CLOSETHEGAP

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Dear Committee Secretary,

Inquiry into Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation"

We write to you as Co-Chairs of the Close the Gap for Indigenous Health Equality. As you are probably aware, since 2006, Australia's peak Indigenous and non-Indigenous health bodies, NGOs and human rights organisations have worked together under the banner of the Close the Gap Campaign. The aim of the Campaign is to secure the support of Australian governments for a human rights based approach to achieving health and life expectation equality for Australia's Aboriginal and Torres Strait Islander peoples.

The Close the Gap Campaign welcomes this inquiry Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation". Since its inception the Campaign has been a strong advocate on the importance of addressing the social determinants of health in order to close the gap in life expectancy between Aboriginal and Torres Strait Islander people and the broader Australian public. Addressing the social determinants of health is consistent with a human rights based approach.

The *Close the Gap Statement of Intent* is the cornerstone of the Campaign, it sets out the key principles to achieve Aboriginal and Torres Strait Islander health equality by 2030. It has been signed by the Australian Government, the Opposition and all State and Territory governments other than the Northern Territory and Tasmania. Addressing the social determinants of health is a key commitment in the *Statement of Intent*. Parties commit:

> To working collectively to systematically address the social determinants that impact on achieving health equality for Aboriginal and Torres Strait Islander peoples.

This commitment by Australian governments to addressing the social determinants of health is significant, as noted by founding Chair of the Campaign and former Social Justice Commissioner Dr Tom Calma the *Statement of Intent* 'should be seen as a foundation document for a national effort to achieve Indigenous health equality'.

The Close the Gap Campaign and its member organisations have produced a body of work that has contributed to improving the awareness of social determinants of health. We believe this can inform the Committee's inquiry. In particular we would like to draw to the attention of the Committee the following work:

- T Calma, Aboriginal and Torres Strait Islander Social Justice Commissioner, *Social Justice Report 2005*,Human Rights and Equal Opportunity Commission (2005), Chapter 2. At http://www.humanrights.gov.au/social_justice/sj_report/sjreport05/index.html (viewed 22 October 2012).
- T Calma, Aboriginal and Torres Strait Islander Social Justice Commissioner, *Social Justice Report 2008*, Australian Human Rights Commission (2009), Chapter 5. At http://www.humanrights.gov.au/social_justice/sj_report/sjreport08/index.html (viewed 22 October 2012).
- Close the Gap Campaign Steering Committee, *Close the Gap Making it Happen Workshop Report*, Museum of Australian Democracy (Old Parliament House), Parkes, Canberra, 24-25 June 2010, pp 31-37.

At http://www.humanrights.gov.au/word/social_justice/health/making_it_happen_worshop_report.doc (viewed 22 October 2012).

- Close the Gap Campaign Steering Committee, *Shadow Report 2010: On Australian governments' progress towards closing the gap in life expectancy between Indigenous and non-Indigenous Australians* (2010), pp 16-17, 22-24. At http://www.humanrights.gov.au/social_justice/health/OAus-CloseTheGapShadowReport-0210.pdf?ref=486 (viewed 22 October 2012).
- Close the Gap Campaign Steering Committee, *Shadow Report 2012: On Australian governments' progress towards closing the gap in life expectancy between Indigenous and non-Indigenous Australians* (2012), pp 24-35. At http://www.humanrights.gov.au/social_justice/health/OAus-CloseTheGapShadowReport-0212.pdf?ref=687 (viewed 22 October 2012).

Finally we would like to draw to your attention the current process to develop a new National Aboriginal and Torres Strait Islander Health Plan. This plan is being developed in partnership with Aboriginal and Torres Strait Islander peoples, particular with the National Health Leadership Forum (NHLF) of the National Congress of Australia's First Peoples. The NHLF emerged out of and continues to lead the Close the Gap Campaign. It is comprised of the 12 national Aboriginal and Torres Strait Islander peak bodies whose core business is health. The NHLF with the support of the Close the Gap Campaign will be working with the Australian Government to ensure that the Health Plan addresses the social determinants of health. Please find attached NHLF inputs that have already been provided to the Australian Government to feed into the development of the Health Plan.

More information about the Health Plan can be found on the Department of Health and Ageing's website here http://www.health.gov.au/internet/main/publishing.nsf/Content/natsih-plan.

Yours sincerely

Mick Gooda
Mr Mick Gooda, Co-chair of the Close the Gap Campaign for Indigenous Health Equality and Aboriginal and Torres Strait Islander Social Justice Commissioner

Jody Broun
Co-chair of the Close the Gap Campaign for Indigenous Health Equality; Co-chair of the National Health Leadership Forum, and Co-Chair, National Congress of Australia's First Peoples

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The NHLF inputs into the Health Plan

- NHLF Position Paper on the right to health: Attachment 1.
- Policy asks and process targets for the National Aboriginal and Torres Strait Islander Health Equality Plan: Attachment 2.
- What does success look like? Measuring the success of the National Aboriginal and Torres Strait Islander Health Plan: Attachment 3.

Attachment 1

NHLF POSITION PAPER
18 June 2012

Title:
The right to health

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The *Social Justice Report 2005* provides a comprehensive articulation of the right to health as it applies to Aboriginal and Torres Strait Islander peoples.[1] This report formed the intellectual foundation for the Close the Gap Campaign for Indigenous Health Equality, from which the National Health Leadership Forum emerged out of, and continues to lead.

Human rights provide a framework for addressing the consequences of the health inequality experienced by Aboriginal and Torres Strait Islander peoples. This includes recognising the underlying causes of health inequality as well as the inter-connections with other issues. Human rights require more than a rhetorical acknowledgement of the existence of inequality and general commitments to overcome this situation at some unspecified time in the future. Ultimately, human rights standards provide a system to guide policy making and to influence the design, delivery and monitoring and evaluation of health programs and services. It is a system for ensuring the accountability of governments.

In addition to international obligations, through the *Close the Gap Statement of Intent* Australian governments have committed to adopting a rights based approach to health, including commitments to:

- Ensuring the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.
- Respecting and promoting the rights of Aboriginal and Torres Strait Islander peoples, including by ensuring that health services are available, appropriate, accessible, affordable, and of good quality.[2]

As a consequence, the National Health Leadership Forum posits that human rights standards should inform the development of the National Aboriginal and Torres Strait Islander Health Plan.

