The Public Health Association of Australia is the major organisation advocating for the public’s health in Australia with more than 40 health related disciplines represented in its membership. The Association makes a major contribution to health policy in Australia and has branches in every state and territory. Any person who supports the objectives of the Association is invited to join.

We acknowledge the Traditional Owners of the land and pay our respects to Elders past and present.
Planetary health - 'a point of connection'

Dr Peter Tait, Co-Convenor PHAA Ecology and Environment Special Interest Group

Planetary health is the most recent shoot from a worldview that shares the concept that humanity has an enduring relationship with the ecosystems of planet Earth. A number of facets of this idea exist in the current discourse, with two common elements: the physical environment and bio-ecological systems (the ecological determinants) are as important as socio-political and cultural systems for human wellbeing, that is natural systems support civilizational health; and healthy ecosystem processes and the other species we share our planet with have more than instrumental value to humans; they exist and need to be accorded respect in their own right.

This worldview has given rise to related disciplines: Ecohealth, One Health, ecological public health, human ecology and political ecology, planetary health and most recently planetary epidemiology, all of which approach the topic from a different perspective. They intersect with ideas of biophilia, biosensitivity, life sustaining, life affirming or life respecting that describe an approach that human society can take to the natural world. These approaches seek to reconnect a scientific worldview with the spiritual dimension (awe and reverence for nature) that our modern political economy has lost.

It is a new and evolving field and the various players in this space have differing ideas of what is included and involved in planetary health. These are healthy tensions because sorting them out will help develop our understanding of our place on the planet. As well, the variety of slightly differing messages may appeal to a broader audience.

A further emerging development in this space is to look at how Indigenous worldviews can be respectfully and collaboratively introduced into the discourse.

How would these help reconnect modern humans with the natural world and other species?

What is common to all these ideas and approaches is the intent to transform the cultures of humanity to be protective of our ecosystems as the foundations for the wellbeing of all species.

Cultural transformation means change processes have to be central to the working of people and organisations active in all these disciplines and approaches. Multiple actors means multiple sites of action and this will be reinforcing. So rather than bringing these disciplines together, maybe the way to go is continuing to work in parallel but making the common intent clearer to ourselves and those we are working with to bring about transformation.

What the meme planetary health does however is provide a point of connection for the common message. It gives a common focus in the story we tell about what we want rather than how we are going to achieve it. It gives a concise, emotionally chiming umbrella under which we can hang our various hats. Our objective is a healthy planet, read well-functioning ecosystems, supporting a just, respectful, life affirming human civilisation. Our variety of approaches will take us there.

This Intouch has a small collection of articles that look into this space around planetary health that continues to open up the discussion.

Further reading: Biosensitivity: the practical pathway to planetary health, Australian and New Zealand Journal of Public Health, October 2018
The recent release of the Intergovernmental Panel on Climate Change (IPCC) report on the difference between a 1.5 and a 2 degree C world (i.e. above the pre-industrial level, although note that the 2015 Paris climate agreement is vague about the baseline and hence the target) should be drawing the attention of policy makers, as well as all who care about public health.

But global warming is only one of many threats faced by civilization. Another milestone is nearing. In 2022 it will be half a century since publication of the book Limits to Growth. The exercise it describes is a still poorly understood simulation of our future, warning (like the IPCC) that “business as usual” will meet a wall, perhaps within a generation. When that happens, human well-being will decline, and perhaps, even population size, contrary to all sanctioned forecasts.

As appreciation of existential risk grows, health movements trying to avert catastrophe proliferate, although most (including forms of Planetary Health) avoid close encounter with the most frightening possibilities, perhaps worried that too much bad news will be disempowering.

Numbers that warn policy makers of growing peril may help them to change course. A new paper attempts, for the first time, to identify quantifiable principles which can complement those already used in epidemiology to consider public health and human well-being at the truly global scale. The paper argues that, like 17th century London haberdasher John Graunt, existing data (collected for another purpose) can be used to uncover epidemiological insights, hidden in datasets, together with human characteristics as diverse as satellite measures of ground water, the tenets of evolution, ingenuity and norms (“institutions”) such as co-operation, conservation and prudence (or its lack).

The paper proposes that these principles may even be used to establish a new sub-discipline, tentatively called “planetary epidemiology”.

But such a discipline may not have any significant impact. Many forces, including corruption, self-censorship, misinformation, and denial collectively inhibit the many actions needed. A policy shift also needs pressure, from the media, from the middle class, from the young, and from professionals.

Neither the Limits to Growth nor this paper on planetary epidemiology predict the inevitable demise of civilization this century, but this possibility cannot be excluded. These arguments are unlikely to alter the view of optimists. However, irrespective of ideology, it is clear that the health implications makes this topic relevant to epidemiology.

Adjunct Professor Colin Butler was the winner of the PHAA Tony McMichael Public Health Ecology and Environment Award in 2018 for his significant contribution to the two domains of public health and environmental health over the past thirty years.
Australian Public Health Conference 2018 - climate, sustainability, disaster management and Indigenous wisdom on caring for Country

The PHAA hosted the annual Australian Public Health Conference in Cairns, QLD in September, which was a great success. With over 340 people in attendance from all sectors of public health, #AustPH2018 shone a light on some of the most pressing issues facing the field including climate change, disaster management, sustainability and empowering local Indigenous and non-Indigenous communities.

There were many highlights from the conference, with a stand-out being the keynote address by Carmen Parter (below), former PHAA Vice-President Aboriginal and Torres Strait Islander, who emphasised the central role that Culture must have in all health policies and initiatives relating to Aboriginal and Torres Strait Islander people. This sentiment was strongly echoed by other speakers on the topic of Aboriginal and Torres Strait Islander health.

