



RACP
Specialists. Together

A HEALTHY FUTURE BEYOND FOSSIL FUELS

POSITION STATEMENT

APRIL 2026



About the Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 33,000 Fellows and trainees across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine.

Beyond the drive for medical excellence, the RACP is committed to developing health policies which bring vital improvements to the wellbeing of patients and the community.

The RACP's *A Healthy Future Beyond Fossil Fuels Position Statement* builds on the [RACP's existing position statements and policy and advocacy work](#), particularly our position statements on *Climate Change and Health* and *The Health Benefits of Mitigating Climate Change*, as well as our work in related areas such as First Nations health and equity, prevention, Health in All Policies, and reducing low-value care.

The RACP Constitution enshrines an Indigenous object to demonstrate a commitment to Indigenous aspirations and outcomes by: (a) respecting and promoting the principles as enshrined in the Uluru Statement from the Heart, Te Tiriti o Waitangi, and the United Nations Declaration on the Rights of Indigenous Peoples; (b) advancing justice and equity in health care for Aboriginal and Torres Strait Islander and Māori communities; and (c) acknowledging the world views, protocols and cultures of the Aboriginal and Torres Strait Islander peoples and Māori.



The RACP acknowledges and pays respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work in Australia. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.



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Executive Summary

This position statement outlines the health impacts of fossil fuels; considers the challenges of ensuring a just transition away from fossil fuels that prioritises Indigenous justice, health equity, and planetary health; and puts forward policy recommendations to Australian and Aotearoa New Zealand governments at every level.

There is overwhelming evidence that fossil fuels harm health, damage the environment, deepen health inequities, and undermine sovereignty of Indigenous peoples and lands. For example, researchers estimate that fossil fuel driven air pollution causes over five million excess deaths globally each year.¹ Fossil fuels cause climate change and related extreme weather, and both fossil fuel pollution and climate change threaten water and food security. In response to the harms and risks of fossil fuels, the world is transitioning to renewable energy. The transition is a crucial opportunity to integrate human health and the health of the natural systems on which we depend – often described as a planetary health approach.² Such an approach can help ensure that health and environmental harms are not embedded into the systems that replace fossil fuels.³

To move towards a healthy future beyond fossil fuels we are calling upon Australian and Aotearoa New Zealand governments to:

-  **1 Phase out fossil fuels**
-  **2 Invest in renewable energy**
-  **3 Centre Indigenous sovereignty and partnerships**
-  **4 Reduce energy use and increase energy efficiency**
-  **5 Support healthcare system action, including electrification and preventive health**
-  **6 Monitor and evaluate the impact of transition policies on health and Indigenous equity**



Some of the complexities arising from these recommendations are:

- Phasing out fossil fuels rapidly without compromising Indigenous justice, health equity, and planetary health, noting that near-term action can bring health benefits and cost savings.⁴
- Ensuring that renewables projects are co-designed with both Indigenous and local communities and health and environmental experts.
- Ensuring energy security as we move away from coal, gas, and oil, including accessibility, affordability, equity, and reliability.
- Supporting worker health, safety, and livelihoods for those still working in the fossil fuels industry, those leaving the fossil fuels industry, and those moving into renewables.
- Partnering with communities to meet place-based needs, while ensuring coordination and funding from governments and sharing of best practice across communities.⁵

The health sector has previously demonstrated how collective action can achieve wins for community health, for example through tobacco and gun control. In Australia, health sector advocacy led to the development of the *National Health and Climate Strategy*, with health professionals continuing to work closely with the Australian Government on implementation.⁶ The RACP has played a leading role in advocating for climate health action. The transition away from fossil fuels is another opportunity for doctors, health professionals, and the broader sector to unify to protect health now and into the future.

This position statement is a useful resource for RACP members, other doctors and health professionals, and organisations working across health, Indigenous justice, climate, and the environment. It is also intended to support communities, patients, advocates, and anyone seeking to better understand the health impacts of fossil fuels and policies that can help ensure a just, healthy transition.

While products derived from fossil fuels (for example, plastics, gels, and fertilisers) are pervasive and may be associated with health harms directly and through associated pollution, this position statement focuses on the health effects of fossil fuel extraction and combustion mediated through direct environmental damage and pollution and through climate change.

Recommendations

To protect community and environmental health now and in the future, the transition away from fossil fuels must prioritise health equity and Indigenous justice and avoid past approaches that have compromised the health of workers, Indigenous owners, local communities, and broader populations.



1. Phase out fossil fuels

The RACP calls upon Australian and Aotearoa New Zealand governments to rapidly phase out fossil fuels to protect health, with support to affected communities, by:


- 1.1. Preventing new fossil fuel extraction projects and expansions of existing projects
- 1.2. Rapidly reducing existing extraction and use of fossil fuels
- 1.3. Stopping fossil fuel subsidies and redirecting this expenditure to renewable energy
- 1.4. Requiring companies that extract fossil fuels and large emitters to pay for harm caused to health and the environment, including biodiversity and climate impacts, with strong enforcement mechanisms and payments flowing to affected communities



2. Invest in renewable energy

The RACP calls upon Australian and Aotearoa New Zealand governments to develop and invest in renewable energy projects and supporting infrastructure, systems, and processes to protect and promote health including:

- 2.1. Integrating health and Indigenous justice into energy planning and policy
- 2.2. Investing in renewable energy projects that are Indigenous led or co-designed
- 2.3. Requiring all renewable energy projects to prioritise health equity and undertake Health Impact Assessments
- 2.4. Ensuring renewable energy infrastructure and systems are climate resilient
- 2.5. Ensuring renewable energy and related infrastructure and projects prioritise biodiversity
- 2.6. Subsidising renewable energy projects and access to renewable energy for

- 
- communities, including solar panel installation
 - 2.7. Prioritising energy security, affordability, and justice
 - 2.8. Ensuring workers in fossil fuel phase-out impacted industries are provided with training and financial, career, and mental health support to transition into employment in other sectors, including the renewables sector
 - 2.9. Tackling disinformation that downplays the benefits of renewables, while ensuring community concerns about the energy transition are heard and addressed



3. Centre Indigenous sovereignty and partnerships

The RACP calls upon Australian governments to centre Aboriginal and Torres Strait Islander sovereignty, leadership, and knowledges in the transition away from fossil fuels, by:

- 3.1. Developing Indigenous-led and co-designed governance and engagement mechanisms
- 3.2. Embedding and resourcing relationship building and engagement with Elders, knowledge holders, leaders, and communities through the full policy cycle, including design, implementation, monitoring, and evaluation
- 3.3. Centring and elevating Aboriginal and Torres Strait Islander ways of knowing and doing across all climate adaptation and mitigation strategies whilst upholding Indigenous data and knowledge sovereignty
- 3.4. Supporting and funding Aboriginal and Torres Strait Islander led initiatives including access to renewable energy and healthy, energy efficient, and climate-safe housing that provides access to Country

The RACP calls upon the Aotearoa New Zealand Government to embed Te Tiriti o Waitangi as a foundational principle in the transition away from fossil fuels by:

- 3.5. Establishing enduring partnership mechanisms with iwi (kinship group/tribe) and Māori across climate, energy, environment, and health portfolios
- 3.6. Embedding Mātauranga Māori (Māori knowledge) and kaupapa Māori (Māori approach) approaches in climate adaptation and mitigation strategies
- 3.7. Supporting iwi (kinship group/tribe) and hapū (kinship group/sub-tribe)-led decarbonisation, energy, and resilience initiatives, including community energy, housing, transport, and food system transitions



4. Reduce energy use and increase energy efficiency

The RACP calls upon Australian and Aotearoa New Zealand governments to support the transition to renewables through reducing energy use and increasing energy efficiency measures that harness health benefits including:

