

## PHAA CONFERENCE RESOLUTIONS 2007

### PHAA 38<sup>th</sup> Annual Conference Alice Springs

<b>Proposer's name: David Legge</b>
<b>Presenter: Mary Osbourn</b>
<b>Resolution (up to 50 words): No.1</b>
<b>Conference Resolution: Global Medicines Crisis</b>  <ul style="list-style-type: none"><li>•This Conference of the PHAA notes that millions of sick and vulnerable people in developing countries are unable to access essential medicines due to:<ul style="list-style-type: none"><li>–prices of drugs under patent being maintained at prohibitively high levels by the monopoly pricing powers which derive from an increasingly restrictive global intellectual property protection regime and</li><li>–lack of investment in drugs for neglected diseases because markets are insufficiently profitable</li></ul></li><li>•The Conference recognises that<ul style="list-style-type: none"><li>–prohibitive price barriers to essential medicines and failure to invest in drugs for neglected diseases reflect market failure and that the state has an obligation to take action (public investment or regulatory reform) to address such cases of market failure where it has such a devastating impact</li><li>–the global intellectual property rights regime has been progressively tightened over the last 20 years with the TRIPS Agreement and various bilateral trade agreements,</li><li>–the public interest requires that governments collaborate to create an intellectual property regime which guarantees fair prices and appropriate investment in drug development for neglected diseases</li><li>–in the face of corporate lobbying and big power bullying to tighten IP regulation there is an urgent need to build a movement for IP reform based on civil society and expressing solidarity</li></ul></li><li>•This conference recommends that PHAA<ul style="list-style-type: none"><li>–commission a draft Policy Statement including a Plan of Action for immediate action and authorisation at the 2008 AGM including, as elements of such a plan:<ul style="list-style-type: none"><li>•developing the principles of a patenting and licensing regime that would encourage development and access</li><li>•raising awareness including workshops, a special issue of IT; and other means</li><li>•building links with other organisations in Australia and globally who are working towards a more health friendly IP regime</li><li>•investigating the patenting and licensing practices of universities and biomedical research institutes and</li><li>•monitoring the position of the Australian Govt on these issues in WHO, WTO and WIPO and lobbying for more progressive positions</li></ul></li></ul></li></ul> <p>Peter Tait – don't have to wait till AGM 2008, could be put to the Board as an interim policy and used before 2008.</p> <p>Resolution accepted unaminously.</p>

**Proposer's name: David Scimgeour**

**Resolution (up to 50 words): No.2**

**This conference expresses significant concern about the overall effects of the Commonwealth Government Northern Territory Emergency Response on the physical and mental health of the Aboriginal people of the Northern Territory.**

**Recognising the relationship between racism and health, the Conference urges the Government to repeal any aspect of the intervention which requires the use of 'special measures' to suspend the Racial Discrimination Act, without the approval of the people affected by the suspension.**

**Recognising the negative effect on health of political and social disempowerment, the Conference urges the Government to give a commitment to consult in good faith with Aboriginal people and their organisations before any policy changes affecting Aboriginal people are implemented.**

**Recognising the positive effect accruing to Aboriginal people from living on their land, the Conference urges the Government to give a commitment to **enabling and supporting Aboriginal people to continue to live on their land if they wish to do so.****

**Recognising the relationship between income and health, the Conference urges the Government to give a commitment to supporting that Aboriginal people will not be financially worse off as a result of policy changes.**

**Recognising the relationship between employment and health (as well as the importance of family and land to the health of Aboriginal people), the Conference urges the Government to give a commitment to ensure that meaningful employment opportunities are available to Aboriginal people in a way which does not inevitably lead to disconnection from kin and country.**

**David Scrimgeour**

**Summary justification in dot point form - up to 150 words (prompt for proposer to speak to in the closing session):**

**Presenters name:David Scrimgour (thought there was another version, but happy to keep this version) Need to have a resolution on the Commonwealth Gov in N.T. to be sharp and punchy, good that Gov is taking the seriousness of the situation (though do not say thank you but say about time). Express concerns we have about health implications of the interventions.**

