by climate change in Western Australia, and what our health sector response should be.

The report will cover the 'why' and the 'how' of climate action in the health space, as well as how to embed change at a systems level and not lose focus over time. Action, leadership, communication, data and governance recommendations will be inter-linked.

It has been a year-long process and we have been delighted with the depth and breadth of engagement, having received 157 written submissions, conducted 34 in-depth public hearings, and held public consultation and targeted forums right across the State. (All materials are online if you simply type 'Climate Health WA' into your favourite web-browser.)

We have heard from the experts and 'green champions', professionals and the community, from health and non-health backgrounds, about their strategy, policies and operational responses. We have gathered their success stories and practical ideas for change, learnt about barriers, and been informed about a range of new initiatives and networks.

Through the Inquiry, many parts of the health system (public, private, not-for profit, consumer, hospital, primary care,

If we each don't do our bit, particularly to reduce emissions and waste, others will have to do more. Top-down, bottom-up and peer-to-peer strategies need to happen simultaneously

Aboriginal community-controlled sector etc.) have made commitments to partner with government on this issue over the next few years and the critical new decade.

The challenge for the Inquiry team is to do justice to the submissions in the final report, in a societal context that is changing rapidly, especially after this last summer of unprecedented bushfires in Australia, which are re-setting community expectations.

But after the Inquiry ends, what happens next in WA?

Quite simply, change will be everyone's responsibility. If we each don't do our bit, particularly to reduce emissions and waste, others will have to do more. Top-down, bottom-up and peer-to-peer strategies need to happen simultaneously. Multiple local actions in a system that encourages and supports learning and innovation will be critical.

The government, through the Sustainable Health Review blueprint, has already committed to transparent reporting of the WA health system's environmental footprint and to looking further at system-wide coordination based on the UK Sustainable Development Unit (SDU) experience. Further expectations of government will be set through the proposed State Climate Policy, due for release in 2020. The health sector will need to respond like all other sectors in WA.

All of us will need to consider what 'hats' we wear (as Continued on page 24

CLIMATE HEALTH What will happen after the Inquiry in Western Australia finishes?

Dr Tarun Weeramanthri

citizens and/or influential clinicians), what positions our organisations hold on climate change and health, and how we can contribute in coming months and years in partnership with others.

It will be especially important to listen to and support the proposed actions of younger people, as no group has a bigger stake in the future. In the medical profession, that means medical students, doctors in training, and younger fellows.

Lastly, there will be an opportunity to better link national professional bodies with practical, state-based actions. Many professional colleges have updated their position statements or policies recently, and/or declared a 'climate emergency'.

For me, such statements are important, not just for what they call for, or ask others to do, but equally as indicators of what those organisations will do themselves. Any health advocacy for 'upstream' action will be more effective if the health sector is itself acting to reduce emissions under its control and is planning effectively for climate risk and adaptation.

An early opportunity will arise with the visit to Perth of Dr David Pencheon from April 28 - May 3 this year to speak at various forums. Dr Pencheon is the founding director of the UK SDU (2007-2017) and now an academic at the University of Exeter. It would be great to see the WA presidents or leaders of national professional colleges, training organisations and academic institutions, use his visit to plan how they could best work together at a state level in 2020.

This would help maintain WA's leadership position, and sustain momentum generated by the Inquiry, in anticipation of a positive government response. ■

Dr Tarun Weeramanthri is an independent public health consultant and was formally Chief Health Officer in WA (2008-2018). He has been appointed by Dr Andrew Robertson, the current WA Chief Health Officer, to conduct the Climate Health WA Inquiry.