- 4.1. Establishing mechanisms and structures to support implementation of Health in All Policies, whole-of-government, and place-based approaches
- 4.2. Investing in well-connected infrastructure that increases active transport use and safety, for example bicycle and pedestrian paths, prioritising underserved areas
- 4.3. Prioritising public and active transport into planning of new developments and upgrades of existing infrastructure
- 4.4. Supporting and incentivising community participation in energy efficient commutes
- 4.5. Facilitating construction of buildings, including housing, to meet high health and environmental standards through regulation and incentives
- 4.6. Supporting the retrofit of existing buildings, including housing, to increase energy efficiency and reduce reliance on gas through regulation and incentives
- 4.7. Ensuring the involvement of health and environmental experts as food systems transition away from fossil fuels



5. Support healthcare system action

The RACP emphasises the important role of the healthcare sector, including medical colleges, in transitioning beyond fossil fuels, and calls upon Australian and Aotearoa New Zealand governments to support healthcare systems to be leaders in a healthy transition to renewable energy by:

- 5.1. Investing in preventive health to reduce climate-related health impacts and flow-on healthcare service demand
- 5.2. Incentivising, and investing in programs that drive high value care
- 5.3. Supporting hospitals and health services to become all-electric, including new builds and retrofitting of existing structures
- 5.4. Exploring renewable energy generation and on-site storage capabilities for health services
- 5.5. Developing and implementing procurement processes that promote environmentally sustainable supply chains across public and private sectors



6. Monitor and evaluate progress on health and Indigenous equity

The RACP recommends ongoing monitoring and evaluation to track progress, impact and effectiveness of government initiatives including the prioritisation of health equity and Indigenous justice in the transition to renewables including:

- 6.1. Recognising Aboriginal, Torres Strait Islander and Māori sovereignty, knowledges and leadership, including culturally safe governance and decision-making arrangements in monitoring and evaluation processes
- 6.2. Resourcing Indigenous-led monitoring, evaluation, and data governance, ensuring that Aboriginal and Torres Strait Islander peoples and Māori have authority over how data is collected, interpreted, and used
- 6.3. Providing Aboriginal, Torres Strait Islander, Māori, and local communities with access to data to support development of indicators that measure climate-health impacts, equity outcomes, and system resilience
- 6.4. Monitoring and evaluation of the effectiveness of policies in addressing the determinants of health for improved health outcomes, including mechanisms to ensure cross-sectoral collaboration in policy development and implementation
- 6.5. Embedding place-based and place-sourced approaches that respond to local community needs, strengths, and contexts



Introduction

The Intergovernmental Panel on Climate Change (IPCC), the International Energy Agency (IEA), the World Health Organization (WHO), and other international institutions have joined communities, governments, and organisations across the globe in calling for a reduction of fossil fuel extraction and use.^{4, 7, 8} The transition to renewable energy is already underway in the face of growing disinformation on climate change and renewable energy and an uncertain political landscape. However, global action has lacked the vision and urgency demanded by the risks posed. While the Paris Agreement goal of limiting global heating to 1.5 °C may not be met in the coming years, breaching this threshold does not have to be permanent if effective action to reduce emissions is taken. Each incremental increase in emissions will intensify climate hazards, making rapid emissions abatement imperative.^{4, 9}

“Deep, rapid, and sustained mitigation and accelerated implementation of adaptation actions in this decade would reduce projected losses and damages for humans and ecosystems, and deliver many co-benefits, especially for air quality and health. Delayed mitigation and adaptation action would lock in high-emissions infrastructure, raise risks of stranded assets and cost-escalation, reduce feasibility, and increase losses and damages. Near-term actions involve high up-front investments and potentially disruptive changes that can be lessened by a range of enabling policies.” IPCC Climate Change 2023 Synthesis Report⁴


The IPCC’s emphasis on the benefits of taking action urgently and the costs of deferring action apply to climate health action.⁴ To maximise health gains and cost savings enabling policies need to consider healthy equity and Indigenous justice.

Recognising and addressing underlying causes

Health research and policy have long recognised that health depends not only on healthcare systems, but also on the social, environmental, cultural, historical, commercial, political, and other conditions in which we live. As well as providing high quality healthcare, we must pay attention to the upstream drivers (or the causes of the causes) of health outcomes, such as the impacts of fossil fuel extraction and use.¹⁰ Understanding and addressing these impacts requires multidisciplinary research and multi-sector policy across health, and disciplines and portfolios such as atmospheric, climate, environmental, and social sciences, energy, and economics.

A just, healthy transition

A just transition is “a vision-led, unifying and place-based set of principles, processes, and



practices that build economic and political power to shift towards a sustainable economic system that ensures social justice”.² While social justice generally encompasses health, as a medical college committed to health equity and Indigenous justice, we have framed this document around the need for both a just and a healthy transition.

Foundations for working towards Indigenous justice

The RACP Constitution speaks to respecting and promoting the principles in the Uluru Statement from the Heart (Uluru Statement), Te Tiriti o Waitangi (Treaty of Waitangi) (Te Tiriti), and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

Both Australia and Aotearoa New Zealand have endorsed UNDRIP which describes the rights Indigenous peoples have to self-determination and spirituality, including in relation to lands and waters, and the “conservation and protection of the environment and the productive capacity of their lands”.¹¹ These documents are foundational for supporting a just, healthy transition to renewable energy.

In Aotearoa New Zealand, policies implementing the transition away from fossil fuels must be grounded in Te Tiriti, which establishes enduring obligations of partnership, shared authority, and active protection of Māori wellbeing. The health of Māori is inseparable from the health of te taiao (natural world). Environmental degradation caused by fossil fuel dependence disrupts whakapapa (genealogy) relationships with land, water, and ecosystems, undermining Māori pathways to healing, balance, and intergenerational wellbeing. A Tiriti-consistent approach to climate and energy transition requires Māori leadership in governance, policy design, and implementation, ensuring that decarbonisation restores and protects te taiao, supports hauora Māori (Māori health), and advances climate justice and system sustainability.

In Australia, the Uluru Statement restates the sovereignty of Aboriginal and Torres Strait Islander peoples and calls for Makarrata, a Yolngu word describing a process of conflict resolution, peace-making and justice.¹² Reflecting the Uluru Statement and UNDRIP, truth-telling, Aboriginal and Torres Strait Islander-led governance and rights to Country, including access and management are crucial to addressing climate challenges.^{13, 14, 15} Australia’s National Climate Risk Assessment recognises Aboriginal and Torres Strait Islander peoples as one of the “key systems that support Australian society and are at risk from climate change.”¹⁶ The risk assessment includes the Climate Risks to Aboriginal and Torres Strait Islander Peoples report, which covers nationally significant climate risks identified by Aboriginal and Torres Strait Islander peoples as part of the assessment process.¹⁷



Fossil fuels impact our health

The extraction and combustion of fossil fuels cause health harms through occupational exposures, air, soil, and water pollution, and worsening climate change, including extreme weather events. Many of these impacts, along with competition for water, land, and finance, in turn threaten food and water security. Traditional Custodians, workers in fossil fuel industries, and communities living near extraction sites are particularly at risk. Occupational exposures across both coal and gas industries occur via inhalation, dermal contact, and ingestion, with risk determined by exposure intensity, duration, and control measures.¹⁸

As an Australasian medical college, our focus is on health impacts of climate change from fossil fuel extraction and use in Australia and Aotearoa New Zealand. However, fossil fuel driven climate change is also a global health issue – with local emissions contributing to the Earth’s heating, atmospheric dispersion of air pollution, and pressures on food and water security.¹⁹

Fossil fuels drive the health harms of climate change


Fossil fuels and land use change are the key cause of anthropogenic climate change, with annual carbon dioxide emissions from fossil fuels still rising.²⁰ Temperatures in Australia are already about 1.5 °C warmer than in 1910 when modern scientific records began.²¹ In Aotearoa New Zealand temperatures have also increased.²² Climate change is also causing other interconnected impacts including sea level rise, worsening extreme weather events, and rainfall pattern changes.

