

Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the Gap within a Generation"

AMSA

The Australian Medical Students' Association (AMSA) welcomes the opportunity to make this submission to the Australian Senate Committee inquiry in support of the adoption of the recommendations from the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the Gap within a Generation" (The Report) in Australia's domestic response to the report.

AMSA is the peak representative body for the 17,000 medical students in Australia. AMSA connects, informs and represents students studying at each of Australia's 20 medical schools.

Summary

AMSA believes that all communities have the right to the best attainable health and, accordingly, advocates on issues that impact health outcomes. AMSA endorses a human rights and social determinants approach to achieving equity and advancing health for individuals and populations. AMSA believes that attaining good health is not solely achieved by the health sector [1]. Action to address health inequalities in Australia as a result of inequities in social determinants of health should be tackled through a multi-sectoral approach spearheaded by the Commonwealth government [1,2].

AMSA supports the three key recommendations of the report, to:

- improve daily living conditions,
- tackle the inequitable distribution of power, money and resources, and
- measure and understand Australia's health inequities and assess the impact of action.

Additionally, AMSA supports a move by the Commonwealth to implement these recommendations swiftly in all areas of governance, with rigorous planning and sustained funding, to effect short and long term initiatives to benefit all individuals residing in Australia—AMSA strongly believes these initiatives must uphold the rights and inherent human dignity of each individual human being. AMSA recognises the significant impact of social determinants on health status for Aboriginal and Torres Strait Islander people [1], and believes the long-standing inequity in health status between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians is unacceptable [3].

Furthermore, AMSA believes that Australia's domestic response to the *WHO report on SDH* should not be exclusively for the benefit of Australian citizens; rather it should include any person residing in Australia and its territories. AMSA believes that it is imperative for the Commonwealth to ensure asylum seekers currently held in detention and processing facilities administered by the Commonwealth, asylum seekers and refugees living within community detention, and recognised refugees, are engaged in programs that will enable these populations to fully realise their right to health.

AMSA recommends the following in response to the Senate Committee Inquiry:

a. Government's response to other relevant WHO reports and declarations

AMSA recommends that the Australian Government act to implement measures related to the improvement of health, and hold true to pledges made in:

- Jakarta Declaration on Leading Health Promotion into the 21st Century
- Convention on the Rights of Persons with Disabilities
- UN Declaration on the Rights of Indigenous Peoples
- UN Convention Relating to the Status of Refugees

b. Impacts of the Government's response

AMSA believes that the Commonwealth needs to fully embrace the Report and must dedicate adequate funding and human resources to address the recommendations. It is imperative the Government's response encompasses the entire extent of the current situation and is developed in a sustainable manner that will continuously monitor and address the evolving issues.

c. Extent to which the Commonwealth is adopting a social determinants of health approach through:

i. Relevant Commonwealth programs and services

AMSA supports the recommendations of the Report and encourages the government to work in a collaborative manner both between relevant departments within the Government, between local and national governing bodies and with key stakeholders in civil society.

ii. The structures and activities of national health agencies

AMSA would like to reiterate the above point (i), calling for collaboration between all relevant governing bodies and civil organisations. AMSA encourages the Department of Health and Ageing to ensure that it implements a multi-sectoral approach to addressing the current gaps in health delivery and outcomes that relate directly to the Social Determinants of Health.

iii. Appropriate Commonwealth data gathering and analysis

AMSA encourages the Commonwealth to ensure that adequate monitoring and evaluation is undertaken to continuously assess the state of health outcomes. In particular, AMSA encourages the funding and monitoring of research that assesses the state of the social determinants of health in marginalised in Australia.

d. Scope for improving awareness of social determinants of health:

i. In the community

AMSA holds that awareness of social determinants of health is a first step. However, in and of itself, awareness will not affect a meaningful response to the health problems faced by specific Australian population groups, and awareness should not be a measure alone of success. Heightened awareness within the Australian community is essential, but without strategies to empower individuals and increased access to health services, welfare, housing, employment opportunities, education and training, and health goods such as medications, fresh fruit and vegetables in remote areas, and physical personal mobility aids; awareness alone is inadequate. AMSA acknowledges that

awareness of the social determinants of health is an important first step. However, in and of itself, awareness will not affect a meaningful response to the health problems faced by specific Australian population groups, and awareness should not be a measure alone of success. Strategies to empower individuals and increased access to health services, welfare, housing, employment opportunities, education and training, and health goods such as medications, fresh fruit and vegetables in remote areas, and physical personal mobility aids, are necessary to effect meaningful improvements [3].

