Public Health Association of Australia Submission: Review of the National Agreement on Closing the Gap - Draft Report

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Public Health Association
AUSTRALIA

The **Public Health Association of Australia** (PHAA) is Australia's peak body on public health. We advocate for the health and well-being of all individuals in Australia.

We believe that health is a human right, a vital resource for everyday life, and a key factor in sustainability. The health status of all people is impacted by the social, commercial, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the root causes of poor health and disease. These determinants underpin the strategic direction of PHAA. Our focus is not just on Australian residents and citizens, but extends to our regional neighbours. We see our well-being as connected to the global community, including those people fleeing violence and poverty, and seeking refuge and asylum in Australia.

Our mission is to promote better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Our vision is for a healthy population, a healthy nation and a healthy world, with all people living in an equitable society, underpinned by a well-functioning ecosystem and a healthy environment.

Traditional custodians - we acknowledge the traditional custodians of the lands on which we live and work. We pay respect to Aboriginal and Torres Strait Islander elders past and present and extend that respect to all other Aboriginal and Torres Strait Islander peoples.

Introduction

PHAA welcomes the opportunity to provide input to the Productivity Commission's inquiry into the Review of the National Agreement on Closing the Gap - Draft Report.

We note that the draft report outlines a lack of progress, commitment, and accountability across all governments towards implementation of the Agreement. PHAA commends the Commission on its forthright assessment of governmental action that contradicts expressed commitment by governments to the Priority Reforms. PHAA agrees that the apparent business-as-usual approach to implementing policies and programs that affect the lives of Aboriginal and Torres Strait Islander peoples is not acceptable. Without a fundamental shift in ways of working, the scale of structural change required to deliver on the Agreement's reforms cannot be achieved and, at best, the status quo will remain.

PHAA also notes that the Commission has acknowledged the evolving landscape, and the varying initiatives to adopt the recommendations from the Uluru Statement from the Heart for Voice, Treaty, Truth in several jurisdictions, as well as nationally. While these initiatives may result in new decision-making and accountability structures that could provide a further catalyst for changes to the way governments work with Aboriginal and Torres Strait Islander peoples, there is also a risk that the recommendations will not be fully or uniformly realised. In such circumstances the targets identified in the Agreement would become even more crucial. PHAA therefore supports the Commission in its proposals to increase accountability across all levels of government, and to encourage transfer of priority-setting and decision-making to Aboriginal and Torres Strait Islander communities.

PHAA also acknowledges the work of the Close the Gap Campaign, of which PHAA is a member, as the preeminent coalition of First Nations and mainstream health and advocacy bodies in Australia seeking to challenge governments to bring about health equality for Aboriginal and Torres Strait Islander peoples. Likewise, we acknowledge the work of National Aboriginal Community Controlled Health Organisation (NACCHO), and its member services, that advocate for and provide community-developed health solutions that improve health outcomes for Aboriginal and Torres Strait Islander peoples. We support the submissions these organisations may provide to this inquiry.

PHAA would also like to draw attention to the work by Equity Economics, commissioned by NACCHO in 2022, which estimated the total gap in health expenditure for Aboriginal and Torres Strait Islander health is $4.4 billion per year, of which $2.6 billion is the Commonwealth's share.[1] This equates to just over $5 thousand per Aboriginal and Torres Strait Islander person. How can the health gap close if this extensive funding gap continues? PHAA calls on all governments to close this alarming gap for Aboriginal and Torres Strait Islander peoples.

Information Requests and Draft Recommendations

Draft Recommendations

PHAA supports the six draft recommendations, noting that each of them is designed to increase accountability and transparency of governments, to:

i. Appoint an organisation to lead data development under the Agreement;
ii. Designate a senior leader or leadership group to drive jurisdiction-wide change;
iii. Embed responsibility for improving cultural capability and relationships with Aboriginal and Torres Strait Islander peoples into public sector employment requirements;
iv. Central agencies lead changes to Cabinet, Budget, funding and contracting processes;
v. Include a statement on Closing the Gap in government agencies' annual reports; and
vi. Publish all the documents developed under the Agreement.