Australia’s National Climate Risk Assessment details the pervasive and compounding ways that climate change is impacting and will continue to impact all areas of our lives from health to national security. Climate change poses serious risks to the self-determination, connection to Country, and health and wellbeing of Aboriginal and Torres Strait Islander peoples. Communities across Australia will have less time to recover between severe weather events and experience more days of extreme weather.¹⁶

In Aotearoa New Zealand, climate similarly affects all aspects of life, from the built environment to governance systems. The *National Climate Change Risk Assessment for New Zealand* identifies risks to Māori wellbeing and ties to whenua (land, territory, nation) while emphasising that Mātauranga Māori (Māori knowledge) is essential for effective climate adaptation. Risks extend to water supply, infrastructure, and social cohesion.²³

These climate shifts are directly impacting health, homes, and livelihoods of communities. They are also causing changes in disease vectors, increased air pollution, and food and water quality and security issues.

These exposures can cause fatalities, physical trauma and injury, heat stress illnesses,



respiratory, cardiovascular, gastrointestinal, neurological, and metabolic disease, adverse perinatal and neonatal outcomes, malnutrition, psychological stress and mental illness, vector-borne disease, and other epidemic illnesses.^{24, 25, 26, 27, 28}

The health impacts of fossil fuel driven climate change are already causing avoidable deaths, loss of life years, decreases in labour productivity, and are putting pressure on often already stretched healthcare systems. Climate change is already a motivating factor driving doctors away from the Northern Territory, impeding workforce retention,²⁹ with implications for recruitment and continued provision of healthcare to Territorians.

Outdoor and resource-sector workers face increasing heat stress risks due to climate change, with implications for renal, cardiovascular, and injury outcomes.³⁰ These effects will continue to worsen without deep and rapid reductions in fossil fuel extraction and use.⁴

Coal harms our health and the environment


When coal is extracted and burned for energy, it releases greenhouse gases (GHG) and toxic pollutants that harm human health and the environment.^{31, 32} Biodiversity disruption and loss is also a consequence, including through deforestation.³³ Air pollution from coal-fired power plants includes particulate matter, sulphur dioxide, nitrogen oxides, polyaromatic hydrocarbons, metals, and ionising radiation. These emissions are associated with poorer cardiovascular, respiratory, and cancer outcomes.³⁴ Further, diesel particulate matter, classified as a Group 1 carcinogen, is a significant exposure in mining environments.³⁵

Open cut coal mines and health impacts of coal in Queensland

All coal mines in Aotearoa New Zealand and most coal mines in Australia are open cut, with the remainder being underground.^{36, 37} Open cut mining has been linked to lung disease, including coal worker's pneumoconiosis (CWP) in Australia, confirming that the risk is not limited to underground mines.^{38, 39, 40}

Coal dust lung diseases have been an ongoing problem for coal workers globally, persisting despite the implementation of workplace dust exposure limits.^{41, 42} In Queensland, between June 2024 and July 2025, 126 of 292 workers with new notifiable dust lung diseases had their primary exposure in the mining, resources, and quarrying industry.⁴³ Some of these dust lung diseases occurred in miners whose only exposure was working in open cut coal mines.

A retrospective cohort study of Queensland coal mine workers found mortality and cancer impacts, including an increased incidence of lung cancer for male workers in construction and production work categories. Impacts did not vary greatly between open cut and



underground mines. While overall mortality and cancer mortality was reduced when looking at all workers in the study, this was likely due to factors such as the ‘Healthy Worker Effect’ as mortality of workers is typically lower than the general population.⁴⁴

Proximity to coal-fired power plants has detrimental impacts on health, with communities often experiencing multiple exposures. Impacts include perinatal impacts, such as low birth weight and pre-term delivery.³⁴ Globally impacts have generally been worse for low-income communities, due to less access to healthcare, limited alternative employment, and fewer safe relocation options.⁴⁵ Coal mining also has emotional wellbeing impacts, for example from losing landscape and farms, particularly in areas where there is a lot of coal mining, for example, in the Hunter Region in New South Wales.⁴⁶

Gas harms our health and the environment

Globally, evidence of the adverse health impacts of gas extraction and use across a range of geological, chemical, and regulatory conditions provide a strong basis for caution in Australia and Aotearoa New Zealand.¹⁹


Like coal extraction, gas extraction worsens climate change and detrimentally impacts the health of communities and the environment, including biodiversity. For example, communities living close to gas operations have higher hospitalisation rates for adult heart, lung, and neurological disorders and for some childhood cancers.¹⁹

GHG trap infrared radiation in the atmosphere, rather than letting it pass through to space.⁴⁷ Methane (also called “natural gas”) traps 82 times the heat energy of carbon dioxide when considered over a 20-year period (global warming potential 20 or GWP20). It has a lifetime of about 12 years. Continued gas extraction will push up global heating significantly in the short-term, hampering decarbonisation efforts and worsening climate health impacts.^{4, 19, 20}

Methane escape throughout the gas extraction, transport, and consumption process is a major concern – wasting energy, contributing to climate change, and creating air pollution.^{48, 49, 50} Modelling based on liquid natural gas (LNG) exports from the United States of America suggests that LNG has the same or higher GWP as coal when using GWP20, with the liquefaction process being energy intensive and generating significant emissions.^{51, 52}

Burning more methane could push world over dangerous tipping points

Methane’s short-term global heating intensity could risk triggering climate change tipping points. These thresholds, once surpassed, lock in self-perpetuating and serious consequences that will be impossible to reverse. These include West Antarctic Ice Sheet collapse and retreat of mountain glaciers, which are both already at risk.



Related to tipping points is the planetary boundaries framework. It sets out nine global environmental processes at risk from human activity, seven of which have been breached, increasing the risk of tipping points.^{53, 54} Tipping events are predicted to have global impacts, including in Australasia, such as catastrophic bleaching of the Great Barrier Reef and sea level rise from ice sheet collapse. Subsequent impacts, including on employment, food and water security, biodiversity, and worsening of flooding and other extreme weather events carry significant health and economic risks.^{55, 56, 57}

Unconventional gas extraction carries health risks

Unconventional shale, tight and coal seam gas extraction involving hydraulic fracturing (also called “fracking”) impact air and water quality, food and water security, and biodiversity. Unconventional resource extraction requires the use of added chemicals and the release of chemicals from deep underground that can contaminate groundwater and pollute the air through wastewater and flaring. Added and released chemicals include metals such as arsenic and lead, volatile organic compounds such as benzene and toluene, and radioactive materials such as uranium and radium. Hydraulic fracturing requires vast amounts of water, which can worsen water insecurity, and in turn reduce water available for ecosystems and farming. Contamination of and changes to the salinity, nutrient availability and pH of soil also impacts farming through smaller crop yields.¹⁹


For workers, exposure to silica used in hydraulic fracturing sand has toxic effects on organ systems. In the United States of America, concerns have been raised about the risk of silicosis from hydraulic fracturing.^{19, 58, 59} Workers also suffer ill health from exposure to chemicals used in extraction and those present in wastewater.¹⁹

Studies based on exposure and proximity have found associations between unconventional gas operations and birth outcomes, including lower birth weight and higher rates of small for gestational age.³² Children are also more vulnerable with studies showing more frequent asthma exacerbation and hospitalisations in unconventional gas production areas.⁶⁰

While coal seam gas does not always require hydraulic fracturing,⁶¹ it still carries environmental and health harms, including through significant water and chemical use, with significant exposure pathways for contaminated water. Methane and carbon dioxide emissions, including fugitive emissions are also a concern.^{19, 62}

Gas appliances pollute homes, schools, and hospitals

Gas cooking and heating appliances in homes release pollutants and GHG emissions, which can impact health. Almost half of all homes in Australia and almost 20% of homes in Aotearoa New Zealand have gas cooktops.^{63, 64} In Aotearoa New Zealand, a 2025 analysis



estimated 208 deaths of adults over 30 years, 775 all ages respiratory hospitalisations, and 236 all ages cardiovascular hospitalisations linked with gas stove use. The report also estimated an increase in childhood asthma prevalence, building on Australian studies that have found links between indoor gas appliance use in homes and an increase in the level of childhood asthma. Unflued gas heaters are also a source of indoor air pollution in homes.⁶⁴ Further, while not used in other states and territories, children are still exposed to unflued gas heaters in many schools in NSW.⁶⁵ Many hospitals across Australia and Aotearoa New Zealand use gas for heating, hot water, and sometimes cooking or electricity generation within buildings.⁶⁶

Fossil fuel transportation drives air pollution and costs of living

Fossil fuels combusted by vehicles cause air pollution, contribute to climate change, and harm health.⁶⁷ Transport emissions include PM2.5, which can lodge deep in the lungs and enter the bloodstream, causing lung, heart, and other diseases.^{68, 69}

Current and historic geopolitical instability and conflict have highlighted Australia and Aotearoa New Zealand's dependence on fossil fuels, particularly on oil.^{70, 71}


Increased gas and petrol prices can significantly impact the costs of living, worsening health inequities. This has wide-ranging consequences, including food availability and affordability,⁷² which are crucial for good health.