This paper will briefly examine four interrelated aspects of a rights based approach to health; a) non-discrimination, b) progressive realisation, c) the content of the right to health, and d) participation in decision-making.

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[1] T Calma, Aboriginal and Torres Strait Islander Social Justice Commissioner, *Social Justice Report 2005*, Human Rights and Equal Opportunity Commission (2005), chapter 2 (see particularly pp 48-57).
[2] *Close the Gap Indigenous Health Equality Summit Statement of Intent* (2008).

A) Non-discrimination

Non-discrimination is a cornerstone of human rights, all people are entitled to be treated equally and enjoy their rights without discrimination. Australia's human rights obligations require it to take steps to redress inequality in the enjoyment of rights, such as the right to health.[3] These actions are a form of differential treatment that is considered non-discriminatory. This is because they are aimed at achieving substantive equality or equality 'in fact' or outcome.

The principle of non-discrimination frames the right to health as a right of equal opportunities to be healthy; essentially the right to opportunities to be healthy. This includes the enjoyment of a variety of facilities (ie health infrastructure), goods (ie access to fresh food), services (ie access to doctors) and conditions (ie social determinants) necessary for the realisation of the highest attainable standard of health. By necessity this requires an examination of health systems; governments have a duty to design such systems so that they accommodate difference.[4] It should not be up to Aboriginal and Torres Strait Islander people to navigate their way through systems that do not take into account their particular needs and circumstances. The principle of non-discrimination therefore also incorporates addressing issues of structural racism within the health system.

B) Progressive realisation

Human rights standards acknowledge that some human rights (for example, the right to health for Aboriginal and Torres Strait Islander people) may be difficult to achieve in a short period of time. However, this difficulty does excuse inaction. To the contrary, it creates an obligation to take deliberate, concrete and targeted steps to achieve the full realisation of the relevant right. This is known as the progressive realisation principle.[5] In relation to Aboriginal and Torres Strait Islanders peoples' right to health it demands governments:

- Develop a thoroughly worked out plan (taking into account all the major determinants of health inequality) to reach the goal of health equality; and
- Commit to a time frame for the achievement of health equality using ambitious but realistic targets or benchmarks to monitor progress over time.

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[3] These are actions are known as special measures. For example *International Convention on the Elimination of All Forms of Racial Discrimination*, 1965, article 2(1). For more information see Australian Human Rights Commission, *Guidelines to understanding 'Special measures' in the Racial Discrimination Act 1975 (Cth): Implementing 'special measures' under the Racial Discrimination Act 1975 (Cth) (2011*). At http://www.humanrights.gov.au/racial_discrimination/publications/special_measures2011.html (viewed 5 June 2012).

[4] See *United Nations Declaration on the Rights of Indigenous Peoples*, GA Resolution 61/295 (Annex), UN Doc A/RES/61/295 (2007), preambular paragraph 2.

[5] *International Covenant on Economic and Cultural and Social Rights*, 1966, article 2(1).

C) The content of the right to health

Article 24(2) of the *United Nations Declaration on the Rights of Indigenous Peoples* (the Declaration) and article 12 of the *International Covenant on Economic, Social and Cultural Rights* recognises the right of Aboriginal and Torres Strait Islanders "to the highest attainable standard of physical and mental health", or the right to health. It can be understood to have four essential elements:

- ***Availability***. Functioning public health and health-care facilities, goods and services, as well as programs, have to be available in sufficient quantity within a country.
- ***Accessibility***. Health facilities, goods and services have to be accessible to everyone without discrimination. Accessibility has four overlapping dimensions:
  - *Non-discrimination*: health facilities, goods and services must be accessible to all, especially the most vulnerable or marginalised sections of the population, in law and in fact, without discrimination.
  - *Physical accessibility*: health facilities, goods and services must be within safe physical reach for all sections of the population, especially vulnerable or marginalised groups, such as Indigenous populations. Accessibility also implies that medical services and underlying determinants of health, such as safe and potable water and adequate sanitation facilities, are within safe physical reach, including in rural areas.
  - *Economic accessibility (affordability):* health facilities, goods and services must be affordable for all. Payment for health-care services, as well as services related to the underlying determinants of health, has to be based on the principle of equity, ensuring that these services, whether privately or publicly provided, are affordable for all, including socially disadvantaged groups.
  - *Information accessibility*: includes the right to seek, receive and impart information and ideas concerning health issues. However, accessibility of information should not impair the right to have personal health data treated with confidentiality.
- ***Acceptability***. All health facilities, goods and services must be respectful of medical ethics as well as respectful of the culture of individuals, minorities, peoples and communities, sensitive to gender and life-cycle requirements, as well as being designed to respect confidentiality and improve the health status of those concerned.
- ***Quality***. As well as being culturally acceptable, health facilities, goods and services must also be scientifically and medically appropriate and of good quality.[6]

D) Participation in decision-making

Active participation in the decision-making is a fundamental component of a rights based approach. It is particularly important for Indigenous peoples who have historically been marginalised from such processes.[7] The Declaration states:

Article 18

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[6] Committee on Economic, Social and Cultural Rights, *General Comment 14: The Right to the highest attainable standard of health*, UN E/C.12/2000/4 (2000), para 12; Calma, above note 1, pp 53-54.

[7] Expert Mechanism on the Rights of Indigenous Peoples, *Expert Mechanism advice No. 2 (2011): Indigenous peoples and the right to participate in decision-making* (2011), para 1. At http://www.ohchr.org/Documents/Issues/IPeoples/EMRIP/Advice2_Oct2011.pdf (viewed 5 June 2011).

> Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.
>
> *Article 19*
> States shall consult and cooperate in good faith with the indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them.
>
> *Article 23*
> Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

To enable effective participation in decision-making, governments have obligations to ensure consultation and engagement processes have the objective of obtaining the consent or agreement of the Aboriginal and Torres Strait Islander peoples concerned.[8]

The *Statement of Intent* articulates the right to participate in decision-making through a commitment to a partnership between Aboriginal and Torres Strait Islander peoples, their representatives and Australian governments that will underpin the national effort to address health inequality. To be effective, partnership must extend from the development stages of health planning, policy and programs through to their implementation and monitoring.[9] The formation of a partnership should be formalised through a framework agreement that articulates rules of engagement and has genuine power sharing arrangements. Appendix 1 provides more detail on partnership in relation to health.