While PHAA does not have any suggestions for amending the detail within each of the recommendations, we do note that their efficacy will depend on commitment from governments to implement these changes. Efficacy will also be dependent on the level of engagement with, and participation of, Aboriginal and Torres Strait Islander peoples and organisations, particularly in relation to issues such as data sovereignty and priority-setting in different jurisdictions. This may vary depending on the outcomes of aforementioned initiatives in play across different jurisdictions to include new decision-making and accountability structures.

Information Requests

Effectiveness of policy partnerships

PHAA would like to acknowledge the success of the Aboriginal and Torres Strait Islander Advisory Group on COVID-19, which was co-chaired by NACCHO and the Australian Government Department of Health and note that this was included as a case study in the draft report. However, PHAA also believes that this partnership was exceptional and that shared decision-making through policy partnerships is rarely achieved in practice.

Instead, government agencies continue to 'consult' Aboriginal and Torres Strait Islander peoples not only on pre-determined solutions, but also government-informed priorities. There is little evidence of meaningful collaboration, or enactment of the principles of co-design, which include: "First Nations leadership; Culturally grounded approach; Respect; Benefit to community; Inclusive partnerships; and Transparency and evaluation".[2] These principles need to be built into the structure and governance of all policy partnerships.

As the draft report points out, governments need to relinquish some of their power and recognise the benefits of self-determination. On the spectrum of participation[3], higher levels of engagement, such as collaboration and empowerment, work better than lower forms such as informing or consulting. This requires genuine stakeholder engagement that empowers participation both early, and at every stage of the policy development process. It also requires a sharing of power or decision-making authority.

Notably, the right to determine and develop priorities and strategies for health, housing and other economic and social programs is clearly stated in the United Nations Declaration on the Rights of Indigenous Peoples. Australia therefore has an obligation to ensure that the elements of shared decision-making articulated in Priority Reform 1 are implemented accordingly. We therefore commend the Commission on its honest assessment of the lack of progress against this reform.

Shifting service delivery to Aboriginal community-controlled organisations (ACCOs)

PHAA strongly supports the shifting of service delivery to ACCOs as a mechanism of self-determination. As the draft report acknowledges, community-controlled services generally achieve better results for Aboriginal and Torres Strait Islander peoples. In the case of health services, this is because they provide comprehensive primary healthcare that incorporates disease prevention and health promotion, are strongly informed about social determinants of health relevant to clients, and are uniquely placed to manage cultural matters in the course of providing health services.[4]

However, shifting service delivery to ACCOs is no easy feat, as evidenced by the process undertaken by the Gurriny Yealamucka Health Service in Yarrabah, Queensland, which took almost 30 years. An evaluation of their transition provides an outline of the processes and strategies undertaken, forming a framework for governments and ACCOs to inform future transitions.[5] It also highlights the level of planning and resourcing required to make such a transition successful, and the ongoing power issues that form a major barrier to shifting service delivery,[6] also referred to in the draft report.

The inconsistency noted in the draft report between intent and action, and the various implementation challenges such as resourcing, have also been reflected in a recent Evaluation of the Pathways to Community Control program in the NT. In particular, the level of funding for both the transition process and ongoing operations, was identified as the major barrier, not just for service provision but also for the change process. The evaluation report provides a series of recommendations for improving transition processes to overcome the identified challenges.

PHAA therefore supports the Commission recommending inclusion of obligations for governments in service delivery contracts for transition processes, particularly where complex funding pools are required as a result of the shared responsibility across government jurisdictions for Aboriginal and Torres Strait Islander health in Australia,[7] to better enable the ACCOs to design and deliver services that best meet the priorities and needs of their communities.

Indigenous data sovereignty

PHAA argues that Aboriginal and Torres Strait Islander leadership and decision-making should be embedded in all aspects of data collection, analysis, use and interpretation, in accordance with the principles of Indigenous data sovereignty.[8] Aboriginal and Torres Strait Islander communities must retain ownership, access, and control over their data, with a focus on building local capacity and facilitating self-determination to empower and support communities to utilize data to effectively address community priorities and make informed decisions on programs and policies that address local need.

While it is well-established that high quality health data is required to implement effective place-based health interventions, the collection and use of Aboriginal and Torres Strait Islander data should respect and operationalise the principles of Indigenous data sovereignty outlined in the National Agreement on Closing The Gap, and ensure alignment with the Maiam nayri Wingara Indigenous data governance protocols, and Mayi Kuwayu the National Study of Aboriginal and Torres Strait Islander Wellbeing that links healing to wellbeing, both of which are already highlighted in the draft report.

