

Executive Summary

The Committee established to evaluate the National Aboriginal Health Strategy found little evidence of it. Instead, the Committee found only traces of where the strategy had been – small amounts of money (compared with the need) spent on housing and health services.

It found minimal gains in the appalling state of Aboriginal health. Following consultations with Aboriginal and Torres Strait Islander peoples, much discussion and reviewing the available information, the Committee calls upon the governments and people of Australia to make a renewed commitment to Aboriginal health and fund bold, well managed, community owned programs.

In the year 2000, when Sydney hosts the Olympic Games, the eyes of the world will be on Australia. The amount of progress made between now and then will have a significant bearing on Australia's reputation.

Furthermore, the unanimous commitment of the national Parliament and of the States and Territory governments to the reconciliation process recognises that the nation must address the human rights of Aboriginal and Torres Strait Islander peoples by the Centenary of Australia's federation in 2001.

Unless governments deliver on their commitments to address Aboriginal and Torres Strait Islander human rights the 'celebration' will be marked with international condemnation.

Aboriginals and Torres Strait Islanders die young. Life expectancy for Aboriginal and Torres Strait Islander men is 57 years. For women it is 62 years. Aboriginal and Torres Strait Islander life expectancy is almost two decades shorter than for non-Aboriginal Australians – and comparable with that of many third world countries.

This cannot, by any accurate reading of the factors influencing health and life expectancy, be attributed to anything other than the impact of dispossession and its effects on the lives of Aboriginal and Torres Strait Islander peoples.

The National Aboriginal Health Strategy developed in March 1989 was the first serious attempt to take account of this reality.

Major Recommendations

1. That the Commonwealth reaffirm its commitment to the principles underlying NAHS including:
 - acceptance of Aboriginal people's holistic view of health;
 - recognition of the importance of local Aboriginal community control and participation; and
 - intersectoral collaboration.
2. That the achievement of equity, by which is meant *equal access to equal care appropriate to need* in comparison with non-Aboriginal Australia remain a major goal.

3. That there be a partnership in pursuit of this goal between the Commonwealth, State and Territory governments, ATSIC and NACCHO at the national, state/territory and regional levels.
4. That a human rights based approach to funding be adopted with major increases for all aspects of Aboriginal health to achieve comparable standards with that of average non-Aboriginal Australia. As much as \$2 billion would be needed in funding just to meet the backlog in housing and essential services in remote and rural communities in Australia, including the Torres Strait.
5. That the Commonwealth take a leadership position for all Australians by declaring its resolve to achieve health gains.

Major Findings

The Evaluation Committee's major findings are:

- The National Aboriginal Health Strategy (NAHS) was never effectively implemented.
- All governments have grossly underfunded NAHS initiatives in remote and rural areas if the objective of environmental equity by the year 2001 is to be attained.
- There has been a lack of accountability for implementation of the June 1990 NAHS Joint Ministerial resolutions and inadequate program management information where Commonwealth NAHS funds have been applied.
- ATSIC has been a convenient scapegoat for inaction and the failure of governments to deliver.
- The National Council of Aboriginal Health which was established to oversee implementation of NAHS lacked political support from Commonwealth and State/Territory Ministers and ATSIC.
- However, there have been some encouraging recent developments in line with NAHS taken by a number of governments.
- If the Commonwealth wants to achieve environmental equity by the year 2001 there will need to be substantial increases in funding for housing and essential services in remote and rural regions in Australia, including the Torres Strait, over the remainder of the decade.
- If the Commonwealth responds by making provision for extra funding, priorities could be quickly established in a spirit of cooperation between the major players.
- The provision of housing and essential services should be accompanied by strategies for improved maintenance of facilities and appropriate education, including health services and promotion, to equip individuals to achieve a lifestyle and level of economic stability which permits healthy choices.
- Local community involvement and participation as espoused in NAHS is critical not only to improving quality of life but also to the attainment of an

- experience of health and length of life to be expected in a technologically advanced nation.
- Public health providers need to create meaningful coalitions with Aboriginal and Torres Strait Islanders so that communities and individuals can make informed choices regarding health.
 - Health providers need to be focused on outcomes and health gains, and not the process of health care organisation and financing.
 - The Commonwealth objective of 'gaining equity in access for Aboriginal and Torres Strait Islander peoples to health services and facilities by the year 2001' – if taken to include "environmental health facilities" (for example, housing and essential services) – is unattainable at both current and projected levels of funding.
 - Health statistics show that Aboriginal and Torres Strait Islander peoples are so far behind the rest of the Australian community, that equity considerations demand national large scale affirmative action programs in environmental health.

Major Organisational Options

Future organisational arrangements should create incentives for partnership rather than conflict between the key parties and be developed within a strategic public health framework as envisaged by the NAHS Working Party.

The Committee considers that whatever organisational framework is adopted it should be supported by significant additional funds and improved program performance management. The commitment by governments should ensure cooperation and overcome non-productive debate where governments blame each other for failing to cooperate in the delivery of basic services while Aboriginal and Torres Strait Islander peoples get too little too late.

Future arrangements should include:

- a workable, expert National Council for Aboriginal Health involving Commonwealth, State/Territory governments, ATSIC and NACCHO to provide policy advice at the national level and oversight the implementation and development of NAHS;
- agreement between the Commonwealth and State/Territory governments to achieve a common needs assessment and resource allocation process agreement involving ATSIC and relevant Aboriginal organisations including NACCHO at the State/Territory and regional levels instead of continuing to operate independently of each other; and
- partnership between State/Territory health providers and Aboriginal Health Services to achieve an integrated approach to health services delivery to Aboriginal people at the local and regional levels.

Performance Indicators

A national plan through to the year 2001 is essential to ensure a strategic approach to implementation and a framework for measuring the impact of interventions,

recognising that improvements to access to health services and facilities will take much longer to translate into improved health status.

The plan should include a statement of national goals for housing and essential services development and redevelopment which will see the majority of Aboriginal and Torres Strait Islander peoples living in healthy environments by the year 2001.

It is critical that program performance management be improved and closely monitored to ensure public accountability and transparency so that all governments, as well as government and non-government agencies, fulfil their responsibilities.

The National Council for Aboriginal Health would be responsible for monitoring and reporting on the performances of all governments and service providers.

Outcome measures must be designed to demonstrate that what is done meets identified needs and to assess the impact of the national effort.

National Commitment

The Council of Australian Governments endorsed a "National Commitment to Improved Outcomes in the Delivery of Programs and Services for Aboriginal Peoples and Torres Strait Islanders" in December 1992. The Committee notes that there has been very little effort or progress towards bilateral agreements concerning Aboriginal health.

Accordingly, the Committee further recommends that:

- the allocation of any additional Commonwealth Aboriginal health funds to State and Territory governments be made contingent upon bilateral agreements developed with the Commonwealth;
- bilateral agreements should:
 - delineate roles and responsibilities of Commonwealth and State/Territory government agencies and cooperative funding arrangements;
 - specify objectives, outcomes, monitoring and evaluation mechanisms;
 - be developed in full consultation with ATSIC, NACCHO and other relevant Aboriginal and Torres Strait Islander organisations; and
 - involve local government participation where appropriate, especially concerning the delivery of essential services.
- there be improvements to existing Commonwealth program arrangements in accordance with proposals in Chapters 7 to 9 of this report.