**Resolution passed unanimously.**

**Proposer's name: Maxine Whittaker and Anne Whelan**

**Resolution (up to 50 words): No.3**

## **RESOLUTION**

**The Conference congratulates the Australian Government, and AusAID for significantly increased funding for development assistance. In order to ensure the effectiveness of this assistance in alleviating poverty, addressing inequities and improving the health of people the conference recommends**

- **continues to support programs which serve the needs of the vulnerable and the poor**
- **Continue to support comprehensive primary health care**
- **Continue to support comprehensive primary health vulnerable and the poor**
- **Addresses health problems causing the largest burdens of disease;**
- **Measures the outcomes and impact of assistance and results are utilised for improvement,**

**Continues progress in implementing the DAC principles on Aid Effectiveness and recommended levels of government funding to development assistance.**

**SUMMARY JUSTIFICATION**The Australian Government launched the White Paper on Australia's overseas aid program (26<sup>th</sup> April 2006) which will direct the program over the next 10 years. It identified how the Government will :

- **continue to support comprehensive primary health care**
- **approach the projected doubling of Australia's aid budget from its 2004 level to around \$4 billion annually by 2010,**
- **make aid even more effective through the establishment of an Office of Development Effectiveness within AusAID.**
- **focus on basic services for women and children and on tackling major diseases**
- **encourage better governance,**
- **pursue new partnerships through increased involvement of the broader Australian community including professional groups, local government, schools, business and other organisations.**
- **untie its aid**
- **adopt more programmatic approaches involving greater partner government responsibility in decision making and, sometimes, funding and supports to the 2005 Paris Declaration on Aid Effectiveness.**

**Competencies in areas such as financial management, audit, health financing, policy development and advocacy, governance, public health legislation are new areas required in the health systems strengthening and aid effectiveness**

programmes.

**PRESENTER: Maxine Whittaker**

**Supported the intent of this resolution –the intent passed unanimously**

**Proposer's name: Maxine Whittaker and Vicki Slinko**

**Resolution (up to 50 words): No.4**

**Conference resolution Maxine Whittaker and Vicki Slinko From SIGIH workshop and AGM**

**PROPOSERS NAME: Maxine Whittaker and Vicki Slinko**

**RESOLUTION :**

**The Conference recognises that “business” models in Universities and Public Service may provide disincentives to greater involvement in the development assistance program of Australia. Therefore the Conference recommends that AusAID engage in negotiations with these agencies to find the appropriate models for increasing effective involvement of University based staff and public servants**

**SUMMARY JUSTIFICATION**

- **University funding ( for students and publications) by Office of Higher Education does not reward adequately and university selection and promotion panels minimize the academic value of involvement in development assistance programmes including provision of technical assistance, short courses and other capacity development activities**
- **That whole-of-government agencies in State and Commonwealth levels also minimize the value of these development activities, or even provide barriers to individuals in participating in development assistance**
- **A broad based whole of government approach is required to address health systems strengthening and development issues such as governance, legislation, and executive management development – the public service in Australia can provide valuable support to these activities**
- **International public health research and health services research , as well as training programs should be supported by Australian academic institutions and need to engage to assist the Australian government implement its recently announced health policy for development assistance**

**PRESENTER: Maxine Whittaker**

**Accepted as a resolution unanimously**

<b>Proposer's name: Maxine Whittaker and Anna Whelan</b>
<b>Presenter: Maxine Whittaker</b>
<b>Resolution (up to 50 words): No.5</b>
<p><b>PROPOSERS NAME: Maxine Whittaker and Anna Whelan</b></p> <p><b>RESOLUTION :</b>  <b>The Conference recognises that many of the competencies required in development practice to support health system strengthening and good governance are broadening. Universities need to review their academic programs to address these needs, provide follow-up support. In addition, mentoring programs should be developed to support public health and development practitioners.</b></p> <p><b>SUMMARY JUSTIFICATION</b>  <b>The Conference recognises that many of the competencies required in development practice to support health system strengthening and good governance , especially in supporting health system strengthening and working to achieve reform in delivery of development assistance in line with the Paris Declaration for Aid Effectiveness, are broadening.</b></p> <p><b>Universities need to recognise these needs and respond through:</b></p> <ul style="list-style-type: none"> <li>• <b>Including these competencies in the academic programs,</b></li> <li>• <b>Reviewing modes of delivery of programs</b></li> <li>• <b>Considering active the follow-up of graduates “in-the-job”.</b></li> </ul> <p><b>Mentoring programs need to continue to be developed for public health and development practitioners to adapt to real life practice.</b></p> <p><b>PRESENTER: Maxine Whittaker</b></p> <p><b>Accepted unanimously</b></p>