Fossil fuel exports generate health harms beyond national borders

Fossil fuels deepen global health inequities. As one of the world's largest exporters of coal and gas, Australia's export of carbon dioxide and air pollution is consequential to global health. Extraction of fossil fuels for export eclipses domestic use, with 74% of natural gas, 88% of black coal, and 96% of crude oil production exported.⁷³ Aotearoa New Zealand is aiming to increase its exports of metallurgical coal thus also increasing its export of carbon dioxide emissions and pollution.⁷⁴

Continued fossil fuel exports cause health harms abroad as well as at home. Further, as the burning of fossil fuels worsens climate change, the effects are felt across the world. Death, injury, illness, displacement, and loss of food and water security are felt most acutely by populations who have contributed least to the problem.⁴ High income countries such as Australia and Aotearoa New Zealand have a responsibility and an opportunity to lead in the transition away from fossil fuels.

This responsibility is reflected in the International Court of Justice's (ICJ) 2025 Advisory Opinion on climate change. Its opinion was that countries have binding obligations to protect the climate system and environment from GHG emissions under climate change treaties, international human rights law, and other relevant international law. Further, fossil fuel



production, consumption, licenses for exploration, and subsidies may be considered internationally wrongful acts that could give rise to legal consequences including cessation and reparations. Significantly for Australia and Aotearoa New Zealand, the ICJ noted that each state's responsibility can be decided with recourse to science by looking at each country's share of GHG emissions.⁷⁵

Fossil fuels drive biodiversity loss and ecosystem instability

Biodiversity is the variety of life forms and ecosystems in an area or the world. It is its own complex, interconnected life support system for everything that lives within it, including humans. We rely on biodiversity for all aspects of our lives, including clean air and water, food security, and healthcare. Thriving biodiversity also allows communities to enjoy nature, providing mental health benefits, and has a critical economic role across many sectors including tourism and agriculture.

Biodiversity supports the sequestration of carbon dioxide by plants, algae, phytoplankton and soil microbes, helping to mitigate climate change. It can help protect against zoonotic diseases and is a crucial source for compounds used in medicines.^{76, 77, 78, 79}

Further, for Aboriginal and Torres Strait Islander peoples, health and identity are inextricably linked to Country, and for Māori, wellbeing is connected to whenua (land, territory, nation). Protection of biodiversity is necessary for spiritual connection and customs.^{12, 80}

Biodiversity is in decline in Australia and Aotearoa New Zealand, and fossil fuel-driven climate change and habitat destruction by fossil fuel projects are key factors in this decline.^{81, 82, 83} Climate impacts from fossil fuels can cause detrimental reinforcing cycles. For example, climate change is making it harder for coastal mangroves to survive, which in turn fuels climate change as mangroves are important for carbon sequestration.⁸⁴ The impact of fossil fuels on global [tipping points](#) poses grave risks for biodiversity.

While impacts on many species are known, there are likely further impacts that we are not yet aware of. These harms and risks to biodiversity threaten the very life support systems that help ensure human health and support the economies we depend on.



Connection to lands underpins Indigenous health

The RACP recognises the diversity that exists within Aboriginal, Torres Strait Islander, and Māori communities. There are also commonalities, including a deep ongoing connection to land, waters, and natural ecosystems. This interconnectedness is crucial for health and wellbeing across Aboriginal, Torres Strait Islander, and Māori cultures.^{85, 86, 87} For Aboriginal peoples, this connection is enduring even when living off Country.⁸¹

For Aboriginal and Torres Strait Islanders, individual social and emotional wellbeing is inseparable from family and community. Connection to culture, Country, spirituality, and ancestors form part of wellbeing.⁸⁸ Māori also consider a healthy environment essential for good health.⁸⁹

Māori models of health

For Māori, the holistic approach to health and wellbeing is often described using the Te Whare Tapa Whā / health as a whare (house) model. The house has four sides:

- Taha tinana (physical health): the body
- Taha hinengaro (mental health): the mind
- Taha whānau (family health): close relationships
- Taha wairua (spiritual health): meaning and purpose¹²

The Te Pae Māhutonga (Southern Cross constellation) model of Māori health is also relevant, identifying four key tasks of health promotion:

- Mauri Ora (cultural wellbeing)
- Waiora (physical environment)
- Toiora (healthy lifestyles)
- Te Oranga (participation in society)

The Te Pae Māhutonga model also identifies two foundations of health promotion: Ngā Manukura (community leadership) and Te Mana Whakahaere (autonomy).⁹⁰



Colonisation and exploitation of Indigenous lands and resources

Significant challenges rooted in colonisation, including separation from lands and political marginalisation, have led to impacts such as changes to dietary patterns and cultural practices and disproportionate disease burden for Aboriginal and Torres Strait Islander peoples and Māori.^{85, 91, 92}

Climate change is compounding existing disparities in health and wellbeing for Aboriginal and Torres Strait Islander peoples, intensified by disproportionate impacts felt due to the close physical and spiritual connection to Country.^{93, 94} Disparities in health also exist for Māori stemming from colonisation and dispossession of lands, resources, and waters.

Fossil fuel extraction has historically exploited Indigenous lands and resources globally.^{87, 91} Recent analysis suggests that at least 16% of the lands conserved by Indigenous peoples and local communities with close connections to their collective land face significant development pressure from commodity-based and extractive industries.⁹⁵ Changes to land and water from fossil fuel extraction and related infrastructure has a significant impact on the health of Indigenous peoples due to their deep physical, spiritual, and cultural connection to the land.⁸⁸ In Australia, examples of environmental and cultural harms include Woodside's North West Shelf expansion in WA impacting 50,000 year old Murujuga rock art, and the Santos Barossa Gas Project pipeline which will pass close to the Tiwi Islands, risking disruption to the Songline of the Crocodile Man.^{96, 97}

Fighting threats to lives, lands, culture, and wellbeing

Aboriginal, Torres Strait Islander, and Māori people have long been fighting threats to their lives, lands, culture, and wellbeing from colonisation.^{85, 87, 98} In the 1990s, the Mirarr people brought together thousands of people to Kakadu to stop the proposed Jabiluka uranium mine proceeding and to ensure rehabilitation of the land from mining works.^{99, 100} More recently, Traditional Owners have fought back against Beetaloo Basin and Middle Arm Sustainable Development Precinct projects intended for hydraulic fracturing and petrochemical processing.¹⁰¹

In 2024 in Aotearoa New Zealand, Māori led protests to stop the passing of the Treaty Principles Bill, which would have wound back Māori rights. This would have removed environmental protections inherent in these rights and likely had a detrimental impact on Māori health. The Bill was defeated at its second reading.^{102, 103, 104}

On a global scale, Indigenous Knowledges are increasingly being recognised as key for guiding solutions for Indigenous and non-Indigenous communities across a wide range of areas including climate change, ecology, and health.^{4, 105}



Fossil fuels worsen health inequities

Globally and within Australia and Aotearoa New Zealand, policies that continue fossil fuel extraction and the consequent harm from climate impacts are deepening health inequities.¹⁰⁶

