

## **1997 PHA National Conference**

### **The Melbourne Statement**

#### **Resolutions of the 29th Annual Conference of the Public Health Association of Australia 1997**

#### **Human Rights Follow Up**

Delegates to this 29th Annual Conference of the Public Health Association of Australia recognise that human rights violations have an impact on health and that health policy and programs have an impact on human rights. We recognise that societal conditions are major determinants of human health and well being and we recognise the unique role and responsibility of the public health profession.

We recommend that each PHA special interest group should prepare a report for next year's conference on actions to incorporate human rights considerations into their public health activities during the intervening year and on their recommendations for future incorporation of human rights into public health practice.

#### **Renewal of Health For All**

The World Health Organisation's 'Health For All by the Year 2000' strategy was launched in 1981 as a framework for improving the health of all the world's populations. As we near the year 2000, the need to renew the Health For All process has become clear. The 'Renewal of Health For All' was begun by WHO in 1995 and is due to be completed in 1998.

This Conference endorses the need for the renewal of Health For All.

The Conference acknowledges that many of the social, political and economic changes since the 1978 Declaration of Alma-Ata have acted to worsen health inequalities. For example, delegates have heard evidence of the impact of structural adjustment on developing countries suggesting that it has undermined much of the positive impact of primary health care. The need for action is urgent.

A revitalised Health For All strategy, with an emphasis on social justice and equity and based on comprehensive primary health care, is vital to addressing the serious threats to health associated with globalisation, environmental degradation, neo-liberal policies and increases in poverty and inequity. The conference urges PHA to advocate strongly to WHO to ensure that the renewed HFA strategy effectively addresses these issues.

The conference expresses its concern about the short time frame and limited opportunities for participation in the third evaluation of Health For All 2000 and the renewal of the Health For All strategy. It therefore requests PHA to call on WHO to make available more time and information to enable the critical engagement of Australian public health professionals in the renewal of Health For All.

## **Rape as a War Crime**

Delegates to the 29th Annual Conference of the Public Health Association reaffirm the integral relationship between human rights and health; when human rights are denied, the health of individuals and communities is jeopardised.

Rape of women has always been a significant although often hidden aspect of armed conflict. The use of rape as a weapon of war has been well documented, particularly in the recent conflicts in the former Yugoslavia and Rwanda. It has grave consequences for both the physical and mental health of raped women, their children and wider families. While rape is considered a violation of international humanitarian law, it is not explicitly declared a 'grave breach' and thus is not considered a War crime in international law.

The drafting of a statute for a permanent International Criminal Court (ICC) is well advanced and a final statute is expected to be adopted in 1998. It is expected that the statute will adopt the same definition of war crimes as contained in international humanitarian law and thus rape will not be considered a war crime and will not be within the jurisdiction of the International Criminal Court.

## **Resolution**

1. This conference supports the priority given by the Australian government to the establishment of the ICC.
2. This conference urges the Australian government to work to achieve a definition of war crimes that unambiguously includes rape and to use its influence to gain support from the international community to have the definition included in the statute.
3. Conference requests that PHA sends this resolution to the Prime Minister, the Minister for Defence, the Attorney General and the Minister for Foreign Affairs and Trade.

## **Nuclear Disarmament**

1. Recognising that the unique opportunity for substantial progress toward nuclear disarmament provided by the end of the Cold War and the signing of the Comprehensive Test Ban is in danger of passing unfulfilled;
2. Recognising that no real action has been taken by the recognised nuclear weapons states to fulfil Article VI of the Nuclear Non-Proliferation Treaty;
3. Recognising Australia's past strong role in disarmament issues, particularly the conclusion of the Chemical Weapons Convention and the Comprehensive Test Ban;
4. This 29th Annual Conference of the Public Health Association of Australia recommends that the Public Health Association urge the Australian Government:

- a) to continue the work of the Canberra Commission on the Elimination of Nuclear Weapons by providing resources for a secretariat and at least annual meetings of the Commissioners so they might recommend further action, advise on and monitor progress towards nuclear weapons abolition.
- b) to take an active and leading role in promoting the urgent abolition of nuclear weapons through an international convention banning the development, stockpiling, threat of use, use, transfer and acquisition of nuclear weapons.

### **The Bougainville Rehabilitation Process**

This Conference of the Public Health Association of Australia recognises that health rights are part of human rights. Dr Gruskin in her opening address spoke about the withholding of primary health care as a violation of human rights.

This conference has concerns about the rights of all Bougainvilleans to basic primary health care.

The conference welcomes the peace process currently underway in New Zealand and involving all sides of the Bougainville conflict. It also welcomes the opportunity which peace would bring to reverse the damaging health problems which the people of Bougainville have sustained for the last nine years. The conference notes that health services have been largely accessible in the northern regions of Bougainville and not available in the central and southern areas which are largely non-PNG controlled areas and where there are serious and chronic health problems and fewer resources. Women, men, children and elders not involved with the conflict are therefore innocent victims whose rights to health have been violated.

Australia should ensure in its continuing role in supporting Bougainvillean health care that the rights of all Bougainvilleans to such care are equally recognised. The conference recommends that until the peace process is resolved, Australian government funding prioritises primary health care and channels funding through international non-government organisations working with both sides of the Bougainville conflict so that funds can be equitably distributed and equitable access to basic health care ensured.

