Adelaide Statement II on Health in All Policies

Implementing the Sustainable Development Agenda through good governance for health and well-being: Building on the experience of Health in All Policies

Outcome statement from the International Conference on Health in All Policies, Adelaide 2017
Preamble

We - 150 experts and practitioners of Health in All Policies (HiAP) from 21 countries - have come together in Adelaide at the invitation of the Government of South Australia and the World Health Organization, to celebrate ten years of Health in All Policies in South Australia. This meeting, on the traditional lands of the Kaurna people, offered the first major opportunity to explore the recommendations of the Shanghai Declaration in greater depth.

We commit to take forward the mandate of the Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development and to advancing the equitable achievement of the Sustainable Development Goals (SDGs) through the mechanisms of good governance. In this, we draw on our practical experience of working at different levels of government and in diverse contexts in countries around the world.

Our work has benefited from previous important policy documents such as the 2010 Adelaide and 2013 Helsinki Statements on Health in All Policies, the report of the Commission on the Social Determinants of Health (SDOH) and the Rio Political Declaration on SDOH.
Introduction

Action on the Sustainable Development Goals means acting on the determinants of health and well-being. These determinants are frequently shaped by political decisions and public policies - policies which can support health and well-being or can fail to take account of their impacts on health and equity.

Health is a political choice

Political decisions can impact on economic and social inequities, including through policies which shape unhealthy living and working environments, or which fail to address inequities of gender, race and ethnicity. Faced with the many complex existing and emerging challenges to health and well-being in countries and globally, including rapid urbanization, climate change, pandemic threats and the proliferation of unhealthy commodities, practical responses are urgently needed.

The SDGs are indivisible and universal

They provide a road map for all countries to societal well-being by integrating actions across the social, economic and ecological domains. Within the SDG context good health is a precondition for, an outcome and indicator of, sustainable development. Health is core to the SDGs with their focus on people, planet, peace, prosperity and partnerships.

Transformative strategies for implementing the SDGs

A transformative approach requires joint action and policy coherence. Good governance for health and well-being will be a crucial strategy in achieving the SDGs, in line with the emphasis in the Shanghai Declaration.

The SDGs provide new impetus for our work in reaching out across different sectors of government and society. The SDGs require us to be systemic in our thinking; to recognize the commonalities between the health of people, ecosystems and the planet. Health is a societal investment that contributes to well-being beyond Gross Domestic Product (GDP).

Health in All Policies offers us new ways to confront major 21st century challenges to health and well-being, including safety and security. We must accelerate and foster the wider adoption of this approach in order to: reduce inequities in health and well-being for people of all ages; embrace social innovation such as network models of governance; address the commercial determinants of health; and ensure no one is left behind in social and economic development.

The investment in, and lessons from, the successful experience of HiAP implementation in South Australia and internationally will support us in moving forward. The breadth of experience presented at the conference affirmed that the benefits of a HiAP based approach can be realized at all levels of government - city, regional, state, national - and in different contexts.
Action on determinants

The interconnectedness between the determinants of health will require strong and effective action by governments and societies. Our discussions have put a special focus on the commercial, political and environmental determinants. Our work aims to implement a mutual gain approach but we recognize that persistent marketing of proven unhealthy commodities, enduring inequalities and environmental degradation, can require strengthened legislative, regulatory, and fiscal measures.

Many of the determinants we need to address are at the global level. It is essential that we build international alliances between countries, cities, civil society organizations and citizens to address these determinants.

Action on equity

In acting on determinants we affirm the importance of pursuing equity, fairness and social justice. The mental, physical, and spiritual needs of First Nations peoples must feature strongly, including recognizing the impact of colonization.

We acknowledge the contribution of social protection and equitable access to health care services as a determinant of health outcomes, and recognize that universal health coverage is the most effective mechanism to ensure this can be achieved.

We recognize that fiscal responses in the face of economic downturns can have a profound effect on citizens as well as institutional capacities to respond to the needs of the most disadvantaged, and we urge governments to consider the health and well-being impacts of such decisions.