Communities already experiencing socioeconomic disadvantage are most at risk of health harm from fossil fuels and fossil fuel-driven climate change. Low-income¹⁰⁷ and rural and remote communities,¹⁰⁸ as well as people with disabilities and chronic illnesses, already face increased morbidity and mortality.^{109,110} Populations experiencing the greatest socioeconomic disadvantage in Australia and Aotearoa New Zealand have a reduced life expectancy of 7.6 and 5.9 years, respectively.^{111, 112}

Countries that have benefited the least from fossil fuel extraction and use often face the worst consequences of fossil fuel-driven climate change.¹¹³ This includes Australia and Aotearoa New Zealand's neighbouring countries in the Pacific that are exposed to climate impacts, particularly due to low-lying settlements, lower socio-economic development, and tropical climates.²⁴

Intergenerational equity is a key aspect of health equity. Current and future generations of children face significant health risks from fossil fuels, including air pollution, gas appliance exposure, climate-related health impacts, and the absence of safe and healthy environments to support their health and wellbeing.^{114, 115}


Health equity between and within countries and generations can be improved through attention to the social, environmental, cultural, historical, commercial and political determinants of health, including the elimination of policies and processes that damage health now and/or risk damaging health in the future.^{106, 116, 117}

Commercial and political determinants are intertwined and influential

Commercial determinants (private sector activities that impact health)¹¹⁸ are particularly influential with privatised energy markets reducing health equity through impacts from emissions and energy price pressures.^{119, 120} Commercial and political determinants of health are closely linked, as the politicisation of climate change shapes the extent and pace of policy action, with implications for both climate outcomes and health equity.

Misinformation and disinformation are increasingly part of this problem, although ways to combat climate disinformation have emerged in response.^{118, 121, 122, 123}

Political determinants “operate as a systematic process of structuring relationships, distributing resources, and administering power, all mutually reinforcing or influencing one another to shape opportunities that either advance health equity or exacerbate health inequities.”¹²⁴ Political determinants are one of the drivers of social and other determinants




of health.¹²⁵ While individual and community action is important, it is governments that need to lead action on moving away from fossil fuels. Companies use lobbying and advertising to exert influence, achieving benefits such as high levels of subsidies, showing the interaction between political and commercial determinants.¹⁰⁰

Addressing inequities through inclusive, participatory approaches

Health in All Policies and whole-of-government inclusive and participatory approaches provide opportunities to address these inequities.^{100, 116} Together these approaches are community-focussed, collaborative and multisectoral and integrate health, wellbeing, and equity considerations into all stages of policy development, program design, and service delivery across all policy portfolios. These approaches can promote community engagement, shared accountability, and coherence between sectors to identify synergies, prevent harmful health impacts, and improve overall population health.¹²⁶

Renewable energy in South Australia

South Australia is on track to reach 100% net renewable energy by 2027, with current levels at over 70%.¹²⁷ The state's transition to renewable energy in a private energy market shows how popular support, political will, and policy development and implementation can guide a transition to renewable energy and thus reap the related health benefits.¹²⁸ Holistic conceptions of health across Aboriginal, Torres Strait Islander peoples, and Māori can also be supported by, and support, such multisectoral approaches.



Phasing out fossil fuels for a healthy future

Phasing out fossil fuels is the key goal the transition to renewable energy is built around, and this shift is already underway. Our challenge is to meet the IPCC's call for deep, rapid emissions reductions, while ensuring we move towards a future that prioritises health and Indigenous justice rather than repeating mistakes related to fossil fuel extraction and use.

Continuing to burn fossil fuels is driving climate change, harming health and the environment, and costing billions.¹²⁹ This includes financial assistance subsidising fossil fuel activities. Australian governments provided AU\$14.9 billion worth of spending and tax breaks to fossil fuel producers and major users in 2024-25.¹³⁰


The need to transition to renewable energy is clear and many governments, businesses, and community organisations have committed to do so. On an international level the IPCC and WHO's work emphasises this need and at COP28, countries committed to transitioning away from fossil fuels.^{4, 131, 132} At COP29, a financing goal for developing countries of US\$300 billion by 2035 was agreed to and at COP30, the Belém Health Action Plan was launched to strengthen health sector climate resilience.^{133, 134, 135}

Stopping the extraction and use of fossil fuels will bring health and environmental benefits. Cleaner air reduces disease, hospitalisations, and deaths from air pollution.¹³⁶ Preventing further soil and water pollution helps food and water safety and security.¹³⁷ Reducing carbon dioxide and methane emissions from fossil fuel projects will slow climate change and the associated poor health outcomes, including lung and heart disease, infectious disease transmission, and mental illness.¹⁹

Projected carbon dioxide emissions from existing and planned fossil fuel infrastructure would exceed the carbon budget for limiting global heating to 1.5 °C, making new fossil fuel extraction and long-term extraction incompatible with limiting heating and the subsequent health, environmental, and economic impacts.⁴ However, such measures would need to be carefully managed to ensure flow-on impacts on energy prices do not harm consumers, particularly priority populations least able to bear the costs.^{4, 7}

Costs of deferring climate action

As well as the significant benefits to health in the short and long-term, there are economic benefits of transition. The benefits of limiting global heating outweigh the costs, particularly if the health benefits are considered. Globally, the costs of adaptation and net economic damages will increase as global heating increases. Higher temperatures correspond to increased intensity of impacts including from extreme weather. Further, as climate impacts



intensify, it will become more challenging and more expensive to find adaptations that can protect humans and the environment.

Deferred action leads to increased harm to people and environments and increased damage and emergency costs. Proactive adaptation can harness cost savings through working planned maintenance cycles and avoids maladaptation and lock-in, where current decisions limit future adaptation options.

Deferring adaptation can reduce the availability of options once hard limits to adaptation are reached. For example, wetlands and mangroves unable to adapt due to adjacent human development and sea level rise will not be able to recover once drowned.^{4, 138}

Accountability for health and environmental harm

The ICJ's 2025 Advisory Opinion on climate change is reflected on a national scale in climate litigation to hold fossil fuel producers accountable for health and environmental harm, directly and through climate and biodiversity impacts.¹³⁹ This includes Indigenous-led rights-based climate litigation across the world, including in Australia and Aotearoa New Zealand.¹⁴ Governments have a role in holding companies that extract fossil fuels and large emitters accountable for the negative externalities of their operations, including those arising from their climate emissions. Independent, community-led health and environmental impact assessments determining liability are important with payments directed to affected communities for healthcare, environmental restoration, and economic transition. Strong enforcement mechanisms are also required.



Recommendation 1: Phase out fossil fuels

The RACP calls upon Australian and Aotearoa New Zealand governments to rapidly phase out fossil fuels to protect health, with support to affected communities, by:

- 1.1. Preventing new fossil fuel extraction projects and expansions of existing projects
- 1.2. Rapidly reducing existing extraction and use of fossil fuels
- 1.3. Stopping fossil fuel subsidies and redirecting this expenditure to renewable energy
- 1.4. Requiring companies that extract fossil fuels and large emitters to pay for harm caused to health and the environment, including biodiversity and climate impacts, with strong enforcement mechanisms and payments flowing to affected communities



Working together for a future built on renewable energy

Investing in renewable energy is key to reducing demand for fossil fuels⁷ and bringing about health and environmental benefits. The evidence on how best to transition away from fossil fuels is growing with significant policy leadership, research, and modelling studies. There is still a need to build public health research and share knowledge and best practice through education and initiatives that encourage community participation.

Co-designing governance for place-based approaches

Building co-designed governance systems alongside Indigenous organisations is core to ensuring Indigenous justice is actively prioritised during the transition.


First Nations Clean Energy Network

In Australia, the First Nations Clean Energy Network is an important example of Indigenous leadership. It brings together Aboriginal and Torres Strait Islander peoples and organisations to ensure clean, affordable, reliable renewable energy, as well as secure jobs on Country. The network advocated for the First Nations Clean Energy Strategy, which prioritises energy access for First Nations communities, as well as equitable partnerships and economic benefits.^{140, 141} Ongoing implementation and sustained funding of this strategy will be important to Indigenous health and justice during the transition.