ii. Within Government programs

The WHO report calls for “health equity in all policies, systems and programs.” AMSA recommends the consideration and implementation of a model similar to the South Australian Government’s “Health in All Policies” (HiAP) initiative at a Federal level [4]. Key areas amenable to the integration of health-oriented policies to reduce social determinants of health inequities are; finance, education, housing, employment, transport, and clearly, health. AMSA believes a holistic and coherent approach across all departments and levels of Government is essential to improving health equity in Australia [1,4].

iii. Among health and community service providers

AMSA urges the Australian Government to increase their support for local, state and national healthcare services, both government and non-government based; in particular in the areas of chronic disease, Aboriginal and Torres Strait Islander health, refugee and asylum seeker mental health, disability services and non-communicable diseases.

To do this, the Australian Government needs to engage in meaningful and rapid action to address a shortage of training places for graduates of Australian medical schools to ensure that more doctors skilled in the Australian societal and healthcare environment are available to contribute to the Government and private sector initiatives to address health inequities.

AMSA specifically encourages the Commonwealth Government to address the following recommendations included within the Report:

i. Equity from the start, including comprehensive approach to early life

AMSA implores the Commonwealth to address the current issues surrounding the increased rates of maternal and child mortality in Aboriginal and Torres Strait Islanders. As part of this AMSA encourages the Commonwealth to address both issues surrounding access to health services in rural and remote communities, as well as addressing social determinants of health like poverty and education access in all areas, including urban, rural and remote areas.

ii. Healthy places, healthy people (partner in building healthier and safer cities and encourage healthy eating)

AMSA encourages the Commonwealth to develop strategies that ensure that children are set up to lead healthy lifestyles into adulthood.

iii. Climate change and health

AMSA encourages the Commonwealth to take urgent action to mitigate Australia's contribution to global warming and climate. AMSA demands that the government investigate and eradicate areas of disproportionate environmental stress currently occurring in areas inhabited by marginalised populations, particularly those identifying as Aboriginal and Torres Strait Islanders.

iv. Political empowerment - inclusion/voice

The Report encourages the inclusion of marginalised populations to address current issues of social determinants of health. There is still a significant disconnect between the Commonwealth and marginalised populations, and the continued disenfranchisement and non-involvement of marginalised populations within the government at all levels. AMSA calls upon the Commonwealth to assess causes of exclusion and barriers to inclusion and to actively address these issues.

v. Social determinants of health monitoring, training and research

AMSA has encouraged Australian Medical Schools and the Australian Medical Council to facilitate the development and implementation of medical curricula that includes broader curriculum goals to ensure students have a concrete understanding of the Social Determinants of Health and the ways in which these can be addressed through multidisciplinary health teams. AMSA calls upon the Commonwealth to support support the implementation of the Report's recommendation that social determinants of health are made a compulsory part of training of medical and health professionals.

References

1. Marmot M. Social determinants of health inequalities. 2005. Lancet 365:1099-1104.
2. Marmot M. Social determinants and the health of Indigenous Australians. 2011. Med J Aust, 194(10): 512-513.
3. Turrell G, Stanley L, de Looper M, Oldenburg B. Health Inequalities in Australia: Morbidity, health behaviours, risk factors and health service use. 2006. AIHW Cat. No. PHE 72. Canberra: Queensland University of Technology and the Australian Institute of Health and Welfare.
4. Government of South Australia. Implementing Health in All Policies: Adelaide 2010. Available online: <http://www.who.int/sdhconference/resources/implementinghiapadel-sahealth-100622.pdf>
5. Health Workforce Australia. Health Workforce 2025 – Doctors, Nurses and Midwives – Volume 1. 2012. Adelaide: Health Workforce Australia.
6. Sullivan E, Hall B, King J. Maternal deaths in Australia 2003–2005. Cat. no. PER 42. Sydney: AIHW National Perinatal Statistics Unit.
7. Green D, King U, Morrison J. Disproportionate Burdens: the multidimensional impacts of climate change on the health of Indigenous Australians. 2009. Med J Aust, 190(1): 4-5.
8. Anthony, K. The Political Representation of Ethnic and Racial Minorities: Briefing Document 3/06. 2006. Sydney: NSW Parliamentary Library Research Service.
9. Frenk J, Chen L, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. 2010. Lancet, 376:1923-1958.

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