<b>Resolution (up to 50 words): No.6</b>
<b>Proposer's name: Cyril Oliver</b>
<b>Presenter: Cyril Oliver</b>
<b>Resolution (up to 50 words):</b>
<p><b>‘Positive Media Strategy’ focusing on programs/projects that are and have been successful in addressing Indigenous Health needs. ie. CAAC Mens Health Centre.</b></p> <p><b>The negative impact from the Federal Intervention in the NT on Indigenous peoples and how AMS are addressing the Social and Emotional well being of those effected by it.</b></p>

<b>Summary justification in dot point form - up to 150 words (prompt for proposer to speak to in the closing session):</b>
<ul style="list-style-type: none"> <li>• <b>Positive media</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Good news stories</b></li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Presenters name Cyril Oliver Danila Dilba Health Service Darwin</b>
<b>Presenters name</b> <b>Needs to put in resolution format:</b> <b>PHAA fosters and supports initiatives that promote positive outcomes and support positive media strategy and support and foster positive interventions</b>  <b>Jane and Cyril to work on the nomenclature</b> <b>Peter Tait noted that the official title is Congress Male Health</b>

<b>Proposer's name: Clare Shuttleworth, Helen Keleher, Colin MacDougall, Fran Baum</b>
<b>No.7</b>
<b>Resolution (up to 50 words):</b>
<b>That PHAA advocates that the next Federal Government:</b> <ul style="list-style-type: none"> <li>• <b>Establishes an independent commission on the social determinants of health &amp; health inequities</b></li> <li>• <b>Takes action on the social determinants of health through a systematic approach that involves whole of government strategies and effective meaningful engagement with civil society</b></li> <li>• <b>Signs the UN Declaration on the Rights of Indigenous people</b></li> </ul>
<b>Summary justification in dot point form - up to 150 words (prompt for proposer to speak to in the closing session):</b>
<ul style="list-style-type: none"> <li>• <b>The resolution comes from a session at the Conference that discussed the Interim Statement of the CSDH. At this session, the need for a strong human rights perspective to health was affirmed, and suggested action through endorsing existing declarations and the adoption of a whole of government approach</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>The need for strong public health advocacy was emphasised, especially prior to the Federal election and after the next government is appointed. This requires some consensus among the 5 public health organisations.</b></li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Presenters name Fran Baum</b>

**This resolution come out of the breakfast meeting on the commission of the social determinants of health  
Resolution accepted unanimously**

**Conference Resolution No. 8**

<b>Proposer's name: Leonie Segal – Presented by John Boffa</b>
<b>Resolution (up to 50 words): Medicare entitlements be available to all medical practitioners and other clinicians employed by state or local government in any community setting</b>
<b>Intent to allow salaried GPs to access medicare Resolution passed as John Boffa's resolution</b>
<b>Summary justification in dot point form - up to 150 words (prompt for proposer to speak to in the closing session):</b>
<ul style="list-style-type: none"><li>• <b>Fee-for-service funding inhibits the effective long term management of patients in a comprehensive primary care model. Employment of salaried medical and other clinical staff by state governments seeking to enhance the quality of primary care is currently undermined by the loss of Medicare funding. This is inhibiting reform that would have demonstrable patient benefits.</b></li></ul>
<ul style="list-style-type: none"><li>•</li></ul>
<ul style="list-style-type: none"><li>• <b>Presented by John Boffa in lieu of Leonie Segal</b></li></ul>

**Proposer's name: Peter Tait/Rosalie Schultz No.9**

**Resolution**

PHAA will:

1. Make opposition to the nuclear industry one of PHAA's 12 election issues.
2. Propose and support a moratorium on all nuclear developments in Australia.  
Delete item 2
3. Call for a rigorous systematic review of studies on risks and benefits of nuclear industries is required. Military and commercial information revealing risks from nuclear industries should be made public to be incorporated into this.
4. Advocate for prospective monitoring and study of the health of all people previously and currently exposed to the nuclear industry, funded by industry and supervised by government, academia and NGOs with relevant

expertise.
<b>Summary justification in dot point form - 357 words (prompt for proposer to speak to in the closing session):</b>
<ul style="list-style-type: none"> <li>• See the 2005 PHAA policy on Nuclear Industry</li> <li>• Notes the IAEA principle that non-coerced local community acceptance of hosting nuclear facilities is required.</li> </ul>
<ul style="list-style-type: none"> <li>• We note the rapidly expanding nuclear industry globally, including uranium exploration and mining proposals in Australia, and recent Australian government initiatives towards developing a nuclear energy industry here. Our government has also introduced legislation allowing Australia to store and dispose of nuclear waste from elsewhere.</li> </ul>
<ul style="list-style-type: none"> <li>• We note conflicting situations imposed on indigenous communities for whom involvement in the nuclear industry is presented as the only opportunity for economic development. Adverse impacts of nuclear industries disproportionately affect indigenous and other marginalised people.</li> </ul>
<ul style="list-style-type: none"> <li>• We note there is incomplete knowledge of the health risks imposed on workers, veterans and nearby residents by nuclear industries, including weapons testing.</li> <li>• Therefore to adequately assess safety risks an independent systematic review is required, which should incorporate existing data from the academic, military, commercial and other sources.</li> </ul>
<ul style="list-style-type: none"> <li>• We assert that nuclear industries are inextricably linked to the development of nuclear weapons.</li> </ul>
Statement of principles underlying the resolution
1. Public health policy and action must be based on the best-available evidence
2. The precautionary principle favours an approach that minimises risk in the face of uncertainty.
3. People have the right to know of research findings which impact on their well-being and safety.

**Presented by Peter Tait**

**This resolutions comes out of both the workshop on Sunday and Plenary session yesterday afternoon.**

**It recognises that PHAA has a policy and that there is a strong international push to expand uranium mining in Australia.**

**Add the nuclear industry to the PHAA Federal Election Issues**

**Fact Sheet to be written by peter Tait**

**Systematic review to put all info together**

**Set up prospective monitoring by Gov, Academia, NGO's as a watch dog.**

**Conference Resolution No. 10.**

**Proposer: David Campbell**

**Presenter: David Campbell**

**Addressing the personal and national loss of human capital**

The productivity Commission in its report *Effects of Health and Education on Labour Force Participation* (2007) confirmed the economic benefit to Australia of improvements in human capital as a result of better health and educational outcomes. Aboriginal people are a major part of the population in remote and very remote Australia. As such, they have important roles to play in looking after and managing country and providing input to regional industries and the ongoing provision of services. This is particularly important for the Northern Territory, where Aboriginal people make up a third of the population and have the highest birth rate.

While there are decreasing health indicators for all Australians with increasing remoteness, there is an improvement in the health of Aboriginal people in very remote locations and engaging with cultural attachments. This is sympathetic with the important environmental role Aboriginal people have in traditional land management maintenance and the consequent national environmental benefits. It is to be recognised that improved health is an important part of participation in traditional land management practices.

We therefore propose that:

- In addressing the loss of human capital the current personal and national loss due to early morbidity and mortality of Aboriginal people and poor educational outcomes be resolved; and
  - that this is done in a manner that utilises the knowledge and skills of Aboriginal people and the personal and national benefits of their maintaining choice on remaining on and working on country to be able to continue practicing cultural practices

**Submitted to bring an economic perspective to what it will achieve**

**Comment from Cyril – to add to this proposal –**

**put at end of proposal to continue in practicing cultural (added)**

**more clarity needed and resubmit to Board – Cyril, David Campbell and John Boffa**

**to do more work.**

**Conference Resolution No. 11**

**Presented by John Boffa**

**Proposer's name: Bob Durnan, John Boffa, Andrew Bell, David Legge, Shane Houston, Ben Bartlett, Fran Baum**

**Resolution (up to 50 words):**

**24.9.07 On the Australian government intervention**

**Sponsored by Bob Durnan, John Boffa, Andrew Bell, David Legge, Shane Houston, Ben Bartlett, Fran Baum**

**That this Conference notes that the Australian Government for finally recognizing the long standing needs of NT Aboriginal communities and for assuming its share of responsibility for the health, social, education, employment and other needs of this group of Australian citizens.**