Communities including marginalised voices and those who will be most impacted need to be included in policy design, implementation, and evaluation to understand how best to navigate change in a way that aligns with the goals of Indigenous health and justice and health equity. Governance systems must also prioritise place-based and place-sourced approaches to reflect different community needs and strengths. While central leadership and investment is needed, community-based responses must be community-led. Effective action means understanding and responding to local social, economic, and geographic contexts.¹⁴² Further, multisectoral collaboration, multi-perspective evidence on impacts on costs, benefits and equity, financial levers that protect health, and participation and inclusion in decision-making are key.

Minimising the health risks of transitioning away from fossil fuels

The transition away from fossil fuels will have wide-ranging impacts on health, including through energy security and affordability issues, job insecurity for workers in fossil fuel reliant industries, and community disruption and impacts on the economic wellbeing of



communities that depend on fossil fuel activity for income. Approaches such as Health in All Policies can help identify and mitigate risks to health during the transition.¹⁴³

Significant climate related health risks will persist throughout transition and for decades beyond due to locked in global heating and the complex compounding effects of climate change. Embedding climate resilience as part of the transition process can help protect health and reduce transition costs.⁴ A just transition will also mitigate health impacts related to economic disruption by supporting all communities, especially those built upon fossil fuel extraction and those on low incomes, to transition to new and sustainable local economies.

In a context where the unprecedented is becoming the norm and future challenges may depart drastically from past experiences of disaster, building strong, healthy, connected communities is crucial. A just transition will require doing what we already know needs to be done urgently – phasing out fossil fuels – while also accepting that we do not hold all the solutions and need to commit to an ongoing process of learning and asking questions as we progress towards a healthy future beyond fossil fuels.

Support for priority populations, including alternative employment

We all currently rely on fossil fuels and moving away from them will require adjustments from us all.

Communities directly involved in fossil fuel extraction, those facing socioeconomic disadvantage, rural and remote communities, renters, elderly people, and others without the financial means and flexibility to ease any challenges of transition require support. This will need to include not just financial investment but other support such as social, educational, and community-based services to ensure the transition is fair, inclusive, and does not exacerbate existing inequities.

This must include support for workers and communities directly involved in the fossil fuel industry to transition to alternative employment, including in the renewable energy industry. Support needs may include training, financial support, mental health support, and career support, with systems for support co-designed by impacted communities.

Disinformation and the cost of renewable energy

While disinformation (false information intended to mislead) and misinformation (false or inaccurate information) downplay the capacity of renewable energy and suggest that it increases the cost of living, these claims are not supported by the evidence.^{144, 145, 146, 147} For example, although building renewable energy infrastructure requires upfront government and private investment, the major drivers of energy price rises have been gas prices pushing up wholesale electricity prices, coal-fired power station outages, and other market factors, not renewable energy. For gas, export prices have significantly influenced domestic

prices.^{148, 149} Increased costs of living and rising income inequality have significant impacts on health.¹⁵⁰

By contrast, the declining cost of renewable energy, and financial and other support to low income households to access low carbon technologies, have the potential to ease financial pressure on households, delivering health benefits through reduced stress and more disposable income for other essential needs.⁷ Further, investment in renewable energy can provide opportunities for meaningful work that contributes to global climate goals.¹⁵¹


However, as with all capital infrastructure, renewable energy have health and environmental costs. Resource extraction, on-site and off-site construction, transportation, maintenance, and other processes have emissions and environmental costs and there are risks for workers.¹⁵² A planetary health approach that prioritises community engagement and Indigenous justice can help improve processes, address community concerns, and mitigate risks from the outset.



Recommendation 2: Invest in renewable energy

The RACP calls upon Australian and Aotearoa New Zealand governments to develop and invest in renewable energy projects and supporting infrastructure, systems, and processes to protect and promote health including:

- 2.1. Integrating health and Indigenous justice into energy planning and policy
- 2.2. Investing in renewable energy projects that are Indigenous led or co-designed
- 2.3. Requiring all renewable energy projects to prioritise health equity and undertake Health Impact Assessments
- 2.4. Ensuring renewable energy infrastructure and systems are climate resilient
- 2.5. Ensuring renewable energy and related infrastructure and projects prioritise biodiversity
- 2.6. Subsidising renewable energy projects and access to renewable energy for communities, including solar panel installation
- 2.7. Prioritising energy security, affordability, and justice
- 2.8. Ensuring workers in fossil fuel phase-out impacted industries are provided with training and financial, career, and mental health support to transition into employment in other sectors, including the renewables sector
- 2.9. Tackling disinformation that downplays the benefits of renewables, while ensuring community concerns about the energy transition are heard and addressed



Prioritising Indigenous sovereignty, partnerships, and co-design

Indigenous leadership must be central to the clean energy transition. In the Hauora Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry the Waitangi Tribunal emphasised that tino rangatiratanga “means nothing less than Māori having decision-making power over their affairs, including hauora Māori [Māori health]”.

Tino rangatiratanga is translated as “the fullest expression of rangatiratanga, autonomy, self-determination, sovereignty, self-government” in the Hauora Report.¹⁵³

As detailed in the RACP’s Advice to the Australian Federal Treasury on modelling the health impacts of climate change, Aboriginal and Torres Strait Islander peoples’ connection to Country “is intrinsically intertwined with the importance of human, land and sovereign rights to a wellbeing of health and healing.”

Further, “the work of Aboriginal Land Councils, Indigenous land management, custodianship of elders, and cultural ecological approaches with a focus on Indigenous ecological knowledge are examples of how this connection of Aboriginal and Torres Strait Islander peoples to Country continues to this day and creates greater autonomy and corresponding health benefits.”⁹³

Solar power for Aboriginal communities in WA

The Kimberly Communities Solar Saver Program enables access to shared rooftop solar and equitable distribution of financial benefits. It is co-funded by the Australian and Western Australian Governments through Horizon Power, the WA Government-owned regional and remote energy provider. It was co-designed with local Aboriginal communities around partnership, equity, and local priorities.¹⁵⁴

The national climate risk assessments in Aotearoa New Zealand and Australia both commit to principles and processes including rangatiratanga (leadership and autonomy) and kia mahi ngātahi (engagement and participation), and co-design respectively.^{16, 23} There is a continued need for policy and action in Aotearoa New Zealand and Australia that prioritises Indigenous sovereignty and leadership. Indigenous peoples have deep knowledge of place, including knowledge and lived experience of adaptation, and this should be recognised. This must be done through processes that Indigenise and decolonise and are non-extractive. Upholding Indigenous data sovereignty and knowledge needs to be part of these processes.



Recommendation 3: Centre Indigenous sovereignty and partnerships

The RACP calls upon Australian governments to centre Aboriginal and Torres Strait Islander sovereignty, leadership, and knowledges in the transition away from fossil fuels, by:

- 3.1. Developing Indigenous-led and co-designed governance and engagement mechanisms
- 3.2. Embedding and resourcing relationship building and engagement with Elders, knowledge holders, leaders, and communities through the full policy cycle, including design, implementation, monitoring, and evaluation
- 3.3. Centring and elevating Aboriginal and Torres Strait Islander ways of knowing and doing across all climate adaptation and mitigation strategies whilst upholding Indigenous data and knowledge sovereignty
- 3.4. Supporting and funding Aboriginal and Torres Strait Islander led initiatives including access to renewable energy and healthy, energy efficient, and climate-safe housing that provides access to Country

The RACP calls upon the Aotearoa New Zealand Government to embed Te Tiriti o Waitangi as a foundational principle in the transition away from fossil fuels by:

- 3.5. Establishing enduring partnership mechanisms with iwi (kinship group/tribe) and Māori across climate, energy, environment, and health portfolios
- 3.6. Embedding Mātauranga Māori (Māori knowledge) and kaupapa Māori (Māori approach) approaches in climate adaptation and mitigation strategies
- 3.7. Supporting iwi (kinship group/tribe) and hapū (kinship group/sub-tribe)-led decarbonisation, energy, and resilience initiatives, including community energy, housing, transport, and food system transitions



Investing in health and energy efficiency

Reducing energy use and increasing energy efficiency decreases fossil fuel-related pollution and GHG emissions, and the consequent health harm both locally and globally. Efficient, responsible energy use also assists the transition by slowing increasing rates of energy demand.¹⁵⁵ Energy efficiency and energy use reduction initiatives can also bring about health benefits beyond those arising from avoided fossil fuel harm. Whole-of-government Health in All Policies approaches are key to achieving health gains. Key opportunities in transport, buildings, and food systems are outlined below.