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[8] *Report of the Special Rapporteur on the situation of human rights and fundamental freedoms of indigenous people, James Anaya*, Report to the Human Rights Council, 12th session, UN Doc A/HRC/12/34 (2009), para 65. For more detail on effective consultation and engagement processes also M Gooda, Aboriginal and Torres Strait Islander Social Justice Commissioner *Native Title Report 2010*, Australian Human Rights Commission (2011), chapter 3.

[9] Committee on Economic, Social and Cultural Rights, above note 6, para 54.

Appendix 1: Position paper on achieving Aboriginal and Torres Strait Islander health equality within a generation

Articles 24(2) and 23 of the *United Nations Declaration on the Rights of Indigenous Peoples* state:

> Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.
>
> Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

In relation to the achievement of Aboriginal and Torres Strait Islander health equality within a generation, this position paper is an expression of these rights by the following national Aboriginal and Torres Strait Islander health peak bodies and key stakeholders:

- Aboriginal and Torres Strait Islander Social Justice Commissioner of the Australian Human Rights Commission;
- Australian Indigenous Doctors' Association;
- Australian Indigenous Psychologists' Association;
- Congress of Aboriginal and Torres Strait Islander Nurses;
- Indigenous Allied Health Australia Inc.;
- Indigenous Dentists' Association of Australia;
- Lowitja Institute;
- National Aboriginal and Torres Strait Islander Healing Foundation;
- National Aboriginal and Torres Strait Islander Health Workers' Association;
- National Aboriginal Community Controlled Health Organisation;
- National Congress of Australia's First Peoples;
- National Coordinator, Tackling Indigenous Smoking; and
- National Indigenous Drug and Alcohol Committee.

These positions also reflect those agreed by the following national workshops, hosted by the Close the Gap Campaign for Indigenous Health Equality and attended by representatives from across the Aboriginal and Torres Strait Islander health sector and Australian governments:

- Close the Gap - National Indigenous Health Equality Summit, Canberra, March 2008;
- Close the Gap - Partnership in Action Workshop, Sydney, November 2008; and
- Close the Gap – Making it Happen Workshop, Canberra, June 2010.

1. Principles to underpin a national effort to achieve Aboriginal and Torres Strait Islander health equality

- Achieving Aboriginal and Torres Strait Islander health equality within a generation (health equality) is a national priority.

- The *Close the Gap Statement of Intent* is a foundational document, guiding efforts to meet this aim of health equality for Aboriginal and Torres Strait Islander peoples.

- The Statement of Intent commitments comprise an interdependent and coherent framework for achieving health equality and are not to be selectively interpreted or implemented. Therefore, the social and cultural determinants of Aboriginal and Torres Strait Islander health inequality must be addressed as a part of a national effort to achieve health equality, and within a national health equality plan.
- By meeting the commitments in the Statement of Intent, Australian governments will:
  - adopt 'best practice' policy, targets and guidelines for achieving health equality, as supported by research findings and the evidence base;
  - adopt the most efficient way of achieving health equality. Partnership, in particular, should be considered as an efficiency measure: helping to maximise the health outcomes from the resources available; and
  - align their efforts with the human rights of Aboriginal and Torres Strait Islander peoples, including those set out in the *United Nations Declaration on the Rights of Indigenous Peoples*.
- To drive this national commitment, the Prime Minister should lead the effort for achieving health equality through COAG and partnership with Aboriginal and Torres Strait Islander peoples through their representative organisations. This collective leadership should enable and be accountable for achieving the:
  - vital intergovernmental and intersectoral cooperation needed to achieve health equality;
  - public sector to work in partnership with Aboriginal and Torres Strait Islander peoples and their representatives, particularly when developing and implementing a health equality plan; and
  - national effort for health equality to be enhanced and be integral to the roll out of the National Health and Hospital Network (NHHN) and future reforms.
- Reflecting this, the Prime Minister should continue to report to the Parliament and the nation on efforts to 'close the gap' (including in relation to health outcomes) on the opening day or the first session of federal Parliament each year.

2. A partnership between Aboriginal and Torres Strait Islander peoples, their representatives and Australian governments

- A partnership between Aboriginal and Torres Strait Islander peoples, their representatives and Australian governments (partnership) must underpin the national effort to achieve health equality.
- The mechanism to achieve a sustainable partnership will be through;
  - the thirteen signatories (including the National Congress of Australia's First Peoples) creating a single community partnership interface. The signatory bodies pledge to work together and engage with Australian governments as equal partners at the national level to progress health equality.
  - Australian governments creating a single government partnership interface that should include:
    - the Minister for Health and Ageing and the Minister for Indigenous Health;
    - the Minister for Indigenous Affairs; and
    - State and Territory Governments.

    - The support of all Opposition parties, minor parties and Independents for the partnership arrangements set out in this paper should be secured to ensure continuing political support for the achievement of health equality until 2030.

- The partnership should be formalised through a framework agreement that clearly articulates the *rules of engagement* between all parties, based on the *United Nations Declaration on the Rights of Indigenous Peoples*, paying particular attention to:

    - The Second Preambular paragraph
      Affirming that indigenous peoples are equal to all other peoples, while recognizing the right of all peoples to be different, to consider themselves different, and to be respected as such.

    - Article 3
      Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.

    - Article 18
      Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.

    - Article 19
      States shall consult and cooperate in good faith with the indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them.

- Genuine sharing of decision-making power is essential to this partnership. This should be reflected in:

    - co-chairing arrangements between Aboriginal and Torres Strait Islander peoples and their representatives and Australian governments in all partnership fora;

    - the agreement of quorums in partnership fora that ensure an agreed minimum level of Aboriginal and Torres Strait Islander representation at times of decision-making;

    - acknowledgement of Aboriginal and Torres Strait Islander leadership, experience and knowledge at all stages of the national effort to achieve health equality, including in relation to the development and implementation of a health equality plan; and

    - adequate resource allocations and flexibility in funding arrangements to the Aboriginal and Torres Strait Islander partnership organisations to enable them to participate effectively in the partnership.

- For specific issues within the domains of the peak bodies and stakeholders, engagement with those peak bodies and stakeholders would continue to occur.

- The National Indigenous Health Equality Council will continue to advise the Minister for Indigenous Health and the Minister for Health and Ageing.