Action on shared leadership with Citizens

HiAP requires active engagement of citizens and this can be achieved through mechanisms such as citizens’ juries, participatory budgeting, and societal dialogue. The Shanghai Declaration reminds us that health literacy empowers individual citizens and enables their engagement in collective health action. Ensuring a strong civil society underpins this.

Transparency in the provision of information fosters citizen engagement and strengthens accountability.

Citizen engagement must respect the rights and needs of displaced persons, refugees, asylum seekers and other marginalized groups, and ensure opportunities for their participation.
Action on evidence

We need to generate an evidence base that can be used by all sectors and citizens. Accountability of HiAP approaches will be strengthened through interdisciplinary research.

Learning from HiAP to implement the Sustainable Development Agenda

HiAP is a practical strategy that can be used to achieve the SDGs. It is implemented in different ways in a variety of contexts and systems but there are common values and aims. HiAP works best when a combination of factors are in place: good governance; development of strong and sound partnerships based on co-design, co-delivery and co-benefits; dedicated capacity and resources; and the use of evidence and evaluation. Together, these factors can and do deliver positive change. The key features of these are set out in Annex 1.

Annex 2 describes the interrelationships between each SDG domain and health and well-being.

Our commitment

We commit to building on the Health in All Policies approach to advance the Sustainable Development Agenda consistent with the Shanghai Declaration. We recognize that health is a political choice and we will continue to strongly advocate for health, well-being and equity to be considered in all policies.
**Annex 1**

Experts and practitioners from around the world with experience in implementing Health in All Policies have identified the strengths of HiAP practice and its key features.

<table>
<thead>
<tr>
<th>Strengths of HiAP</th>
<th>Key Features</th>
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| **Governance**    | • An authorizing environment from the highest levels of government  
                    • Political and executive leadership as well as leadership at all levels of the hierarchy and horizontal leadership  
                    • Leveraging decision making structures  
                    • Creating an environment for cultural change in practices and ways of working  
                    • Leadership that looks outwards, provides space to stretch outside of formal structures or boundaries, encourages dialogue, supports experimentation and innovation  
                    • Developing a clearly articulated and shared vision |
| **Ways of thinking** | • Social innovation  
                        • Political acumen  
                        • Valuing partnerships  
                        • Seeking mutual gain  
                        • Citizens and community at the centre  
                        • Creative problem solving  
                        • Utilizing ‘champions’ or advocates  
                        • Outcome focused |
| **Ways of working** | • Co-design, co-production and collaboration to achieve shared goals and realize co-benefits  
                           • Dialogue and systematic consultation  
                           • Diplomacy to build constituencies to support change  
                           • Shared measures, reporting and public accountability  
                           • Basing action on evidence  
                           • Learning-by-doing  
                           • Reflecting on practice and responding to changing contexts  
                           • Dedicated capacity |
| **Principles**     | • Joined up approaches  
                    • Flexibility and adaptability  
                    • Respectful and responsive to partners’ needs  
                    • Investment in building trust and relationships  
                    • Transparent and open communication  
                    • Systematize and institutionalize  
                    • Build a skilled HiAP workforce  
                    • Focus on public value |
Motivating for joined-up action across sectors using the Sustainable Development Goal (SDG) domains as examples

