



NACCHO Position Statement on the Aboriginal Health Authority

Why we need a new approach

Despite significant investments in Aboriginal health, especially in recent years by the Australian and State Governments, closing the gap in health outcomes in a generation will be difficult without a new approach.

Stakeholders in Aboriginal health including NACCHO and members of the Close the Gap Coalition as well as bodies such as the Australian Medical Association have all supported a national partnership between Aboriginal peoples and governments as essential to closing the gap.

Indeed a new partnership was a central part of the 2008 Close the Gap Statement of Intent signed by most Australian governments and oppositions since then and a central recommendation of the National Health and Hospital Reform Commission.

The recent Australian Medical Association's *Aboriginal and Torres Strait Islander Health Report Card 2010-11 Best Practice In Primary Health Care For Aboriginal Peoples And Torres Strait Islanders* noted Article 23 of the *United Nations Declaration on the Rights of Indigenous Peoples* states 'indigenous peoples have the right to be actively involved in developing and determining health . . . programmes affecting them . . .'

"The AMA believes that full and genuine recognition of this right is long overdue in Australia, and that now is the time to change this".

Over the last 40 years, Aboriginal communities have established 152 Aboriginal community controlled health services across Australia delivering frontline comprehensive primary health care supported by government funding.

This has given Aboriginal communities a degree of local control over our health services but again no say in the national strategic

design and delivery of our health services. We are still subject to the wishes of governments and health departments in the strategic decisions made on our behalf.

The Australian government has also recognised that Aboriginal Community Controlled Health Services cannot close the gap on our own and that the whole health system must play a part.

The current system across the multitude of jurisdictions and agencies means we need a national structure and national policy approach for Aboriginal people to fully participate.

We need a coordinating body that works with all jurisdictions and agencies to build the strategic approach, set Key Performance Indicators to benchmark and evaluate programs and services, and a national approach to measure outcomes.

Aboriginal health was a key priority of the National Health and Hospital Reform Commission.

While its recommendations in other areas informed subsequent government action, nothing came of its Aboriginal health recommendations that included a partnership and an Aboriginal Health Authority.

An Aboriginal Health Authority

NACCHO, our affiliates and other stakeholders have examined the idea of an Aboriginal Health Authority for a number of years.

We believe an Aboriginal Health Authority is the missing piece in our efforts to reform the way we advance our people's health and in the National Health and Hospital Reform process.

Its focus as an independent, Aboriginal controlled Authority would be on planning, advocacy and monitoring.

It would differ from the National Health and Hospital Reform Commission's fund-holding model.

Its main functions would be to:

- Lead development of a new National Aboriginal Health Policy and a Strategic Plan
- Advocate these policies and funding priorities to the Federal and State Governments through COAG and the Health Ministerial Council.
- Set annual Key Performance Indicators upon which every Aboriginal Health program and service is measured to assess performance and their contribution towards the Close The Gap targets
- Monitor the delivery of services and outcomes for Aboriginal peoples and report on this annually to COAG

A possible model for the Authority's structure:

- Administration by a Board of Aboriginal and Torres Strait Islander peoples with a skills-based selection criteria.
- Member of the COAG Ministerial Council on Health and reporting directly to COAG
- An independent Statutory Authority of the Commonwealth

The new body would be an authoritative centre of expertise to plan, oversee and advocate for Aboriginal health independent of changes in governments and health departments.

It would drive cooperation, accountability and transparency between all levels of government.

We see the Aboriginal Health Authority working with the new National Health Performance Authority and the National Mental Health Commission and fulfilling a similar need for an independent body.

We must shine the light on the performance of government as well as government funded health service providers and our own performance in the Community Controlled Sector to understand where changes are needed.

We must look at different options in full knowledge of the risks and opportunities they may bring, but always keep our eyes on the prize – the highest possible standard of health for Aboriginal Peoples.

The decision from our sector to support the development of the Aboriginal Health Authority is a great achievement in solidarity for our sector.

This sentiment is equally echoed by our external partners in Aboriginal health, this includes the members of the Close the Gap Steering Committee, whom we have met with and discussed our proposal on a number of occasions.

Our partners have not only given their support to the concept of the Aboriginal Health Authority but they have asked NACCHO to continue to take the lead in lobbying for the development of such an authority.

There are still a number of details and questions to be resolved about the operations of this proposed Authority through negotiations and consultations.

NACCHO seeks an in principle agreement from government for the establishment of the Authority and stands ready to participate in further discussions to fill out these important details.

Justin Mohamed



NACCHO Chairperson