- State and territory-level Aboriginal and Torres Strait Islander health forums would continue as before, with the affiliates of the National Aboriginal Community Controlled Health Organisation (NACCHO) who are parties connecting to the national level process through NACCHO's participation in the national forum.

3. The development of a health equality plan

- Several dimensions of health-related planning are needed in a national effort to achieve health equality: to address both health inequality itself, and its social and cultural determinants. The negative impact of racism, intergenerational trauma and disempowerment, in particular, must be addressed.

- A health equality plan development process should be efficient and not absorb unnecessary time or resources. The *National Aboriginal Health Strategy* (1989) and the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* (2003 – 2013) provide a starting point.

- A health equality plan must be 'owned' by both Aboriginal and Torres Strait Islander peoples and their representatives and Australian governments. This reinforces the need for partnership as the basis for developing and implementing a health equality plan.

- Empowerment will be a vital contributor to health equality. Any policy or program under a health equality plan should be assessed as to how it will increase the ability of Aboriginal and Torres Strait Islander individuals, families and communities to take control of their own lives.

- The commitment to achieve Aboriginal and Torres Strait Islander health equality within a generation, and the approach to this set out in the Close the Gap Statement of Intent, must be embedded in all current and future health reform processes.

Content of a health equality plan

- The *Close the Gap National Indigenous Health Equality Targets*, *Overcoming Indigenous Disadvantage Framework* indicators and the *Aboriginal and Torres Strait Islander Health Performance Framework* provide a starting point for the agreement of the targets and sub-targets. The former has been developed by peak bodies and experts in the field of Aboriginal and Torres Strait Islander health.
- The plan should:
    - invest in and build Aboriginal and Torres Strait Islander leadership at all levels of the health system;
    - build the capacity and enhance the leadership of the Aboriginal and Torres Strait Islander Community Controlled Health Sector;
    - address the mental health and social and emotional well-being of Aboriginal and Torres Strait Islander peoples, including problematic alcohol and drug use;
    - address the social and cultural determinants of health; and
    - ensure data collections and other measures are in place to enable the effective monitoring of progress towards health equality, and an evaluation of the quality of the plan, over time.
- The Statement of Intent commitments to achieve Aboriginal and Torres Strait Islander health equality within a generation must be embedded in the NHHN reforms.

- A strong national Aboriginal and Torres Strait Islander leadership should oversee those parts of the national effort for health equality that will be delivered through the NHHN.

Attachment 2

NHLF POSITION PAPER
3 August 2012

Title:
Policy asks and process targets for the National Aboriginal and Torres Strait Islander Health Equality Plan

NATIONAL CONGRESS
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In 2008 the National Indigenous Health Equality Targets (CTG Targets) were adopted at the National Indigenous Health Equality Summit held in Canberra.[10] The aim of the CTG Targets was to set down a consensus view from the Close the Gap coalition, of what would be needed to achieve the two COAG goals - halving the child mortality gap in ten years and eliminating the life expectancy gap by 2030. The logic was that five interlocking sets of targets needed to be defined:

i. Partnership between governments and Aboriginal people (without which the targets would be unachievable);
ii. The health status issues which were responsible for the child mortality gaps;
iii. The health services required to tackle those health status issues;
iv. Infrastructure requirements for those health services;
v. Social determinants (still to be developed).

The CTG Targets were developed over a period of six months by working groups of the Close the Gap Campaign Steering Committee (CTG SC).[11] The working groups drew on the expertise of a wide range of health experts, in particular Aboriginal and Torres Strait Islander health experts.

In recognition of the CTG Targets potential usefulness in the development of National Aboriginal and Torres Strait Islander Health Plan (NATSIHP), the CTG SC has translated the CTG Targets into a list of policy asks and process targets. This list constitutes a systematic analysis of what needs to be done to achieve the two COAG health goals, and as such represent key items for inclusion in NATSIHP. The integrity and structure of the original CTG Targets remain and the logic of the targets allows for them to be attached to the policy asks and process targets.

The NHLF believes these policy asks and process targets can form a central plank in developing the content of the NATSIHP.

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[10] A copy of the Close the Gap Targets can be downloaded from: http://www.humanrights.gov.au/social_justice/health/targets/index.html.
[11] Note the NHLF emerged out of and continues to lead the Close the Gap Steering Committee.

The Close the Gap Campaign policy asks and process targets for the content of the National Aboriginal and Torres Strait Islander Health Plan

The policy asks and process targets outlined in this document constitute a systematic analysis of what needs to be done to achieve the two COAG health targets. They are also capable of being monitored to help ensure progress in addressing Aboriginal and Torres Strait Islander health inequality.

Policy Area 1 – Partnership

Goal – To enhance Aboriginal and Torres Strait Islander community engagement, control and participation in Aboriginal and Torres Strait Islander health policy and program development, implementation and monitoring.

- Establish a national framework agreement to secure the appropriate engagement of Aboriginal and Torres Strait Islander people and their representative bodies in the design and delivery of accessible, culturally appropriate and quality primary health care services.
- Ensure that nationally agreed frameworks exist to secure the appropriate engagement of Aboriginal and Torres Strait Islander people in the design and delivery of secondary care services.

Policy Area 2 – Health Status

Goal - To close the Aboriginal and Torres Strait Islander life expectancy gap within a generation and halve the mortality gap for Aboriginal and Torres Strait Islander children under five within a decade.

2.1 Maternal and Child Health

Goal – To halve the mortality gap for Aboriginal and Torres Strait Islander children under five within a decade.

- All Aboriginal and Torres Strait Islander women and children have access to evidence based universal centre based and home visiting mother and baby programs that are culturally secure. This also needs to include non- Aboriginal and Torres Strait Islander women having Aboriginal and Torres Strait Islander babies.
- The establishment of a national database on childhood hospital presentations for injury.

2.2 Chronic Disease

Goal - To improve the management and reduce adverse outcomes in chronic disease.

- All Aboriginal and Torres Strait Islander people have access to chronic disease services in line with approved clinical guidelines. Increase coverage and availability of specialist services including outreach to Aboriginal and Torres Strait Islander clients in ACCHSs and other urban, rural and remote settings.

2.3 Mental health and emotional and social well being

Goal – To improve the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islanders to the same standards enjoyed by the majority of the Australian population and reduce the impact of mental disorders on patients and their families.