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<thead>
<tr>
<th>SDG domain</th>
<th>Converging interests</th>
<th>Connecting the conditions for health and well-being</th>
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<tbody>
<tr>
<td>1 NO POVERTY</td>
<td>Poverty, the extent of relative deprivation and the processes of social exclusion in a society have a major impact on the health of its population. Living in poverty is a significant factor that has impact on a person’s life chances, opportunities to influence their circumstances and their environments and therefore, ultimately health outcomes. This impact can be intergenerational. Carefully planned poverty reduction measures, such as unconditional cash transfers and skills development, help prevent or reduce poverty and yield enormous improvements in the physical and psychosocial conditions necessary for a healthy population and a more equitable society. Ill health can constitute an inescapable poverty trap for affected households. There is a complex dual dynamic between health and poverty and this is especially the case for mental health. For example, people with a mental disorder are more likely to be in poverty, and poverty can create or exacerbate mental health issues. Health evidence is useful in designing poverty reduction measures, such as unconditional cash transfers, skills development programmes (including health literacy), and food voucher schemes, to optimize the dual health and poverty impacts of these policies and programmes.</td>
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<td><strong>2 ZERO HUNGER</strong></td>
<td>Well-functioning food markets, supported by appropriate labour practices and infrastructure that ensures cleanliness, safety, and nutritious food is critical to people’s health. Healthy safe food reduces the rates of food-borne illnesses and the chance of epidemics. Sustainable agricultural practices are important for the livelihoods of rural populations, thereby impacting their health, as well as for ensuring diversity in local food systems and food production processes that do not generate negative externalities for health. For example, through overuse of harmful pesticides and contamination of drinking water and soil. Ill-health and epidemics reduce the ability of households to farm and produce food or to work and purchase food, thus interrupting local and global food chains. Utilising evidence on the health impacts of food and agriculture policies can enhance their benefits. For example, policies that extend beyond a focus on more intense food production practices to incorporate diversity of production and improved local access and availability, are good for population health and health equity, while leading to more resilient food systems.</td>
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<td><strong>4 QUALITY EDUCATION</strong></td>
<td>Education can influence health directly through increased health literacy and behaviour change that impacts children but also their families and wider communities. Furthermore, education affects the quality of psychosocial stress coping mechanisms important for the prevention of noncommunicable diseases and for accessing health services. More educated people can cope better with changing health systems and the adoption of new technologies. Education has a major effect on health over the life course through increased income, opportunity, self-reliance and empowerment, and creates engaged citizens. Poor health and health behaviours of children or family members limits school attendance, affects behaviours in the classroom and inhibits overall educational attainment. Healthy children have increased educational potential and abilities to solve life challenges, contribute positively to school life and pursue opportunities in life.</td>
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### SDG domain

