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AUSTRALIA: THE HEALTHIEST COUNTRY BY 2020 National Preventative Health Strategy

- The National Preventative Health Strategy, "*Australia: the healthiest country by 2020*", was released on 1 September by the National Preventative Health Taskforce.
- The purpose of this briefing paper is to provide AFAO members with an overview of the Strategy.

Background

The National Preventative Health Taskforce has developed a National Preventative Health Strategy, focusing on primary prevention policies to address health issues relating to obesity, tobacco and excessive consumption of alcohol.

As part of the consultation process, the Taskforce released a comprehensive Discussion Paper in October 2008. AFAO commended the paper, but raised concerns in its response to the Taskforce that there was no reference to people with HIV (or to health issues faced by GLBTI people), in the Discussion Paper (see below).

In developing the Strategy, the Taskforce states that it set out to consider prevention policies and strategies across government, with the ambitious aim of preventing "hundreds of thousands of Australians dying prematurely or falling ill and suffering between now and 2020", and minimising "the impending overload of the health and hospital system". The Strategy is intended to address inequities in the distribution of "good and bad health" in Australian society, due to which those "with less money, less education and insecure working conditions are much more likely to get sick and die earlier", having particular regard to the fact that this "inequity is particularly acute for Indigenous Australians".¹

Main features and elements of the Strategy:

- Fundamental to the strategy is the establishment for the National Prevention Agency (NPA), an independent, national, statutory body comprising 10 to 12 members. The NPA will:
 - facilitate research;
 - develop sustained social marketing campaigns;
 - provide a national clearing house for monitoring and evaluating preventative health policies; advise COAG;
 - develop the next phase of preventative health reform to follow implementation of the Strategy, for consideration by the Australian Health Ministers' Conference; and
 - investigate and provide advice on future funding models for prevention, both within and outside the health sector.
- The core of the Strategy is the setting of targets to be met by 2020, which are aligned with interim targets set by COAG. Initiatives are to be implemented in three phases: 2010 to 2013, 2014 to 2017, and 2017 to 2020.
 - **Obesity targets:** to increase the proportion of children and adults meeting national guidelines for healthy eating and physical activity by 15% within six years, and with healthy body weight by 3% within ten years.

Initiatives include: establishing a Prime Minister's Council on Active Living, and a National Framework for Active Living; developing a national food and nutrition framework; implementing sustained social marketing campaigns; developing a national accord on workplace health;

conducting research into economic barriers and enablers to the promotion of healthy food consumption; monitoring and evaluating advertising industry self-regulation regarding unhealthy foods, with a view to developing a co-regulatory agreement; working with the food and beverage industries to market and promote healthy foods and beverages; developing policies and funding programs to promote physical activity; developing a national research agenda for overweight and obesity; carrying out a National Risk Factor Survey.

- **Smoking targets:** to remove the prevalence of daily smoking to 10% or less; to eliminate passive smoking, especially for children; ensure smoking during pregnancy is minimal; and to substantially reduce smoking in Indigenous communities.

Initiatives include: introducing measures to significantly increase the cost of tobacco within three years; contributing to the development and implementation of antenatal agreements; developing a national strategy to combat the illicit tobacco trade; ending all remaining forms of advertising and promotion of tobacco, by amending relevant Commonwealth and State/Territory legislation; reducing the cost of Nicotine Replacement Therapy; making smoking a classifiable element in movies and video games; increasing awareness of Quit campaigns among health professionals so as to enhance the access of people with mental health problems to such programs; ending the duty free tobacco trade in Australia; funding sustained media and social marketing anti-smoking campaigns, targeting young people and socially disadvantaged groups; extending legislation prohibiting smoking in public places; enhancing Quitline services' availability; training Indigenous health workers regarding anti-smoking programs; addressing gaps in the surveillance system on tobacco to enable governments to assess programs and ensure targets are met.

- **Alcohol targets:** to reduce the proportion of people who drink at short-term risky levels to 14% and long-term to 7%, and reduce the proportion of secondary school students aged 12 to 17 who drink at harmful levels from 31% to 21.7%.