- Develop, implement and resource a *National Policy Framework for Aboriginal and Torres Strait Islander Mental Health*, incorporating:
    - Resource appropriate mental health education, support and intervention services;
    - Support and resource appropriate mental health service provision across all areas of remoteness;
    - Support appropriate monitoring and standards of care for Aboriginal and Torres Strait Islander mental health patients; and
    - Ensure availability of effective treatments for all Aboriginal and Torres Strait Islander patients especially those in rural and remote areas.

2.4 Data

Goal – Achieve specified levels of completeness of identification in health records.

Goal – Develop a consistent and comparable standard of data for Aboriginal and Torres Strait Islander health across States and Territories.

- Urgently address the capacity of Australian governments to assess progress against the CAOG Close the Gap Target for life expectancy. This includes:
    - Addressing the reliability of recording Aboriginal and Torres Strait Islander status on health records and death certificates.
    - Improving regular reporting against supporting indicators.

Policy Area 3 – Primary Health Care and Other Health Services

Goal – To ensure Aboriginal and Torres Strait Islander peoples have equal access to health services that are equal in standard to those enjoyed by other Australians; and that these services are commensurate to need.

3.1 Aboriginal and Torres Strait Islander primary health care services

Goal - To increase access to culturally appropriate primary health care to bridge the gap in health standards.

- Develop, implement and resource a 5 year Capacity Building Plan for Aboriginal and Torres Strait Islander primary health care services (including definition of core service, governance, capital works and recurrent support) to provide comprehensive primary health care to an accredited standard and to meet the level of need. Funding modelling is to be needs based as opposed to competitive funding. The capacity building plan must be based on needs based funding rather than competitive or submission based models.
    - Fund services by a single core of pooled funds for a minimum of 3 years at a time, and at least three times the per capita MBS utilisation by non-Indigenous Australians (with a rural and remote loading of up to an additional three times);
    - All ACCHSs have access to pharmaceuticals through Section 100 or its equivalent;
    - Capital works programs to assist Aboriginal communities wishing to develop a new ACCHSs are established;
    - Capital works programs for existing ACCHSs to maintain and manage standards of ACCHS facilities;
    - Established mechanisms for community engagement initiatives;
    - Resources are available to support the incorporation of new ACCHSs and good governance practices of all ACCHSs; and
    - Resources are available for appropriate equipment and technology for all ACCHSs.

3.2 Mainstream primary health care services

Goal - Improve the responsiveness of mainstream health services and programs to Aboriginal and Torres Strait Islander people's health needs.

- Develop national strategies to enhance the utilisation and relevance of the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) including through mainstream services.
- State and Federal bilateral financing agreements to commit to health equity within mainstream programs, such as through public health or health care agreements.
- Systems for programs delivered through private general practices commit to health equity, including:
    - The Multi-Program Funding agreement between the Department of Health and Ageing and Medicare Locals in Australia have provisions to facilitate:
        - systematic engagement strategy for ACCHS and mainstream services to work together with Aboriginal and Torres Strait Islander guidance; and
        - best practice service delivery to Aboriginal Peoples and Torres Strait Islanders.
    - Include ongoing cultural safety training for Aboriginal and Torres Strait Islander people as a requirement for accreditation for all General Practice services; and
    - Develop and implement a charter for health providers detailing the level of service an Aboriginal and Torres Strait Islander patient will receive, including arrangements to ensure cultural issues are recognised and addressed within each service, [and] a system to provide interpretation and cultural support where necessary for patients.

3.3 Maternal and child health services

Goal - National coverage of maternal and child health services is provided.

- Commit to national coverage of culturally appropriate maternal and child health services for Aboriginal and Torres Strait Islander people.
- Develop, implement and resource a *National Health Plan for Aboriginal and Torres Strait Islander Mothers and Babies* encompassing the targets and processes detailed in the CTG targets document.
- Develop, implement and resource a national 'nutritional risk' scheme for at-risk mothers, infants and children.
- Develop, implement and resource health promotion programs targeting smoking and alcohol consumption in pregnancy.

3.4 Indigenous-specific population programs for chronic and communicable disease.

Goal - Enhance Aboriginal and Torres Strait Islander specific population programs for chronic and communicable disease.

- Develop, implement and resource a *National Aboriginal and Torres Strait Islander Chronic Disease Strategy* which 'close the gap' in excess disease.
- Develop, implement and resource coordinated Aboriginal and Torres Strait Islander peoples' Programs for tobacco control, alcohol and substance misuse, nutrition and physical activity.

Goal - Comprehensive and culturally appropriate oral health care services organised and coordinated on a regional basis.

- Develop, implement and resource an oral health program as an integral component of comprehensive primary health care including:
    - Community water fluoridation;
    - A coherent oral health promotion strategy; and

- High quality, comprehensive and culturally appropriate oral health care services organised and coordinated on a regional basis.

Goal – To ensure Aboriginal and Torres Strait Islander adolescents and youths have equal access to health services that are equal in standard to those enjoyed by other Australian adolescents and youths; and that these services are commensurate to need.

- Develop, implement and resource a *National Aboriginal and Torres Strait Islander Adolescence or Youth Health Strategy* to make health services more accessible and appropriate to them.

Goal – To ensure Aboriginal and Torres Strait Islander men have equal access to health services that are equal in standard to those enjoyed by other Australian men; and that these services are commensurate to need.

- Develop, implement and resource a *National Aboriginal and Torres Strait Islander Men's Health Strategy* is developed to make health services more accessible and appropriate to Aboriginal and Torres Strait Islander men.

Goal – Communicable disease programs implemented

- Develop, implement and resource a *National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy* to reduce STI and HIV/Hepatitis C rates.
- The National Flu and Pneumococcal vaccine program is expanded to increase vaccine coverage.
- Develop, implement and resource a *National Rheumatic Fever/Heart Disease Strategy* for increased coordination between primary health care services and population health programs is developed to improve preventive interventions and access to surgery.
- Trachoma control programs are expanded through implementation of SAFE strategy.

3.5 Mental health/ social and emotional well being

Goal - Improve access to timely and appropriate mental health care in PHCS and specialised mental health care services across the lifespan.

- To be developed as a component of a *National Policy Framework for Aboriginal and Torres Strait Islander Mental Health* that is the subject of the policy ask under 2.3.

