

ECOLOGICAL SUSTAINABLE DEVELOPMENT POLICY

This policy replaces three previous policies; Environmental Degradation and Human Health, Population and Ecological Sustainability, and Ecological Sustainable Development.

See also the Climate Change Policy.

The Public Health Association of Australia notes that:

1. Humans experience the environment in which they live as an assemblage of physical, chemical, biological, social, cultural and economic conditions.^{1,2} The environmental threats to human health can be divided into the traditional hazards (poor water and sanitation, unhealthy housing, vector borne disease, natural physical disasters, pestilence and war) and modern health hazards (the toxic affects of human made pollution, traffic safety hazards, direct and indirect effects of climate change, and the chronic disease that are attributable to affluence - the tobacco environment and the obesogenic environment).^{1,2}

2. At a global level there are broader public health hazards, such as global warming and its many ecological consequences, loss of stratospheric ozone leading to increased biological damage due to ultraviolet radiation, deforestation, land degradation and loss of arable land, loss of biodiversity and increasingly rapid extinction, destruction of parts of the food chain, and urban and social disintegration under the combined pressures of population, pollution and poverty.³

3. The vast majority of human societies are still unable to provide all of their citizens with appropriate water supplies and sanitation, food, housing, employment and education. The association between economic wealth and public health status of societies has inspired calls for local "economic growth" as the primary factor behind public health improvements.^{4,5} However, even the most optimistic scenarios indicate that it would take a century or more for reasonable equity in health to be achieved through this approach. Public health is a factor in achieving economic and social development, and it requires in low-income countries and communities investments beyond what the local economy can support. Globalisation of economic activities has in part undermined efforts towards investments in public health and it can also jeopardise efforts for environmental protection.^{5, 6, 7}

4. These problems are inter-related. Population pressures ultimately relate to inequities

of income, education, health and other social resources within and between countries, which contributes to inequities of power, violence and destabilisation of social structures, as well as deforestation, desertification, soil degradation and loss of agricultural land.^{8,9} Further, inequities in power lead to pressures on less developed countries to grow unsustainable crops, at the expense of self-sustainability in order to furnish debts.^{5,9}

5. Ultimately, environmental degradation threatens the life support system of humans. Many of the environmental impacts currently being felt transcend generations and some aspects could prove to be irreversible or long term.¹⁰

6. The United Nations Development Program while seeking to eradicate extreme poverty and hunger, recognises explicitly the interdependence between growth, poverty reduction and sustainable development. (reference: http://www.undp.org.in/index.php?option=com_content&task=view&id=11&Itemid=9, accessed 16/6/2008)

The Public Health Association of Australia affirms that:

6. Australia's national environmental, industry and agricultural policies must be set in a global context that recognises the direct and indirect effects on human health from ecological destabilisation that is occurring through global warming and climate change.¹¹

7. These policies must also recognise the ecologically destabilising effects of historical and current patterns of inequities in terms of trade, international debt and aid policies.⁷ Research shows that environmental degradation is a function of the rate of change of per capita consumption of resources and technology (e.g. land use, energy intensity and waste emissions) as well as population.¹²

8. The difficult questions of limiting human population size and alleviating poverty require solidarity between and more concerted effort from, people and their governments, and non-government organisations in all rich and poor countries.⁹

9. The majority of the world's poor, in both rich and poor countries, are women, and this has a direct and detrimental effect on the children they bear and largely rear. Their equitable access to economic and political power, respect, opportunities for self-fulfilment, information and other resources, is vital to reducing human populations and their pressure on the earth's ecosystem.⁹

10. The balancing of the health of diverse local, regional and global ecosystems, as well as of human individuals and communities, needs to be given equal consideration with those of economy and trade.^{6, 10, 13} Public health practice is well placed to contribute a range of strategies to address the multi-factoral causes of the world's current environmental practice and to encourage change to social practices that harm health.

The Public Health Association believes that:

11. The pace of environmental change is unprecedented (e.g. time-scale of decades for global warming), rendering predictions less certain and adaptation more difficult. The existence of multiple and concurrent environmental stresses (including interactions and synergies) may compound the ultimate effects and may lead to irreversible effects.^{7, 9}

12. There is a need for action internationally to reorganise trade, aid and production policies to break the cycle of indebtedness, poverty and high population growth in the poorest countries. The forces of globalisation need to be directed to strengthen public health.⁶ Domestically, there needs to be concerted action by all sectors to reduce ecologically unsustainable development, inequitable demands on global resources and over consumption of national resources.⁷ Urban and service planning need to be re-examined in order to promote more sustainable urban development.

13. Policy advice and decisions must be based on the 'precautionary principle', which means that developments should be introduced with prudence, through consultative mechanisms that allow appropriate prior assessment of and public acceptability for, their potential impacts on environmental, social and physical wellbeing, and their ability to reduce existing economic inequalities.¹⁴

14. Existing technologies and developments should be re-examined and evaluated according to current ecologically sustainable criteria.⁴

15. A national policy should be developed that addresses the nation's obligations to refugees and immigrants, and deals with the effects of and on trade, aid, industry, technology, regional development, employment, education, primary health care, family planning and fertility.^{7,9,15}

The Public Health Association of Australia resolves that:

16. The PHAA national office, in conjunction with the Environmental Health Special Interest Group and the PHAA enHEALTH representative, seek the funding and establishment of a National Network for Sustainability. The network would bring together, electronically, researchers and practitioners from both the health and environmental sectors, to share information and to disperse research quickly. The PHAA will approach enHEALTH and the relevant Commonwealth, State and Territory health and environment departments seeking backing for the network. The network would update the Commonwealth's Environmental Health Framework and should also establish a means of contributing to and receiving international research, development and technology transfer.