Initiatives include: regulating alcohol promotion, initially via self-regulation and ultimately, if evaluations indicate the need, by introducing regulatory legislation; reforming alcohol taxation and pricing regimes, on the basis of independent modelling; utilising a proportion of alcohol-related tax revenue to fund harm-prevention programs; developing best practice models for policing liquor control laws and regulations, and public safety laws relating to alcohol; working with the alcoholic beverage industry to encourage the development and marketing of less harmful alcohol products; developing and extending access to programs targeting people in ATSI communities, including the facilitation of case management; enhancing and extending training programs for Indigenous health workers; expanding community-based treatment programs in Indigenous communities; supporting the implementation of local initiatives in Indigenous communities; developing a network of alcohol-related referral services and programs designed to support behaviour change; increasing access to primary healthcare for people at risk of alcohol-related harm; developing and promoting workplace programs, including employee health checks and Employee Assistance Programs; improving national reporting and monitoring of alcohol sales, by purchasing retail sales data; defining essential national indicators on alcohol consumption and associated health and social impacts.

- The Strategy sets out factors considered to be crucial for an integrated primary healthcare system, noting the limitations of the current system in addressing life-style factors. It is stated that the new system should at a minimum:
 - systematically identify people at risk and assess levels of risk;
 - deliver interventions;
 - provide appropriate referrals to life-style modification program providers; and
 - monitor and assess outcomes.

Implications

In AFAO's submission to the Taskforce, prepared in response to its Discussion Paper, we applauded the depth and breadth of its analysis of the issues. In noting AFAO's concern that the Taskforce had failed to address issues regarding HIV/AIDS and preventative health issues for GLBTI people generally, we proposed:

- that further research is required to identify the already recognised differential impact of obesity, alcohol and tobacco on PLHIV, especially and on GLBTI people generally when compared to the broad population;
- that while general preventative health strategies must be inclusive of PLHIV and GLBTI people, targeted health programs are crucial; and
- that given the extraordinary success of Australia's partnership response to HIV/AIDS, as measured by the saving of lives and significant budgetary savings, and international recognition of this response as best practice, future preventative health strategies would benefit from close reference to Australia's HIV/AIDS response.

Unfortunately, there is only one reference to HIV/AIDS in the Strategy, with the HIV/AIDS response being cited as an example of "well-planned programs", showing "spectacular long-term returns on investment and cost-savings from prevention (p. 8). This may be an indication that strategies inherent to the HIV/AIDS response will indeed be used as a model for development of preventative health strategies regarding obesity, alcohol and tobacco. However, there is nothing in the Strategy to confirm this, and no strategies to ensure that the HIV/AIDS response is held up as best practice in policy and program development.

It could be argued that given the co-existence of specific national strategies on HIV and hepatitis C, the particular preventative health issues we raised in our submission to the Taskforce regarding the impact of obesity, and tobacco and alcohol use are best dealt with under these separate strategies. Similar arguments could be posed regarding preventative health issues for homeless people, people in aged-care, and refugees – none of which have specifically targeted measures in the Strategy. We need to be mindful that there are risks embedding policy silos within Commonwealth and State/Territory strategies: we end up with a maze of inter-related and potentially duplicated measures on the one hand; and fundamental issues overlooked on the other. We also end up facing consultation fatigue, and frustration regarding the need to repeatedly highlight the same issues to different committees and taskforces, an reiterate carefully developed policy arguments ad nauseum.

At the very least, the National Preventative Health Strategy should have detailed the particular obesity, tobacco and alcohol issues relating to HIV/AIDS prevention and treatment, and the particular relevance of general preventative health on quality of life for PLHIV.

References

- '*Australia: the healthiest country by 2020*': Report of the National Preventative Health Strategy, Commonwealth of Australia, 2009. Available at: <http://www.preventativehealth.org.au>
- AFAO submission available at <http://www.preventativehealth.org.au>