Goal – Build community capacity in understanding, promoting wellbeing and responding to mental health issues

- To be developed as a component of a *National Policy Framework for Aboriginal and Torres Strait Islander Mental Health* that is the subject of the policy ask under 2.3.

Goal – Promoting mental health recovery.

- To be developed as a component of a *National Policy Framework for Aboriginal and Torres Strait Islander Mental Health* that is the subject of the policy ask under 2.3.

Policy Area 4 – Infrastructure

Goal – To ensure primary health infrastructure for Aboriginal and Torres Strait Islander peoples is capable of bridging the gap in health standards by 2018.

4.1 The size and quality of the health workforce

Goal - Provide an adequate workforce to meet Aboriginal and Torres Strait Islander health needs by increasing the recruitment, retention, effectiveness & training of health practitioners working within

Aboriginal and Torres Strait Islander health settings and build the capacity of the Indigenous health workforce.

- Develop, implement and resource a *National Training Plan* for Aboriginal and Torres Strait Islander doctors, nurses, dentists, allied health workers, AHWs, EHWs, etc. including:
    - Provide an additional 430 medical practitioners;
    - Provide an additional 1500 AHWs;
    - Develop a skilled alcohol & drug workforce; and
    - Develop a skilled oral health workforce.
- Develop, implement and resource a R*ecruitment and Retention Strategy* to provide the required numbers for each discipline (medical, dental, nursing and allied health workers that include AHWs).
- Develop, implement and resource a strategy to train, recruit and retain a skilled and sufficient workforce for Aboriginal and Torres Strait Islander health including primary health care, specialists and hospital care.

Goal - Increase the quality of the health services and the workforce.

- Develop implement and resource a National Network of Centres of Teaching Excellence in every State and Territory to deliver high quality health services, providing multidisciplinary teaching and conduct applied research on improved methods of health service delivery.
- Ensure implementation of appropriate training on Aboriginal and Torres Strait Islander health including cultural safety in all relevant undergraduate curricula.
- Ensure that all new staff and existing staff providing services to Aboriginal and Torres Strait Islanders complete a relevant cultural safety training/security programme. Continue to update this on a 12/24 month basis for Continue Quality Improvement.
- Implement a program of work place and work force reform that implements a model that is based on care at the first level of competence.
- Establish programmes that increase the availability of a multi disciplinary and trans disciplinary workforce at the local level in Aboriginal and Torres Strait Islander health.

4.2 Mental health/social and emotional wellbeing workforce

Goal – Build an effective mental health/social and emotional wellbeing workforce.

- To be developed as a component of a *National Policy Framework for Aboriginal and Torres Strait Islander Mental Health'* that is the subject of the policy ask under 2.3.

4.3 Housing, environmental health and health services capital works

Goal – To immediately commence improvement of the most basic facilities within all existing Aboriginal and Torres Strait Islanders houses to ensure safety and access to critical health facilities.

- Ensure the development of a set of community level health service facility standards that are nationally agreed.
- Ensure that all community level facilities meet the health service facility standards.
- That adequate staff housing is available.
- Ensure that all community facilities have access to the appropriate equipment and technology necessary to deliver comprehensive primary health care to Aboriginal and Torres Strait Islander communities in a timely manner.

- Implement and resource the *National Aboriginal and Torres Strait Islander Housing Guide principles*.

Attachment 3

NHLF POSITION PAPER
20 August 2012

Title:
What does success look like? Measuring the success of the National Aboriginal and Torres Strait Islander Health Plan.

NATIONAL CONGRESS
OF AUSTRALIAS FIRST PEOPLES

PURPOSE:

The purpose of this paper is to identify the strategic measures against which the implementation of the National Aboriginal and Torres Strait Islander Health Plan would be evaluated. Success measures are identified for each key principle reflecting the attributes of the plan, and are intended to complement the Close the Gap targets for achieving health outcomes.

The key principles and success measures outlined in this paper are derived from discussions on previous development drafts at the National Health Leadership Forum, Congress' Health Working Group and the Stakeholder Advisory Group. In particular, this paper draws upon the work of NACCHO in their Preliminary Briefing Paper submitted to the NATSIHEC Roundtable, and their contribution to this paper is gratefully acknowledged.

REPORT:

1. Critical Factors of Success:

In a complex and far-reaching Plan, there are a number of headline factors which are the most critical to its success. The acceptance of the Plan and its goals will be judged most by its ability to:

- promote constructive partnerships between Aboriginal and Torres Strait Islander people, Government and other stakeholders at the national, regional and community level;
- directly target the barriers to good health; and
- tackle the issue of racism.

1.1 The Plan facilitates partnership, shared ownership and Aboriginal and Torres Strait Islander leadership.

The Australian Government has committed to developing the Health Plan in partnership with Aboriginal and Torres Strait Islander peoples and their representatives. Genuine partnership is necessary in the development and implementation of the Health Plan to achieve the COAG health goals and therefore health equality.

A philosophy of partnership, shared ownership and Aboriginal and Torres Strait Islander leadership needs to operate at levels of health planning and delivery. As the national representative body for Aboriginal and Torres Strait Islander health peaks, the National Health Leadership Forum is the central mechanism for an ongoing partnership and engagement with the Australian Government, and similar partnerships need to be created at sustained at the regional and community level.

1.2 The Plan targets the barriers to good health.

In empowering communities and individuals to progress their health status and behaviours, the Plan needs to directly tackle the barriers to the health of Aboriginal and Torres Strait Islander peoples, as defined by their overall physical, mental and social wellbeing. Implicit in this objective are targeted strategies which improve the social and economic conditions known to adversely impact on health (the "social determinants on health"), as well as recognition of the role that a connection to their culture has on the enjoyment of good health by Aboriginal and Torres Strait Islander peoples (the "cultural determinants of health").

1.3 There is a good faith recognition of racism, its impact and solutions.

There is a realm of independent research which shows the existence of racism, both individual and institutional, and its impact. Racism impedes the equal access to health services by Aboriginal and Torres Strait Islander people and their right to enjoy the highest attainable standard of health.

Tackling racism must be a priority of the Plan if sustained change to health outcomes are to be achieved. The first step is an honest and frank assessment of its existence and why it occurs, and from this discussion moving towards the solutions to eradicate racism from the health care system.