Optimising transport for improved air quality and health


Transport systems centred on active transport and public transport powered by renewable energy can improve health, reduce emissions, and protect communities against global oil price shocks, which can cause economic stress.¹⁵⁶ Urban fabrics shaped around walking or public transport reduce GHG emissions per person, increase health benefits and improve equitable accessibility.¹⁵⁷

Active transport, such as walking or cycling, offers an important opportunity to increase physical activity as part of everyday living. Physical activity is linked to lower rates of obesity, heart disease, stroke, and childhood asthma, as well as improved mental health. Limited access to active transport options can contribute to unhealthy lifestyles and reliance on cars.^{158, 159}

Estimates suggest over 80% of children and adolescents and 46% of adults in Australia¹⁶⁰ and 42% of children and adults in Aotearoa New Zealand do not meet recommended physical activity levels.^{161, 162}

Public transport promotes incidental physical activity through walking between destinations and transport nodes, providing additional health benefits. Increasing public transport access in underserved lower-socioeconomic areas can improve health outcomes and health equity for both physical and environmental health.^{158, 159} New and updated public transport infrastructure must be accessible and inclusive, including for people with a disability, to address barriers in current public transit systems such as limited step-free access, inaccessible stops and stations, and services that do not meet diverse mobility needs.^{163, 164}

Active and public transport systems should continue to be supplemented by schemes that support and subsidise access to privately owned and commercial transport for people with mobility needs, such as vehicle modification programs¹⁶⁵ and taxi transport schemes¹⁶⁶ in Victoria and New South Wales. Policies that support and incentivise community participation in green commutes are also an important part of greening transport, however, these must happen alongside investments in transport infrastructure and urban planning.^{167, 168, 169}



The shift to electric vehicles is also important for decarbonising transport with global modelling studies showing health improvements due to cleaner air.^{170, 171} Countries such as Norway demonstrate that this is possible with government support. However, private car use also carries other health risks, including increased injury, obesity, and stress.^{67, 158, 159} Reliance on cars can also influence how spaces are designed, encouraging urban sprawl and shaping location of homes, shops, and services. Further, sport utility vehicles (SUVs), which are significant proportion of the light vehicle market, are growing in size and number and release more emissions than smaller vehicles.¹⁷² Norway's policy has been critiqued for encouraging use of private vehicles over public and active transport.¹⁷³ Further, maximising emissions reductions from electric vehicles requires the electricity grids supplying power for vehicle recharging to be run on renewable energy.¹⁷⁴ A focus on electric vehicle infrastructure and subsidies needs to be balanced with investment in infrastructure and support systems that also increase active and public transport.

Building and retrofitting for health

Energy efficient homes and workplaces lead to improved health outcomes and reduce energy usage. Living in a home with insufficient insulation, heating, or cooling can increase the risk of asthma and other lung diseases in winter and heat stress and related health problems in summer.^{159, 175, 176}

Children, older people, and low-income earners are disproportionately impacted by illnesses driven by heat or cold.¹⁷⁷ Prioritising energy efficiency improves health, particularly for communities most at risk. As well as lower rates of associated physical illness, better energy efficiency reduces economic stress.^{159, 175, 176}

An Aotearoa New Zealand study of over 200,000 households that received an insulation subsidy through a government program found it resulted in a lower incidence of chronic respiratory disease and less medication needing to be dispensed for exacerbated chronic respiratory disease symptoms.¹⁷⁵ A randomized controlled trial of energy efficiency and thermal comfort upgrades of low-income households in Victoria found that the intervention saved AU\$887 per person in the healthcare system over winter, with the upgrade being cost-saving within three years.¹⁷⁶

Energy efficiency can be improved through insulation, passive cooling systems, ceiling fans, heat pumps, and induction cooktops, for new builds and existing buildings.^{159, 178} Green Star ratings provide a framework for ensuring buildings are healthy and resilient.¹⁷⁹

Aboriginal, Torres Strait Islander, and Māori advocacy for improved housing

Aboriginal and Torres Strait Islander organisations and communities, including the National Aboriginal Community Controlled Health Organisation have long advocated to all levels of government for improved housing to benefit health. Improvements have included thermally and culturally appropriate design, energy efficiency improvements, and ensuring access to Country.¹⁸⁰ More recent advocacy has also called for access to solar power, which will help reduce reliance on fossil fuels and reduce electricity costs.¹³ While policy levers to improve energy efficiency and increase solar uptake exist, there is an opportunity to develop more targeted policies to increase equity, including for Indigenous peoples and communities, rural and remote communities, and renters.^{181, 182, 183, 184}

Māori have also been advocating for housing to improve Māori wellbeing. The Whakawhanaungatanga Māori Wellbeing Model can be applied holistically, including to the built environment, public housing, and urban regeneration.¹⁸⁵ A 2024 resource, “Māori Wellbeing: A Guide for Housing Providers” aims to “support those involved in housing provision and management to: Create spaces, places and connections that enhance and uplift the mana and mauri of Māori tenants.”¹⁸⁶

Transforming food systems to promote health

The transition to renewable energy across all economic sectors is essential to protect health from fossil fuel harms. The nexus between food, health, and the environment means that the opportunities for health promotion in the transition of food systems is significant. Appropriate quantities of safe and nutritious food are essential for health. However, food systems that supply nutrient poor, energy-dense, highly processed food and maximise consumption are driving environmental harm and high levels of obesity and other non-communicable diseases.^{187, 188, 189}

The WHO and the EAT-*Lancet* Commission have put forward policy pathways that can help guide healthy, sustainable diets.^{190, 191} However, significant sociocultural and economic challenges exist in implementing healthier diets and potential trade-offs between food, water and energy supply will need to be managed.^{192, 193} A focus on Indigenous-led, equity-focused, and place-based responses will be important to address these challenges.

While this position statement does not cover petrochemical harms, we note the reliance on fossil fuel-based fertilisers and pesticides within the agricultural industry and that their use will also need to be addressed as part of transitioning away from fossil fuels.¹⁹⁴



Recommendation 4: Reduce energy use and increase energy efficiency

The RACP calls upon Australian and Aotearoa New Zealand governments to support the transition to renewables through reducing energy use and increasing energy efficiency measures that harness health benefits including:

- 4.1. Establishing mechanisms and structures to support implementation of Health in All Policies, whole-of-government, and place-based approaches
- 4.2. Investing in well-connected infrastructure that increases active transport use and safety, for example bicycle and pedestrian paths, prioritising underserved areas
- 4.3. Prioritising public and active transport into planning of new developments and upgrades of existing infrastructure
- 4.4. Supporting and incentivising community participation in energy efficient commutes
- 4.5. Facilitating construction of buildings, including housing, to meet high health and environmental standards through regulation and incentives
- 4.6. Supporting the retrofit of existing buildings, including housing, to increase energy efficiency and reduce reliance on gas through regulation and incentives
- 4.7. Ensuring the involvement of health and environmental experts as food systems transition away from fossil fuels



Supporting healthcare systems to be part of the solution

Healthcare systems in Australia and Aotearoa New Zealand contribute 5.44% and 3.56% respectively to their national carbon footprints, with significant emissions from fossil fuel sources.^{195, 196} Both are already working to decarbonise to reduce their reliance on fossil fuels. Alongside this they are working to become more climate resilient.^{6, 195, 197}

Healthcare professionals are driving climate mitigation and broader environmental sustainability action in healthcare and beyond. The Global Green and Healthy Hospitals network has over 2,000 members in 88 countries representing more than 70,000 hospitals and health centres.¹⁹⁸ In Australia, the health sector generally, including the RACP in particular, have been acknowledged as pivotal in the development of the *National Health and Climate Strategy*. New hospital projects such as the New Women's and Children's Hospital in Adelaide and the New Melton Hospital have incorporated sustainable design features and will be built all-electric, demonstrating healthcare sector leadership.^{199, 200}


