



The Royal Australasian  
College of Physicians

## From the President

13 June 2014

Ms Jeanette Radcliffe  
Committee Secretary  
Community Affairs Legislation Committee  
PO Box 6100, Parliament House  
Canberra  
ACT 2600

Via Email: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

Dear Ms Radcliffe

**The Royal Australasian College of Physicians (RACP) submission to Community Affairs Legislation Committee Inquiry into the *Australian National Preventive Health Agency (Abolition) Bill 2014***

On behalf of the Fellows and Trainees of RACP, thank you for the invitation to make a submission to the Community Affairs Legislation Committee Inquiry into the *Australian National Preventive Health Agency (Abolition) Bill 2014*.

The RACP is concerned that the repeal of the Australian National Preventive Health Agency (ANPHA) sends a very negative signal to the community about the value of preventive health, especially as it comes on top of the discontinuation of the National Partnership Agreement on Preventive Health. The abolition of ANPHA has the potential to reduce Australia's capacity to develop a national, strategic direction for preventive health and to inform a consistent approach to prevention across all levels of government, as there will no longer be that independent body working across jurisdictions.

Long-term and well-planned preventive health measures are highly effective investments, and necessary to address many of the chronic health issues exacerbated by lifestyle related behaviours and choices. Chronic disease is rising in incidence in Australia and is placing increasing pressures on our healthcare system – both from a patient care and a cost perspective – and needs to be addressed.

The RACP looks forward to receiving assurance that the abolition of ANPHA will not undermine the progress of the preventive health initiatives it has implemented so far, nor weaken Australia's strategic, long term commitment to preventive health.

The attached submission articulates in greater detail our concerns and our assessment of the value of ANPHA's contribution.

Yours sincerely

Professor Nicholas J Talley

Encl:  
RACP Submission - ANPHA Abolition Bill



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# The Australian National Preventive Health Agency (Abolition) Bill 2014

RACP Submission to the Community Affairs  
Legislation Committee

June 2014

## Introduction

The Royal Australasian College of Physicians (RACP, the College) welcomes the opportunity to present this submission to the Community Affairs Legislation Committee for its inquiry into the *Australian National Preventive Health Agency (Abolition) Bill 2014*. In the sections that follow, this submission discusses:

- The value of the current work performed by the Australian National Preventive Health Agency (ANPHA).
- Our concerns regarding the full implications of the *Australian National Preventive Health Agency (Abolition) Bill 2014* (the Bill) which disestablishes ANPHA and may lead both the Commonwealth and State/Territory governments to lose their focus on the important area of preventive health.

## Australian National Preventive Health Agency – its rationale and value

Preventive health measures can have some of the biggest impacts on the health of a society; particularly in addressing lifestyle related chronic illnesses that are rising in incidence in Australia. The increasing pressures on our health system caused by chronic disease issues – on both patient care and healthcare expenditure – are widely recognised.<sup>1</sup> For instance, the largest increases in health and residential aged care costs over the next two decades are projected to come from caring for people with diabetes<sup>2</sup>. Given the direct relationship between diabetes and obesity, and the fact that Australia has an estimated 28 per cent of adults now classified as obese<sup>3</sup>, with this number projected to increase still further, effective strategies to prevent these health issues are vital. The need for long-term and nationally coordinated preventive health measures has never been greater.

There is clear, incontrovertible evidence that long-term, sustained and targeted preventive health measures are highly effective. This has been demonstrated in areas such as tobacco control, skin cancer prevention and immunisation. However despite this – and despite estimates that around 8 per cent of hospitalisations are potentially preventable<sup>4</sup> – recent figures suggest that only 2 per cent of government health dollars are spent on prevention.<sup>5</sup>

To be effective, preventive health requires long term planning and investment. These were core reasons behind the establishment of the Australian National Preventive Health Agency (ANPHA) as an independent and arms-length organisation.

Since its establishment in 2011, ANPHA has driven and been responsible for a number of initiatives that have provided a focus for a national approach to population health including:

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<sup>1</sup> Aspin, C. et al 2010, 'Health policy responses to rising rates of multi-morbid chronic illness in Australia and New Zealand', *Aust N Z J Public Health*. 2010 Aug;34(4):386-93. doi: 10.1111/j.1753-6405.2010.00571.x.