**We also acknowledge the significant additional investment that has now been announced by both the Australian and NT governments in health, police, education, housing, child protection, employment and other areas.**

**The conference believes however that elements of this intervention and the legislation underpinning it are likely to impact adversely on the health and wellbeing of the people it is meant to help. Research reported at this conference and any cursory review of history has shown that the limitation of any People's human rights and reduction of their control over their lives creates risks to health and wellbeing. Significant elements of this intervention and the statute underpinning it deliberately limit or remove the hard won fundamental rights and freedoms that are Aboriginal peoples right as citizens – they are discriminatory.**

**These discriminatory provisions cannot be excused by any suggestion that they are the only strategy that will work or they are in the best interests of Aboriginal people. This conference has heard of many interventions that have worked and that are available to Governments.**

**There is also a deep felt concern about the racist tone of much of the commentary with which the intervention has been introduced. There has been strong evidence presented at this conference about the way in which racism is a damaging influence on Aboriginal health and well being.**

**To ensure maximum benefits for Aboriginal people living in these communities, this Conference of the PHAA calls on the PHAA executive and board to:**

- **lead national advocacy for reform of the intervention to ensure that:**
  - **as a first principle it does no harm and**
  - **it uses the evidence of what works**
- **ensure that discriminatory provisions are removed and replaced with a more constructive approach that recognizes the human rights of Aboriginal Australians**
- **champion a rigorous approach to the collection of data and information about the intervention so that its impact can be properly measured**
- **pursue vigorously the full engagement of Aboriginal communities in this intervention**
- **ensure the provision of a long term sustainable investment to address Aboriginal disadvantage**

**This resolution was passed, two words changed**

**Para 1 (This conference ‘notes’ - the word notes accepted**

**Para 2 We also welcome – welcome change to acknowledge.**

**Resolution No. 12**

**Proposer’s name: John Wakerman and John Boffa**

**Presenter: John Boffa**

**That this conference calls on the PHAA executive to advocate for the following in relation to the recruitment and retention of OTDs in rural and remote Aboriginal Health: (rural and remote added in)**

**Sponsored by John Wakerman and John Boffa**

- 1. That a professional orientation to the Australian health care system be developed by Rural Health Workforce Australia, implemented and monitored through Rural Workforce Agencies for all Overseas Trained Doctors. Further, that Rural Health Workforce Agencies utilise a case management approach to facilitate all OTD registration and immigration requirements.**
- 2. That Rural Workforce Agencies ensure a systematic ‘matching’ of OTDs & family to locations, taking into account OTD preferences, spouse employment, children’s education needs, religious and other cultural factors.**
- 3. That NACCHO be funded to develop a generic framework for cultural, historical and political orientation to Aboriginal health services, based on existing orientation material, and further to distribute this to all ACCHS to adapt locally.**

4. That Rural Workforce Agencies and ACCHS ensure appropriate professional and cultural mentors are identified for each OTD that these are appropriately funded.
5. That GPET ensure appropriate funding to regional training providers to support OTDs' GP fellowship training.
6. That further strategies are implemented to recruit & retain Australian graduates in rural & remote areas. These strategies include (1) the implementation of geographical provider numbers and (2) an increase in the number of medical scholarships offered to students of rural origin.

Resolution passed (only change was Point 4 – that these are appropriately funded.

framework for (after generic) (para 3)

**Conference Resolution No. 13**

**Proposer: Doug McManus**

**Presenter: Doug McManus**

<b>Proposer's name: Doug McManus</b>
<b>Resolution (up to 50 words): No. 13</b>
<b>Resolution (up to 50 words):</b>
<b>PHAA endorses the NACCHO OXFAM presentation Equality of Health Plan”</b>
<b>Summary justification in dot point form - up to 150 words (prompt for proposer to speak to in the closing session):</b>
•
•
•
<b>Presenters name :</b>
<b>The phaa endorses the nacho presentation</b>

To support the presentation and adopt the policy now.

Noted: No policy written.

**PHAA endorses the NACCHO presentation Equality of Health Plan**