Retrofitting of existing buildings will be necessary to electrify healthcare systems due to the longevity of building stock and is also an opportunity to improve climate resilience. The RACP has endorsed Healthy Futures' All-electric Healthy Hospitals campaign, focussed on retrofitting hospitals across Australia. Nine pilot hospitals have been selected for feasibility studies across a range of climates and locations.²⁰¹ Decisions on whether to retrofit or rebuild should consider the environmental sustainability, climate resilience, health, and healthcare service delivery-related costs and benefits of each option.²⁰²

Forté Hospital in Aotearoa New Zealand is a leader in green building standards and net zero carbon emissions. It aims to prioritise people and planet in their operations and have been successful in reducing electricity use by 98% between 2021 and 2025 and diverting almost a third of all waste to recycling and reuse streams. Following these successes, Forté Hospital's focus is staff commuting which makes up most of the hospital's emissions. The hospital now runs a Workride program to encourage staff to use active transport.^{203, 204, 205}

Reducing emissions through prevention and high-value care

Reducing demand for healthcare services is key to reducing health sector emissions.

Extreme weather and other climate health impacts can increase health service demand.^{6, 93} Preventive measures focussed on improving determinants of health, including social, environmental, cultural, commercial, and political determinants, can have significant impacts on health, increasing resilience to climate health impacts.²⁰⁶



Reducing the incidence and burden of acute and chronic disease in turn reduces emissions through lower demand for healthcare services, which reduces healthcare emissions.

Incentives and initiatives such as the RACP's Evolve program that aims to drive high value care are also key to reducing health sector emissions while improving patient outcomes by reducing harmful and low-value care.²⁰⁷ Alongside this, optimising models of care is a significant opportunity to benefit patient health and the environment.⁶

Greening supply chains to lower Scope 3 emissions

Scope 3 or indirect emissions contribute significantly to emissions. In Australia, they make up 68% of health system emissions, arising largely from pharmaceuticals, food and catering, and business services.¹⁹⁵ Indirect emissions can be addressed through improved procurement processes.⁶ Further opportunities exist particularly in renewably powered health services, for example, using large washers for sterilisation of single-use equipment to cut down on procurement costs.²⁰⁸

Using artificial intelligence to benefit health in the transition

The RACP recognises that artificial intelligence (AI) has a role in the future of clinical practice. AI can bring significant benefits including cost reductions and patient empowerment.²⁰⁹ AI can also play a broader role in the transition to renewable energy, for example in emissions reductions in the energy sector.²¹⁰

However, AI also carries risks, including environmental harm through significant water use and emissions, both of which can have subsequent health impacts. Healthcare systems can reduce harms by applying green procurement practices to AI such as prioritising suppliers who lower their environmental and climate impacts through the use of renewable energy and implementation of efficiency and optimisation strategies.^{209, 211}

Building climate resilience for continued delivery of high-quality care

Energy security is particularly important for healthcare systems to ensure the continued delivery of safe, high-quality care. It is also crucial that healthcare systems can continue to provide care in the face of climate impacts including extreme weather events. The healthcare sector can play a leading role in the transition away from fossil fuels, particularly gas, by adopting all-electric infrastructure and investing in on-site renewable energy generation and storage.²⁰¹ These actions strengthen energy resilience, reduce emissions, and demonstrate leadership in sustainable, climate-ready healthcare.

Climate and environmental sustainability work at the RACP

Driven by a commitment to seeking improved health for all,²¹² the RACP has been advocating for climate action in Australia and Aotearoa New Zealand for over a decade. The RACP played a key role in informing the development of Australia's first *National Health and Climate Strategy*.²¹³ We have joined other health colleges in committing to climate and environmental sustainability action,²¹⁴ guided by our Environmental Sustainability Policy.²¹⁵ We have embedded climate change in key advocacy documents, led multi-college climate health advocacy, developed position statements and professional development resources, and are implementing a shift to renewable power supply across all RACP buildings and offices.²¹⁶

RACP members have led our climate and health work and have also been pivotal in bringing about change from within governments, healthcare systems, academic institutions, and advocacy organisations across Australia and Aotearoa New Zealand. The RACP will continue to work with members and partner organisations to help support a just, healthy transition away from fossil fuels, particularly in the delivery of healthcare.



Recommendation 5: Support healthcare system action

The RACP emphasises the important role of the healthcare sector, including medical colleges, in transitioning beyond fossil fuels, and calls upon Australian and Aotearoa New Zealand governments to support healthcare systems to be leaders in a healthy transition to renewable energy by:

- 5.1. Investing in preventive health to reduce climate-related health impacts and flow-on healthcare service demand
- 5.2. Incentivising, and investing in programs that drive high value care
- 5.3. Supporting hospitals and health services to become all-electric, including new builds and retrofitting of existing structures
- 5.4. Exploring renewable energy generation and on-site storage capabilities for health services
- 5.5. Developing and implementing procurement processes that promote environmentally sustainable supply chains across public and private sectors

Monitoring, evaluation, and accountability

A just, healthy transition requires monitoring and evaluation frameworks that demonstrate progress in improving health, energy, and Indigenous equity, with clear accountabilities and measurable indicators, and Indigenous governance and leadership.

Monitoring and evaluation processes must be culturally grounded, culturally safe, inclusive and participatory, and enable dialogue, trust, connection, and shared learning. The Whānau Ora Outcomes Framework and Next Steps for Whānau Ora are useful resources for Aotearoa New Zealand contexts.²¹⁷ In Australia, the Australian Evaluation Society First Nations Cultural Safety Framework provides advice for culturally safe evaluation.²¹⁸

Evaluation should assess the effectiveness of multisectoral collaboration¹²⁶ and the quality of community engagement. Policy and investment decisions must reflect community feedback and emerging evidence, ensuring the transition remains responsive to community priorities. It is essential that monitoring and evaluation processes are incorporated from the outset of policy development and implementation, that they drive government accountability, and are invested in on an ongoing basis.



Recommendation 6: Monitor and evaluate progress on health and Indigenous equity

The RACP recommends ongoing monitoring and evaluation to track progress, impact and effectiveness of government initiatives including the prioritisation of health equity and Indigenous justice in the transition to renewables including:

- 6.1. Recognising Aboriginal, Torres Strait Islander and Māori sovereignty, knowledges and leadership, including culturally safe governance and decision-making arrangements in monitoring and evaluation processes
- 6.2. Resourcing Indigenous-led monitoring, evaluation, and data governance, ensuring that Aboriginal and Torres Strait Islander peoples and Māori have authority over how data is collected, interpreted, and used
- 6.3. Providing Aboriginal, Torres Strait Islander, Māori, and local communities with access to data to support development of indicators that measure climate-health impacts, equity outcomes, and system resilience
- 6.4. Monitoring and evaluation of the effectiveness of policies in addressing the determinants of health for improved health outcomes, including mechanisms to ensure cross-sectoral collaboration in policy development and implementation
- 6.5. Embedding place-based and place-sourced approaches that respond to local community needs, strengths, and contexts



Conclusion and next steps

As physicians and trainee physicians our focus is on the health of communities. We understand the harms of fossil fuel extraction and combustion. We recognise that the transition away from fossil fuels is already underway and presents a key opportunity for positive health equity and Indigenous justice outcomes.

This position statement explores some of the challenges that a healthy future beyond fossil fuels will bring, identifying recommendations, complexities, and areas for further exploration.

The RACP recognises that advocating for a healthy transition will require driving coordinated action and influencing decision-making within and beyond the health sector and consistently calling for Indigenous leadership and co-design. It will also require us to recognise and navigate complexity, continue to ask questions and improve policies and processes as the transition progresses, and remain committed to improving health outcomes.

For questions or comments about this position statement please contact the RACP's Policy and Advocacy team at policy@racp.edu.au.

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