### **Funding of Aboriginal Women's Councils**

At this 29th Annual Conference of the Public Health Association of Australian the forum on violence against women noted that:

- Homicide continues to be the leading cause of premature death amongst Aboriginal women in the Northern Territory
- Aboriginal Women's Councils are critical community development vehicles through which unequal power relationships can be addressed.
- The Ngaanyatjara Pitjantjara Yankuntjatjara Women's Council in Central Australia has been involved in an award winning domestic violence project and in the introduction of alcohol sales restrictions from the Curtin Springs Roadhouse. Both of these projects have had a significant impact on the decrease of violence against Aboriginal women.

This conference calls on the Office of Women's Affairs within the Department of Prime Minister and Cabinet to ensure that new sources of funding are found for Aboriginal women's councils and that domestic violence projects are channelled through these organisations wherever possible. We urge that this issue be put on the agenda of the forthcoming summit on violence against women.

### **Women's Health and the National Public Health Partnership**

In recognition of:

- the need to continue to address women's health in the context of their human and reproductive rights;
- the continuing relevance and robust nature of the National Women's Health Policy, its value to all women in Australia and its recognition internationally by the Commonwealth Secretariat;
- the international recognition of the need for a national capacity to address women's health at all levels;
- the demonstrated failure of the NHMRC to sustain its Women's Health Strategy;
- uncertainty about national structures to guide the implementation of the National Women's Health Policy within the National Public Health Partnerships, and
- the completion of the evaluation of the National Women's Health Program and its recommendations for the future shaping of the Program. This 29th Conference of the Public Health Association recommends that:
- the implementation of the National Women's Health Policy be incorporated into the Workplan of National Public Health Partnership and that mechanisms to facilitate and monitor this be put in place.

### **Uranium Mining in Kakadu**

This PHA Conference notes with deep concern the announcement by the Commonwealth Government that Energy Resources Australia will be permitted to proceed with the Jabiluka uranium mine in Kakadu National Park.

This Conference notes that the Mirrar people, the traditional owners of the land upon which the mine is to be situated, have expressed implacable opposition to the mining of uranium on their land.

The Conference also notes the existing PHA policies which support the rights of Aboriginal people to self-determination and point out the public health dangers of uranium mining.

Therefore, this Conference deplores the decision of the Commonwealth Government to allow the Jabiluka uranium mine to proceed against the express will of the Aboriginal traditional owners.

The Conference calls upon the Commonwealth Government to reverse its decision and to respect the rights of the Mirrar people to land and health, and the rights of the broader Australian community to a healthy environment. This Conference also calls upon the PHA Executive to communicate this resolution to the Commonwealth and Northern

Territory Governments, the media, the Northern Land Council, and to the Mirrar people themselves.

### **Progress in Aboriginal Health in Victoria**

This conference notes with some optimism the progress which has been made in Victoria in implementing the Framework Agreement on Aboriginal Health. We congratulate the Victorian Aboriginal community controlled health services, the Victorian Department of Human Services, the Office of Aboriginal and Torres Strait Islander Health Services and ATSIC for their commitment to developing this partnership which is critical to improvements in Aboriginal health. We believe that the collaborative regional planning process is likely to lead to a more efficient and effective allocation of resources in Aboriginal health in Victoria.

We call upon the Commonwealth Government and the Northern Territory and Tasmanian Governments to sign their Framework Agreements and for all states and territories to commit to this process so that the necessary partnerships can be forged between all levels of government and the Aboriginal community controlled health sector.

### **Fluoride in Brisbane**

Following discussions within the Oral Health SIG, this conference expresses its dismay at the decision of the Brisbane City Council not to fluoridate its water supplies. At a time when there has been a significant reduction in funding for public health dentistry, the importance of community prevention through water fluoridation needs to be recognised. Delegates to this conference stress the importance of such safe and cost effective preventive measures.

### **Immunisation**

This conference congratulates the Commonwealth on providing funding for the provision of universal pre-adolescent hepatitis B immunisation and progressing its implementation in 1998. We look forward to the expeditious implementation of universal infant immunisation.

Conference delegates affirm that vaccine funding decisions should be based on the best available data on safety, efficacy and cost-effectiveness. Consistent decisions will enhance public confidence in the program.

Delegates to this conference believe that there should be a clear mechanism established which links the recommendations of the NHMRC in relation to immunisation to vaccine funding and implementation of the immunisation program.

### **Child Care Provision at PHA Conferences**

Delegates congratulate the organisers and the Association on the mounting of another very successful and very useful conference. PHA conferences are an important event in the life of public health in Australia as well as providing important networking and career development opportunities for public health practitioners. However, delegates

note that limitations with respect to the provision for child care has materially affected access to, and for some the quality of the conference.

Delegates recommend that PHA organise high quality, affordable childcare for participants at all its conferences in future.

### **Participation of Consumers From Rural and Remote Areas**

This conference congratulates PHA and the organisers of the 1997 Annual Conference on inviting consumers from rural and remote areas throughout Australia to participate in this conference and present a consumer perspective in the conference discussions.

The conference urges PHA to explore the establishment and continuing support of a network of consumers from rural and remote areas who can make a continuing input to PHA activities and conferences. This network could comprise people who are able to provide input which reflects the special circumstances that face rural and remote consumers.

**Statement passed by acclamation and vote at the final plenary of the 1997 Annual Conference of PHA**