<sup>2</sup> Goss J 2008. *Projection of Australian health care expenditure by disease, 2003 to 2033*. Cat. no. HWE 43. Canberra: AIHW.

<sup>3</sup> National Health Performance Authority 2013, 'Overweight and obesity rates across Australia, 2011–12'.

<sup>4</sup> Australian Institute of Health and Welfare 2014. *Australia's hospitals 2012–13 at a glance*. Health services series no. 55. Cat. no. HSE 146. Canberra: AIHW.

<sup>5</sup> Australian National Preventive Health Agency (ANPHA). *State of Preventive Health 2013*. Report to the Australian Government Minister for Health. Canberra; ANPHA, 2013.

- The collection, analysis and publication of data on the state of preventive health in Australia;
- A new social marketing initiative for obesity prevention 'Shape Up Australia' which involves partnering with organisations to help increase the proportion of Australians at a healthy body weight;
- The coordination and implementation of the National Tobacco Campaign which has the active involvement of a wide range of stakeholders to utilise advertising and workplace campaigns to continue raising awareness on the harms of smoking; and
- The National Binge Drinking Strategy (NBDS) that develops and implements programs and initiatives especially targeted to young people.

One of the challenging aspects of preventive health in Australia is the need to deal with multiple levels of government and associated agencies. ANPHA has been able to negotiate and work effectively with States/Territories and the Commonwealth in developing future strategic directions for preventive health activities across Australia. Examples of these inter-jurisdictional collaborations include:

- Partnering with South Australia's Department of Health to report on the findings from a review monitoring children's exposure to television marketing and advertising of unhealthy food and drink;
- Supporting Medicare Locals to partner with health services, local councils, researchers and other organisations to deliver preventive health initiatives through funding the 'Disease Prevention in Primary Care' program; and
- Establishing the Australian Prevention Partnership Centre which is jointly funded by the NSW and ACT health departments, HCF, ANPHA and the National Health and Medical Research Council (NHMRC).

ANPHA has done an excellent job in its short existence in producing a number of documents to inform the strategic direction for health promotion and illness prevention activities across Australia, for example:

- Producing evidence briefs on tobacco control;
- Commissioning and completing formative research into the attitudes and behaviour of Australians towards obesity prevention; and
- Developing and providing the final report and advice to the Federal Government on exploring the public interest case for a minimum (floor) price for alcohol.

### **The implications of the Australian National Preventive Health Agency (Abolition) Bill 2014**

The Bill to abolish ANPHA is relatively straightforward in its operation. It is envisaged that the repeal will take effect on 1 July 2014 at the earliest and that thereafter all of ANPHA's existing records and documents will be transferred to the Federal Department of Health.

The Explanatory Memorandum for the Bill argues that the repeal will enable preventive health efforts currently spread across two Commonwealth agencies (the Department and ANPHA) to be streamlined, thus removing unnecessary duplication and costs. Within the Memorandum it is stated that the Department of Health will continue to have a national leadership role on relevant preventive health issues.

The repeal of ANPHA sends a negative signal to the community about the value of preventive health, especially in light of the concurrent disbanding of the National Partnership Agreement on Preventive Health and the proposed introduction of a co-payment for General Practitioner consultations which has the potential to significantly impact primary care preventive health activities, such as childhood immunisations and cervical cancer screening.

It is vital that the abolition of ANPHA does not reduce the nation's capacity to develop long term preventative health strategies to inform and enable a consistent approach to prevention across States and Territories. ANPHA has succeeded in providing this platform for action and its' work needs to continue.

The College seeks assurance that there is a continued and fully funded commitment to a long-term and national approach to preventive health, and that the core functions and initiatives instigated by ANPHA will be retained in full.

The Australian Government must ensure that an appropriate governance structure is put in place within the Department of Health when ANPHA's functions and budget are incorporated. It is vital that the body charged with developing and delivering the national preventive health agenda does so with a structure that enables and supports widespread engagement and involvement of other key stakeholders. This is necessary for the development of strategic priorities based on need, and for initiatives to be effectively adopted and sustained at a local level. The independence of ANPHA as a stand-alone body with its own public charter and Advisory Council was a great strength, and this collaborative culture and approach must not be lost.