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<td><strong>5 GENDER EQUALITY</strong></td>
<td>Gender equality directly contributes to better health and promotes fairness and justice in the distribution of benefits, education, power, and resources, and can offer women more time to make decisions about their health. Policies, laws and programmes that address gender and gender-based violence and discrimination in all areas, in particular for women and sexual and gender minorities, can promote gender equality, reduce violence and lead to health gains. Gender inequality increases the level of violence within communities. Public health programmes, collaborating with police and justice sectors, can bring together strong partners to address parenting programmes in communities and promote other social protection services that are important for health and gender equality.</td>
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<td><strong>6 CLEAN WATER AND SANITATION</strong></td>
<td>Safe water and sanitation is critical to people’s health and can help to reduce the preventable disease burden from faecal-oral diseases, such as diarrhoea. Improved access to sanitation and access to adequate water quality and quantity for drinking and other needs shapes healthier, safer living environments and also leads to long-term social and economic gains (e.g. poverty reduction and environmental sustainability). Public health evidence is important for defining safety standards, reducing pollution and promoting appropriate use of water resources by households, by public services, including educational and health services, and by the private sector.</td>
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<td><strong>7 AFFORDABLE AND CLEAN ENERGY</strong></td>
<td>As 1 in 9 deaths are attributable to air pollution (indoor household and outdoor), health benefits will accrue from a shift from fossil fuels to conservation and renewable, clean energy. Clean energy sources reduce exposure to harmful pollutants from the outdoor air or indoor air pollution from unclean cook stoves. Health impact assessments are central to furthering the climate and energy transition agenda. Quantifying the health impacts that fossil fuels pose can help the population to shift to cleaner renewable energy options and promote better public and private decisions about our energy future, which will have substantial benefits to both climate action and to public health.</td>
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<td><strong>8 DECENT WORK AND ECONOMIC GROWTH</strong></td>
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<td>Decent working conditions are among the fundamental drivers of good health and health equity in households and communities. Decent work improves physical and psychosocial health and well-being by increasing essential resources for health, including material resources and social capital. However, unhealthy work environments can be a major source of physical hazards, psychosocial stress, or exploitation. Inadequately managed hazardous occupational exposures can affect workers, their families and communities. The impact of poor working conditions is felt more by workers in middle- and lower-class occupations in society thus perpetuating health inequities.</td>
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<td><strong>9 INDUSTRY, INNOVATION AND INFRASTRUCTURE</strong></td>
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<td>Healthy people are more likely to seek and maintain employment, and to be retrainable as economies change, raising productivity and incomes, and encouraging job creation. Good levels of population health, including in older age groups as societies age, promote investor confidence and economic productivity. Safe roads, information and communication technologies, and innovative green technologies and industrial processes have positive direct and indirect impacts on population health. Societal infrastructure is important for safe mobility and for assuring effective access to health services, including for emergency medical care. Overall, healthy societies and communities require safe infrastructure for living and working. Healthier populations have greater capacities to contribute to and benefit from new technologies and innovations shaping infrastructure (e.g. smart cars) and future societies. The health sector has a clear stake in infrastructural developments. Decisions by the health sector for investments in smarter technologies creates employment and the health sector with its many services and buildings contributes to the overall infrastructure resources of cities and communities.</td>
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<td><strong>10 REDUCED INEQUALITIES</strong></td>
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<td>Policies and programmes for reducing income inequalities have important health and health equity impacts, as well as contributing to societal and economic progress for all. Policies such as minimum wage, redistributive taxation and income guarantees, insulate poorer and sicker households and communities against negative health experiences through ensuring essential nutrition, shelter and other resources for health. Countries with higher levels of income inequality for a given level of development tend to experience higher rates of violence, including violence addressed at health workers, as well as lower life expectancies. A high burden of ill health in society limits available resources for economic activity and other public goods and services, thereby further entrenching inequalities. Actions by the health sector to improve health equity reinforce other social equity drivers. Health evidence can be useful for other sectors to use in making comparisons of the overall societal benefits of different fiscal and social policies.</td>
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<td><strong>11 SUSTAINABLE CITIES AND COMMUNITIES</strong></td>
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<td>Well-designed and well-regulated cities create healthy environments, encourage physical activity (including walking and cycling opportunities), limit people’s exposure to hazards such as air pollution and dangerous traffic, and contribute to better mental health, thereby reducing disease. Utilisation of health services is also improved when coordination with overall city planning is considered. Evidence from health actors is useful in creating laws and policies for urban development, including for transport networks, housing, and general land use affecting city design. Using information on community health profiles leads to improved access to commercial and leisure areas and higher utilisation of public infrastructure and transport. Cities with healthy populations have lower rates of violence and injuries, which contributes to a more stable urban life for all.</td>
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<td><strong>12</strong> RESPONSIBLE CONSUMPTION AND PRODUCTION</td>
<td>Sustainable consumption and production patterns that support healthy ecosystems and biodiversity contribute to reducing air, water and soil pollution and improving human and planetary health. Highlighting the health impacts of consumption and production patterns is a powerful motivator for changing systems. Policy attention on natural resource security and scarcity, enhancing green investments promoting biodiversity, and driving environmental innovation can contribute to decoupling economic growth from resource use (e.g. production and consumption systems emit less waste). Between 2030 and 2050, climate change is expected to cause approximately 250,000 additional deaths per year, from malnutrition, malaria, diarrhoea and heat stress. Enhancing the prominence of health co-benefits in the development of climate change mitigation policies will ensure that integrated policy goals are embedded in the broader climate change agenda and can encourage more ambitious climate change action. Specifically, consideration of human health implications of climate change presents an opportunity to positively inform the development, communication and uptake of climate change policies and climate change cost-benefit models. Marine pollution and collapse of fish stocks from overfishing have direct impacts on nutrition, and indirect health impacts through affecting the livelihoods of many coastal and poorer populations. The preservation and restoration of coastal and marine ecosystems can be best achieved through coordinated policies for health and nutrition, agriculture, trade and environment.</td>
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<td>15 LIFE ON LAND</td>
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