17. The Environmental Health, International Health and Political Economy of Health Special Interest Groups will develop analyses and policy proposals supporting the required international economic changes to international agreements to support sustainable development management.

18. The Environmental Health, Women's Health and International Health Special Interest Groups will seek help from Environment Australia and the Australian Bureau of

Statistics to have indicators of ecological sustainability, social sustainability, public health, and the interlinkage variables included in the State of the Environment reports.

19. The Environmental Health Special Interest group will pursue the development of a report on the degree to which six critical development sectors have adjusted to ecological sustainability (broad scale irrigation, sub-urban development, urban transport systems, mining and metal processing, energy production, and tourism).

20. The Environmental Health Special Interest Group, in conjunction with other NGOs will pursue the adoption of health impact statements as part of environmental impact statements at both the Commonwealth and State and Territory levels via enHEALTH. In addition the Special Interest Group will seek the use of health impact statements as part of all new policy proposals in budget development at both the Commonwealth and State and Territory levels.

21. The Environmental Health Special Interest Group will promote further research on the interface between ecological sustainable development and public health. This will incorporate links to research on sustainable social development and public health. PHAA members, research institutions, government agencies and other stakeholders will be encouraged to contribute to these efforts. The promotion will also include calls for further research funding and strengthening of research teaching in this field.

22. The PHAA will continue to support the development of policy and program solutions to environmental health issues by contributing to enHEALTH and by supporting the Commonwealth's Environmental Health Strategy.

23. The PHAA will work in alliance with other NGOs, such as the Local Government Association of Australia, towards the development of a framework model for municipal health plans and the development of local models of urban design to improve the public health outcomes (e.g. services within walking and cycling distances, improved public transport).

References:

1 United Nations. Agenda 21 - Protection and promotion of human health. Chapter 6. United Nations Division for Sustainable Development. 1992.
<http://www.un.org/esa/sustdev/agenda21text.htm>

2 Yassi, Annalee. Kjellstrom, Tord. De Kok, Theo. Guidott, Tee L. Basic Environmental Health. World Health Organisation. New York: Oxford Press, 2001.

3 Moss, Richard H. Watson, Robert T. Zinyowera, Marufu C. The regional impacts of climate change - An assessment of vulnerability. United Nations Environmental Programme, World Meteorological Organization. 2002.
<http://www.grida.no/climate/ipcc/regional/index.htm>

4 Shearman, David. Sauer-Thompson, Gary. Green or Gone - Health, Ecology, Plagues, Greed and our Future. Kent Town: Wakefield Press, 1997.

5 United Nations Department of Economic and Social Affairs. Programme for the further implementation of Agenda 21. Adopted by the General Assembly at its nineteenth special session (23-28 June 1997).

<http://www.un.org/documents/ga/res/spec/aress19-2.htm>

6 Conference statement of the Society for International Development, World Health Organization, Rockefeller Foundation International Round Table. Equity in Health in the Age of Globalisation -Responses to Globalisations: 'Rethinking Equity and Health'. 12th-14th July 1999. World Health Organization Headquarters, Geneva. Journal of the Society for International Development 1999; 42:4; 5-7.

<http://www.sagepub.co.uk/journals/details/issue/sample/a010911.pdf>

7 United Nations Research Institute for Social Development. Environmental Degradation and Social Integration. Geneva, Switzerland. 1994.

www.unrisd.org/engindex/publ/list/bp/bp3/bp03-03.htm

8 Population Action International. People in the Balance - Population and natural resources in the turn of the century. Washington. 2002.

http://www.populationaction.org/resources/publications/peopleinthebalance/pb_summary.shtml

9 The United Nations Population Fund. The State of the Worlds Population 2001 - Web Address. 2002.

<http://www.unfpa.org/swp/2001/english/ch02.html>

10 Fitzpatrick, E N. Ecological Sustainable Development or Sustainable Development. ATSE Focus Nov/Dec 20 2000; No. 114.

11 Global Ideas Bank. The ecologist - The ecologists declaration on climate change. London. March 1999.

<http://www.globalideasbank.org/SD/SD-81.HTML>

12 Redefining Progress. Ecological Footprint and Sustainability - Web Site. Oakland. 2002.

<http://www.redefiningprogress.org/programs/sustainability/ef/>

13 Kwa, Aileen. The WTO and Developing Countries: A Foreign Policy In Focus Brief. An Internet Publication, 2002.

<http://www.focusweb.org/publications/1999/The%20WTO%20and%20Developing%20Countries.htm>

14 International Summit on Science and the Precautionary Principle. Lowell Statement on Science and the Precautionary Principle. The Lowell Centre for Sustainable Production, University of Massachusetts, December 17, 2001.

<http://www.uml.edu/centers/lcsp/precaution/>

15 United Nations. Agenda 21- Promoting human settlement development. Chapter 7. United Nations Division for Sustainable Development. 1992.

<http://www.un.org/esa/sustdev/agenda21text.htm>

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