



## Why hasn't the Indigenous Australians' Health Program (IAHP) Resulted in Closing the Gap?

### We are a vital part of a bigger picture

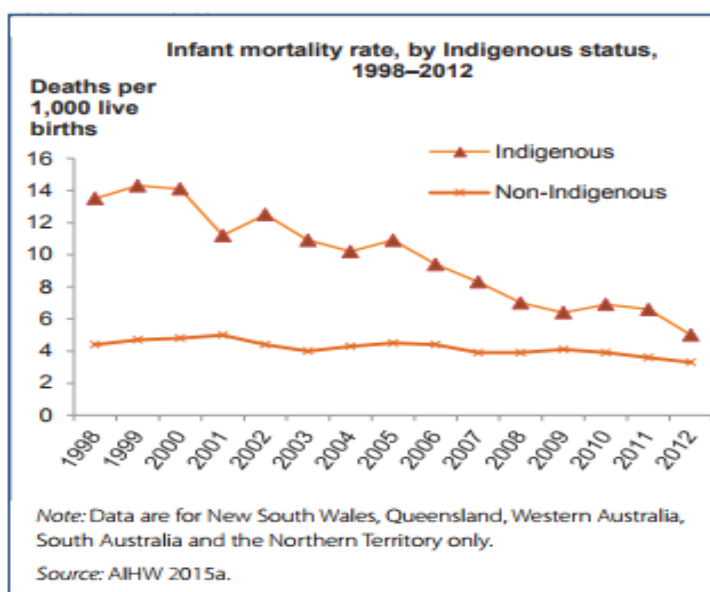
Total expenditure on Indigenous health in 2012-13 was \$6.3 billion.<sup>1</sup> The IAHP accounts for about 13% of government expenditure on Indigenous health or around \$800m per annum.<sup>2</sup> Given that other programs are responsible for 87% of expenditure on Indigenous health, *it is not reasonable to expect that the IAHP is fully responsible for Closing the Gap outcomes.*

### Closing the Gap requires the *rate of improvement* in Indigenous health to be faster than the rate of improvement in non-Indigenous health

With an existing health gap to close and a burgeoning Indigenous population, we cannot afford to miss opportunities. We already deliver a cost-effective service and are accountable to governments and communities. What we really need, therefore, is *greater growth in new spending* on Indigenous health. It is not reasonable to expect the gap to be closed without additional investment.

### Some Indigenous health outcomes are improving, but more needs to be done

There has been some progress in Indigenous health outcomes. The Closing the Gap Prime Minister's report 2017 indicates that from 1998 to 2015, the Indigenous child mortality rate declined by 33% and the child mortality gap narrowed by 31%.<sup>3</sup> Access to antenatal care delivered by our health services have positively impacted on these outcomes.



Source AIHW<sup>4</sup>

Between 1998 and 2015 the total Indigenous mortality rate declined by 15%, with the largest decline from circulatory disease (the leading cause of Indigenous deaths). Recent reductions in

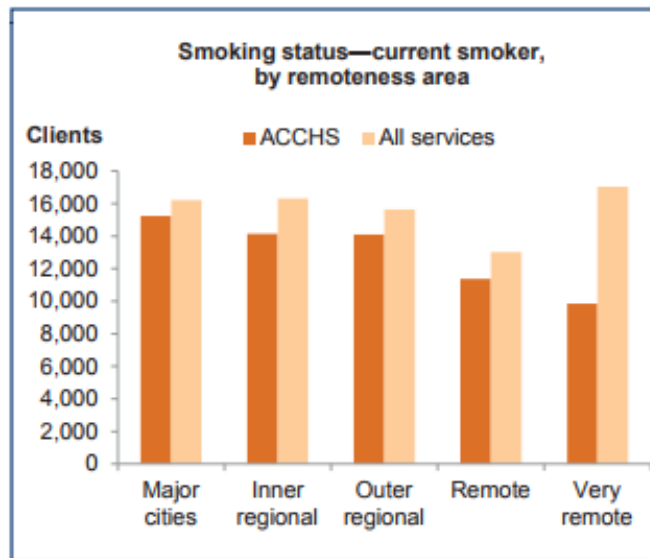
<sup>1</sup> SCRGSP (Steering Committee for the Review of Government Service Provision), 2014 Indigenous Expenditure Report, Productivity Commission, Canberra.

<sup>2</sup> [http://www.health.gov.au/internet/main/publishing.nsf/Content/09AEEA5F377AE5B5CA257F1C00159135/\\$File/IAHP-Programme-Guideline.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/09AEEA5F377AE5B5CA257F1C00159135/$File/IAHP-Programme-Guideline.pdf) (18 August 2017)

<sup>3</sup> Closing the Gap Prime Ministers Report <http://closingthegap.pmc.gov.au/sites/default/files/ctg-report-2017.pdf>

<sup>4</sup> AIHW <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129557718>

smoking rates, supported by our services at the local level, have resulted in 9 percentage point decline in Indigenous smoking rates for Aboriginal people between 2002 and 2015.



Source AIHW

The continued focus led by our services on prevention and management of chronic disease and common lifestyle risk factors – including low income, lack of education and poor living conditions – is crucial to closing the gap in life expectancy and reducing the burden of disease.

Yet there is so much more to do. The Indigenous population is growing and unexpected critical issues keep emerging, such as the recent outbreak of congenital syphilis across regions of Northern Australia. This is an entirely preventable disease not seen in Australia for generations and its occurrence raises concerns about the delivery of antenatal care and sexually transmitted infection and blood borne virus control programs for high risk groups.