Public Health Association of Australia:
Policy-at-a-glance – Health Equity Policy

Key message: PHAA will work to promote equity in health in Australia and globally.

Summary: This policy underpins many, perhaps all of PHAA’s policies. Public health activities and government policies should contribute to social and health equity.

Audience: Australian governments at all levels, policy makers, program managers, industry, civil society organisations and public health practitioners and organisations.

Responsibility: PHAA’s Political Economy of Health Special Interest Group (SIG).

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Health Equity Policy Statement

The Public Health Association of Australia notes that:

1. Health equity is about fairness in access to good health. There are many causes of health inequalities, not all of which raise questions about fairness.

2. Health equity is about rights and wrongs. Access to decent health care and enjoyment of the conditions for good health are universal human rights. It is wrong and unfair that some groups face avoidable access barriers or conditions of living which carry extra but preventable risks.

3. Unfair barriers to accessing decent health care reflect weaknesses in healthy system design, structural forces which maintain inequalities in income and wealth, and various form of discrimination and marginalisation.

4. Unfair health chances reflect inequalities in exposures due to economic or political inequalities, and heightened vulnerabilities as a consequence of discrimination or marginalisation.

5. Aboriginal peoples and Torres Strait Islanders face access barriers and health risks which are the legacy of colonial dispossession, cultural genocide, assimilationism and institutionalised racism. The continuing failure to implement effective governance and funding structures to resource and support Aboriginal and Torres Strait Islander leadership for empowerment and self-determination reflects a continuation of this legacy.

6. Other groups facing discrimination and marginalisation (including for example, asylum seekers, many LGBTI people, long term unemployed, people living with mental illness and survivors of family violence) also experience access barriers and disproportionate health risks.

7. Health inequities exist both within and between countries. Avoidable and remediable health inequities persist in Australia and are widening globally.

8. Relative equality in access to material resources, a culture of security through solidarity, and fulfilment through contribution are major determinants of population health status.

9. Market approaches to health care and global economic integration present challenges in assuring universal access to health care and the social conditions for health for all.

10. Promoting health equity calls for policy initiatives in all sectors and at all levels of government.

11. In some circumstances preventive policies can exacerbate health inequalities; policies for prevention and health care must be evaluated through a health equity lens.
12. Government policy is driven and constrained by electoral sentiment, cultural currents, interest group pressures, and pressures arising from international economics and geopolitics. Driving towards health equity depends on mobilising civil society, pressing for democratic participation, institutional integrity, and a global governance regime which cultivates equity, sustainability and *buen vivir*.11

The Public Health Association of Australia affirms the following principles:

13. A strong political constituency demanding attention to fairness and inclusion is necessary to support the cultures, policies and practices needed to build health equity.

14. Health equity is a core responsibility of government and must be addressed through a whole-of-government approach and policy coherence across levels of government.

15. Governments must be held to account for their performance in relation to health equity through strong political and social movements which include the people who have most to gain from improved health equity.

16. Ensuring that people and communities are engaged in decisions affecting their lives, health and wellbeing is fundamental to good health. This is particularly the case for socially and economically excluded populations who are also most likely to have been politically excluded as well. The provision of accurate information and engagement of civil society to promote these objectives are integral to achieving this outcome.

The Public Health Association of Australia believes that the following steps should be undertaken:

17. Governments at all levels, should:
   a. Commit explicitly to ensuring universal access to high quality, accessible, culturally competent, safe, efficient, publicly funded health care, based on the principles of comprehensive primary health care;
   b. Commit to addressing the excessive risk exposures and vulnerabilities which underlie inequities in health status;
   c. Adopt a cross-sectoral approach to policy development for health equity ensuring policy coherence across health care, economic policy, social protection, and social policy;

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*Buen Vivir*: literally ‘living well’; highlighted in Latin American social medicine as a culture of living based on the ancestral knowledge of indigenous peoples that aims to strike a balance, striving for harmony between humans and nature alike (Fatheuer, T. (2011). Buen Vivir a brief introduction to Latin America’s new concepts for the good life and the rights of nature. Berlin, Heinrich Böll Foundation.)
d. Facilitate the participation of population groups experiencing health inequities in the planning, development, governance and evaluation of services including creating the social conditions for good health.

18. The Australian Government should:
   a. Undertake regular and comprehensive monitoring of health care access and outcomes and of health status, risks, resources, exposures and vulnerabilities; disaggregated so as to reveal inequities affecting various population groups;
   b. Report regularly to Parliament on health inequalities and inequities;
   c. Ensure that taxation arrangements and transfer payments, are equitable, progressive and sufficient;
   d. Actively build a constituency in Australia for the full implementation of the 2030 Agenda for Sustainable Development and the commitments of the Paris Agreement on climate change;
   e. Develop and implement prospective health equity impact assessment protocols for significant public policies, and evaluate the outcomes of policies affecting health equity, including transparent and accountable processes for targeting and undertaking such assessments;
   f. Ensure that Australia’s foreign policy settings, including defence, immigration, trade and investment, promote access to decent health care globally and address international inequities in health status;
   g. Promote and fund research into the determinants of health equity and build the evidence base for policies and programs to promote health equity, locally, nationally and globally.

19. Community, professional, commercial, educational, cultural and legal institutions and organisations should:
   a. Be aware of the influences arising in their regular practices which impact on health equity;
   b. Advocate for policies in their fields and sectors which would promote health equity;
   c. Hold governments accountable for implementing such policies;
   d. Support social and political movements working to create the conditions for health equity, locally, nationally and internationally.

The Public Health Association of Australia resolves to undertake the following actions:

20. PHAA, including our National Office, SIGs and Branches and our membership network, will:
   a. Advocate for research into inequalities and inequities, with respect to access to decent health care and enjoyment of the social conditions for good health, in Australia and internationally;
   b. Promote awareness in the health sector and beyond of inequities in access to health care and the conditions for good health, including causes and policy strategies;
c. Advocate that Australian governments at all levels adopt the policies and commitments listed above;

d. Work within the health system, in collaboration with other health bodies, to promote universal access to decent and comprehensive health care;

e. Build relationships and collaborate with organisations in and beyond health care to build the institutional and cultural conditions for health for all;

f. Work with training institutions and professional organisations to build the capacity of public health institutions in Australia to research, teach and practice for health equity;

g. Work with public health associations in neighbouring countries (Asia-Pacific) to better understand and address the causes of health inequities; and

h. Work with global, regional and national organisations to advocate for international action to build health equity and realise the right to health.


First adopted at the 2001 Annual General Meeting of the Public Health Association of Australia. The latest revision has been undertaken as part of the 2016 policy review process.

References