PHAA therefore supports the Commission recommending that Indigenous data sovereignty should be the explicit objective of Priority Reform 4.

Data development

It follows that if Indigenous data sovereignty is made an explicit objective of the Priority Reforms, then data development should also be Indigenous-led, and ideally should be independent of government to enable approaches to data development and management that are grounded within Indigenous cultures and

knowledge systems for the benefit of Aboriginal and Torres Strait Islander peoples. The CARE Principles for Indigenous Data Governance [9] (i.e., Collective benefit, Authority to control, Responsibility, and Ethics) has been developed by an international alliance of Indigenous data sovereignty networks. These principles outline how data stewardship should be enacted to support self-determination among Indigenous Peoples.

Quality of implementation plans and annual report

As noted in the draft report, implementation plans and annual reports are currently grossly inadequate, and there is no way to track progress or judge success or failure. The Close the Gap campaign advocates for several requirements for responsive, culturally appropriate, and effective implementation strategies to uphold the four Priority Reforms, which PHAA fully supports:

1. Human rights-based approach underpinned by the principles of Participation, Accountability, Non-discrimination and equality, Empowerment and Legality.[10]
2. Strengths-based approach that shifts from an assumption of incapacity to a broader appreciation of positive capabilities and resilience, and challenges dominant systems and structures that undermine Aboriginal and Torres Strait Islander peoples.[11]
3. Intersectional approach that acknowledges the interconnectedness between the social, economic, political, and cultural elements that underpin First Nations peoples' lived experiences and ways of knowing, being and doing.
4. Decolonising approach to methods utilised to measure progress and evaluate implementation plans incorporating co-design and co-review principles, and truth-telling processes.
5. Holistic systems lens approach that is both multisectoral and grounded in Indigenous knowledge systems and challenges the punitive systems and structures which disempower Aboriginal and Torres Strait Islander peoples.
6. Determinants of health approach that address the broader system structures that impact health rather than focusing on the behaviours of an individual.[12]
7. Accountability through a Ways of Working model, which provides a framework to assist policymakers in adopting a First Nations worldview to design and implement policies.[13]

Independent mechanism

As a member of Allies for Uluru, we strongly support the recommendations of the Uluru Statement from the Heart for Voice, Treaty, Truth. However, at the time of writing it is still undecided whether the national Voice to Parliament will be supported in the imminent referendum, and it remains unclear whether any such new and emerging bodies will be consistently established across the different states and territories.

PHAA believes that an independent mechanism is crucial to drive accountability by supporting, monitoring and reporting on governments' reforms on Closing the Gap and their commitments in the Agreement. Where these other bodies are established they can operate in parallel and in partnership with the independent mechanism, which would have a specific mandate to hold governments to account for listening to these advisory bodies and evaluate progress against target reforms.

To this end, PHAA is supportive of the Commission's proposed features that would support the effectiveness of the independent mechanism, noting that adequate resourcing will be required to sustain and maintain its function. We equally support the comments in the draft report that it cannot be responsible for driving change within government, and thus the four proposed avenues for enhancing accountabilities for driving action within the public sector.

Change leadership

PHAA supports the proposal for a leadership group to promote and embed changes to systems and culture, to improve cultural capability and relationships with Aboriginal and Torres Strait Islander people and to eliminate institutional racism drive change in the public sector. However this would require a significant change management process, likely being a process developed using Western business philosophies that would not necessarily take into account Indigenous worldviews and ways of knowing, being and doing. Helpfully, research undertaken to inform the transition to community-control for Apunipima Cape York Health Council sheds light on how to consider both worldviews, particularly in relation to the creation of a collective responsibility to achieve the vision for change.[14]

Conclusion

The PHAA appreciates the opportunity to make this submission and the opportunity to comment on the National Agreement on Closing the Gap draft report.

PHAA supports the broad directions outlined in the draft report. **Business as usual, consisting of governments consulting on predetermined solutions that are not addressing the Priority Reforms, is unacceptable**.

We commend the Commission for taking a strong stance and providing clear recommendations to improve government responsiveness and accountability.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

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