2. Success Measures against the Key Principles of the Plan

Key Principle 1: A holistic definition of health

Issues and Context:

Health is not merely the absence of disease. In the Aboriginal context, health is complex and multi-faceted which includes physical health of individuals, social and emotional health, and the well-being of whole communities. The holistic definition of health incorporates broader issues of social justice, well-being and equity as key attributes of health for Aboriginal peoples and is consistent with the World Health Organisation *Alma Ata Declaration* of 1978:

> *Health . .. is* a *state* of *complete physical, mental, and social well-being, and not merely the absence* of *disease* or *infirmity . . . [it] is* a *fundamental human right.*

It is also reflected in the National Strategic Framework for Aboriginal and Torres Strait Islander Health:

> *For Aboriginal and Torres* Strait *Islander peoples, health does not just entail the freedom* of *the individual* from *sickness but requires support* for *healthy and interdependent relationships between families, communities, land, sea and spirit. The focus must be* on *spiritual, cultural, emotional and social well-being as well as physical health.*

What does success look like?

1. That the health plan supports the provision of services across the health care continuum incorporating:
    - The conditions which facilitate a healthy environment (see also Principle 5 – Social determinants approach).
    - Preventative health.
    - Primary care.
    - The management of chronic disease.
    - Hospitalisation and specialist care.
    - Rehabilitation.

2. There are strategies in place to stop the escalation of poor health through the provision of culturally specific health education and communications.

3. Care co-ordination, 'patient navigation' and social support services are available to assist people and their carers access an appropriate level of health care.

Key Principle 2: A Rights-based approach to health.

Issues and context

Australia's human rights standards and obligations must inform the development and implementation of the Plan. Human rights provide a framework for addressing the consequences of health inequality experienced by Aboriginal and Torres Strait Islander peoples. This includes recognising the underlying causes of health inequality as well as the inter-connections with other issues.

Embedded in the human rights approach to health is:

- Active participation by Aboriginal and Torres Strait Islander peoples in decision-making at all levels in accordance with the *United Nations Declaration on the Rights of Indigenous Peoples* (Declaration); and

- Article 24 of the Declaration read in conjunction with Article 12 of the *International Covenant on Economic, Social and Cultural Rights* recognises the right of Aboriginal and Torres Strait Islanders "to the highest attainable standard of physical and mental health", or the right to health.

What does success look like?

1. Physical availability of services - Functioning health-care facilities and services, are available in sufficient quantity and are safe physical reach in Aboriginal communities.

2. Accessibility and affordability- Health facilities, goods and services have to be accessible and affordable to everyone without discrimination.

3. Non-discriminatory provision of services – that the incidence of racism is reduced, and that programs and controls are in place to eradicate systemic racism from the health care system (see also 'social determinants of health).

4. Informed decision-making – Aboriginal and Torres Strait Islander people have the right to access health ion formation to help them make decisions about their own health, without impinging on their rights to privacy and confidentiality.

5. Culturally acceptable – There are care protocols established for the provision of care to Aboriginal and Torres Strait Islander peoples respectful of cultural ethics as well as medical ethics.

6. Quality of care - As well as being culturally acceptable, health facilities, goods and services must also be scientifically and medically appropriate and of good quality.

Key Principle 3: Shared ownership between Aboriginal and Torres Strait Islander people at all levels of Government

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Issues and Context:

The history of previous Aboriginal and Torres Strait Islander health plans show in achieving health equality is shared ownership between Governments and Aboriginal and Torres Strait Islander peoples is central to its success. Shared ownership ensures effective implementation and builds on developing a respectful long term relationship between Aboriginal people and the Government of the day.

Through shared ownership, Aboriginal and Torres Strait Islander health services and health care providers are encouraged to take control of addressing health inequalities in their own communities and share responsibilities in achieving health outcomes against the plans targets. Shared ownership also means that the plan is supported financially as well as in principal, aiding in addressing barriers to the health system that go beyond primary health care to secondary and tertiary health care services for Aboriginal and Torres Strait Islander peoples.

What does success look like?

1. There is sign off by Aboriginal and Torres Strait Islander people through their representative bodies.

2. There is sign off by the Commonwealth, State and Territory Governments.

3. There is shared representation and decision-making responsibilities on the structures to monitor implementation and performance.

4. There is an increase in trust between Aboriginal and Torres Strait Islander health providers, their representative bodies and Government agencies demonstrated through the sharing of information and shared decision-making.

5. The plan is supported financially.

Key Principle 4: Strengths based approach

Issues and Context:

A strengths based approach recognises the strength and resilience of Aboriginal and Torres Strait Islander peoples and culture, embraces health innovation, continuity from previous successful strategies including reference to established CTG targets and builds on evidence and knowledge of what works.

Aboriginal and Torres Strait Islander Cultures: A strengths-based, healing approach, which incorporates kinship care and builds on the resilience of Aboriginal and Torres Strait Islander people must be incorporated into the framework for the plan to be successful. For many years Aboriginal and Torres Strait Islander health has been seen as and represented within policy as a deficit. To inspire change and achieve health equality within a generation the plan must be built upon the strength of Aboriginal and Torres Strait Islander people's culture and connection to their land, sea and waters.

Empowerment will be a vital contributor to Aboriginal and Torres Strait Islander health equality. Any policy or program under the plan should be assessed as to how it will increase the ability of Aboriginal and Torres Strait Islander individuals, families and communities to take control of their own lives.

Sustainability: The plan must be evidence based and draw on the highest standards of research that is ethical, informed, up to date and respectful of Aboriginal and Torres Strait Islander cultures, peoples and their communities. Strategies under the plan must adopt an evidenced based approach where prevention and early intervention are key to achieving health equality.

Continuity: It is essential that the plan builds on existing strategies and policies that have been established or are yet to be implemented; this includes existing state and territory health plans, national strategies in regards to environmental and economic determinants of health and commitments made by state and federal governments to Closing The Gap in Aboriginal and Torres Strait Islander life expectancy. Fundamental to the plan is that it builds on existing knowledge of what works and what does not work ensuring appropriate use of resources, knowledge and respect of work undertaken in previous years by Aboriginal and Islander leaders and advocates for health equality.

Health innovation: A strengths based approach which encourages innovation, will support in Aboriginal and Torres Strait Islander health organisations develop new programs and services responsive to the particular health needs of their communities. This including having access to contemporary health technologies which can be applied in the Aboriginal health care sector.

What does success look like?

1. Positive movement under Close the Gap targets including proper implementation of the targets set out by the Campaign (see attachment 2).

2. Successful implementation of the plan in Aboriginal and Torres Strait Islander communities and within their health services.

3. Concrete, reliable, evidence-based action and focus.

4. The quantum of health and medical research directed by Aboriginal people is increased.

5. Innovation in health research is made available to the Aboriginal health care sector simultaneously with the mainstream health care sector.

Key Principle 5: A 'social determinants' approach

Issues and Context:

The social determinants approach that recognizes that there are many drivers of ill-health that lay outside the direct responsibility of the health sector, and which therefore require a collaborative, inter-sectoral approach.

Related to the holistic concept of health is the 'social determinants' approach, according to which a person's social and economic position in society, their early life experiences, their exposure to stress, their educational attainment, their employment status, and their exclusion from participation in society, all exert a powerful influence on their health throughout life.

A key implication of the 'social determinants' is that there are many drivers of ill-health that lie outside the direct responsibility of the health sector, and which therefore require a collaborative, inter-sectoral approach.

Similarly, the NSFATSIH recognised the need for a coordinated, whole-of-government. approach, noting that:

> ... *independent approaches by individual portfolios within governments,* operating *without the support and partnership* of *Aboriginal and Torres* Strait *Islander* communities, *have little positive* impact.

An intersectoral or social determinants approach does not mean, however, that health system resources can be diverted to other sectors, or that health expertise is not important. Health systems themselves are determinants of health, and well-designed and funded comprehensive primary health care in particular is central to addressing the health and well-being of Aboriginal communities and to assist other sectors to do the same.

What does success look like?

1. There are linkages and referencing to the National Aboriginal and Torres Strait Islander Health Plan in related health planning documents.

2. That health impact is taken into consideration in the formulation of all government policy, including housing and infrastructure, employment and economic development, and justice policy.

3. That programs and controls are in place to eradicate systemic racism from the health care system (see also Principle 2: 'Rights based approach to health').

Key Principle 6: Community Control

Issues and Context:

There is extensive Australian and international research which consistently concludes that active participation of Aboriginal people in decision-making on issues affecting their communities is fundamental to effective governance and a precursor to sustained development (see for example the Indigenous Community Governance Project conducted by Reconciliation Australia and the Centre for Aboriginal Economic Policy Research, and the Harvard Project on American Indian Economic Development).

Furthermore, the legitimacy of governance arrangements is conditional on the structures and processes being recognised as conforming to the cultural norms within each community. As communities differ in their traditions and culture, no single model of governance will suit all communities. Accordingly, the governance structures through which the plan will be implemented and monitored should allow for devolved decision-making through institutions developed by Aboriginal and Torres Strait Islander people.

The principle of Aboriginal participation in decision-making equally applies to the governance of mainstream health care providers in instances where provision of health services to Aboriginal and Torres Strait Islander people by community-controlled organisations is not possible.

What does success look like?

1. There is on-going support for the development of community controlled Aboriginal-led local governance structures overseeing the provision of health care.

2. There is increased Aboriginal contribution to the governance of mainstream health care accessed by Aboriginal and Torres Strait Islander clients.

Key Principle 7: Capacity Building of the health sector and workforce

Issues and Context:

Building the capacity of health services and communities will strengthen health services and foster community expertise to respond to health needs and take shared responsibility for health outcomes. Health workforce capacity is not limited to increased number of Aboriginal and Torres Strait health practitioners; it is about opening up a broad range of career opportunities for Aboriginal and Torres Strait Islander people in health. It encompasses a broad range of support service professions which influence the provision of health care, including policy and planning, research, health information management, and administration. As there needs to be more Aboriginal and Torres Strait Islander doctors, nurses and allied health professionals, there also needs to be more Aboriginal and Torres Strait Islander people on the Executive and in management in Government departments and health organisations, both private and public.

Governments must support the development of a culturally competent health workforce essential for ensuring that Australia's health system has the capacity to effectively meet the needs of Aboriginal and Torres Strait Islander people, close the life expectancy gap and improve health outcomes. It is important that the entire health workforce has a competent level of knowledge and

understanding about Indigenous people and their health, this includes effectively equipping staff with appropriate cultural knowledge and clinical expertise, building physical, human and intellectual infrastructure, fostering leadership, governance and financial management.

What does success look like?

1. There is a workforce development strategy in place to increase the number of Aboriginal and Torres Strait Islander people employed in:
   (i) health practitioner professions, and
   (ii) support service professions.

2. There is an increase in the number of senior appointments in Government departments and private and public health organisations held by Aboriginal and Torres Strait Islander people.

3. There is an increase in Aboriginal and Torres Strait Islander undertaking recongised health qualifications.

4. Cultural Competency is a core component in the training and continuing professional education of health care practitioners, and a criterion in the accreditation of health education providers.

Key Principle 8: There are structures and processes to evaluate the plan and provide accountability

Issues and Context:

Given the history of incomplete monitoring and accountability of previous health plans, the new Aboriginal and Torres Strait Islander Health Plan should set up and maintain monitoring processes to ensure that implementation of the plan proceeds according agreed commitments. This includes ensuring that monitoring and accountability processes are:

- *robust:* they are resourced and supported to ensure their effectiveness;
- *durable:* they are maintained over time;
- *inclusive:* they include all parties with an interest in the implementation of the plan, including government, the Aboriginal community sector, and (as necessary) health systems and reporting expertise;
- *appropriate:* that they are measured with appropriate evidence based indicators based on quality data collection processes; and
- *Reciprocal:* 'upwards' accountability of the Aboriginal community controlled health services sector to government is balanced with 'downwards' accountability of government structures that are flexible enough to respond to innovation and complexity in an effective way.

What does success look like?

1. The creation of a National Aboriginal and Torres Strait Islander Health Authority as a mechanism for accountability and monitoring in relation to the implementation of NATSIHP.

2. National, regional and community health care plans are aligned, with linkages in the governance and accountability structures.

3. The oversight and reporting of whole of government activity through COAG operates effectively and has Aboriginal and Torres Strait Islander representation.

4. Monitoring, evaluation and review processes have been undertaken in accordance with the plan.