PHAA President David Templeman, speaking during a panel session on disaster management, stated that Australia will inevitably face the same threats from climate change as the Pacific nations, and must ramp up its efforts to be more prepared for these impacts.

The lack of climate change preparedness and strong environmental policy on sustainability and renewable energy was a recurring theme, with Dr Liz Hanna noting that "The current rate of use of natural resources - air, soil and water - is clearly exceeding the capacity of the natural world to regenerate and replenish in a timeframe that can be sustained".

Fiona Armstrong of the Climate and Health Alliance called for the public health community to advocate for the implementation of a National Strategy on Climate, Health and Wellbeing. Following a profound presentation on climate change and its social/societal tipping points, the 2018 Tony McMichael award winner Adjunct Professor Colin Butler noted that it is not so much human life that is threatened by climate change, but civilisation itself.

Rohan Greenland (below), the new PHAA Vice-President Development delivered the Basil Hetzel Oration to delegates. Rohan spoke on political leadership in public health, systemic failures, and political inaction in the face of overwhelming evidence - something that all public health advocates are grappling with on a near-daily basis. Mr Greenland also presented a three-pronged plan for better public health policy, investment and outcomes. This includes the establishment of an independent national agency for disease prevention and control, agreement on who does what and holding them to account, and establishing a public health future fund.

The importance of respecting and listening to Indigenous wisdom on caring for Country in the face of climate change and environmental harm was also highlighted by Ms Parter and other Aboriginal and Torres Strait Islander speakers including Jeannie Little OAM. As conference delegate Dale Wright from Walgett in the Gamilaraay country in NSW aptly put it: "You can't catch fish in mud".

#AustPH2018 featured many climate and disaster management experts who presented sobering accounts of the current status of climate change and its health impacts. The effects of severe weather events, resource depletion, increased disease outbreaks and forced migration of local communities - as is already beginning to occur in the Pacific region - cannot be ignored.

In light of the recent release of the report from the Intergovernmental Panel of Climate Change which warned of the massive effort required to curb global emissions, Professor Don Henry noted in particular the vulnerability of people with the least power and voice - of which climate refugees are a strong example.
The final plenary of AustPH2018 didn’t disappoint, with an address from Michael Moore AM on how public health professionals should view the Sustainable Development Goals as a formula for better health policy, and how to be stronger advocates in an increasingly challenging political environment. Michael’s role as a mentor for young public health professionals was also acknowledged, with two emerging public health leaders who have worked closely with him, Aimee Brownbill and Summer May Finlay, following his presentation with their own keynote addresses.

Summer May Finlay, the new PHAA Vice-President (Aboriginal and Torres Strait Islander) gave a powerful speech to delegates, asking what would happen if non-Indigenous people got "uncomfortable" in the same way that Aboriginal and Torres Strait Islander people do every day as they face entrenched discrimination and disadvantage.

Aimee Brownbill, Chair of the PHAA Students and Young Professionals in Public Health Group reflected in an uplifting speech on the experience of being a young person in the field. Aimee noted that although the challenges facing young public health professionals can appear insurmountable, they are not - advocates can and do make a difference and there is “so much potential for impact”. The PHAA is thrilled to have such outstanding young people helping to advance our goals!

As part of the conference the PHAA also held its Annual General Meeting during which the membership adopted this year’s new and revised policy statements – around 30 new items for our policy platform.

PHAA thanks all those who came along and helped to make AustPH2018 a great success. We hope to see you all again next year!
At the Australian Public Health Conference in September, the PHAA honoured two outstanding leaders in public health as part of its annual awards presentation. The prestigious Sidney Sax Public Health Medal was awarded to Adjunct Professor Michael Moore AM, and the Tony McMichael Public Health Ecology and Environment Award was awarded to Adjunct Professor Colin Butler. These are two individuals whom the PHAA would like to formally recognise as being true leaders in public health. The excellence of their work is an inspiration to others and will continue to serve us for a long time ahead.

Sidney Sax Public Health Medal 2018

Adjunct Professor Michael Moore AM, the Immediate Past CEO of the PHAA received the Sidney Sax Medal which is the PHAA’s pre-eminent prize awarded to individuals who have made a notable contribution to the field of public health. Michael is a well-known and highly respected leader who has left an indelible mark on the PHAA following his extraordinary work. We thank him wholeheartedly for his commitment to the Association and to improving the health of all Australians. He was presented the medal by Professor Heather Yeatman, former President of the PHAA. Professor Yeatman spoke about Michael’s achievements in public health during a long and distinguished career which culminated in him being made a Member of the Order of Australia in 2017. His work on particularly challenging health issues during his time as ACT Minister for Health and Community Care were highlighted. These included drug law reform, campaigning for the legislation of voluntary assisted death, and protecting the health of vulnerable and marginalised groups such as sex workers. Michael’s major achievements as PHAA CEO and Immediate Past President of the World Federation of Public Health Associations were also acknowledged; particularly his work in advancing evidence-based health policy and working closely with decision makers to implement policies which consider social inequalities and the need for equity. Michael thanked the PHAA for the honour, and remarked that what he has enjoyed most about his career in public health has been working with people who are genuinely dedicated to the cause of improving the health and lives of ordinary people.

Tony McMichael Public Health Ecology and Environment Award 2018

Adjunct Professor Colin Butler was awarded the Tony McMichael Public Health Ecology and Environment Award 2018 for his significant contribution to the two domains of public health and environmental health over the past three decades. His tireless work in promoting a broad understanding of the issues of population, poverty, limits to growth and environmental change on the ecosystem is a remarkable achievement. Adjunct Professor Butler’s advocacy for ecosystem protection linked to a social justice framework and consequently for human wellbeing has been recognised at local levels and up to the highest international levels. The Australian Public Health Conference 2018 included many presentations on the importance of planetary health, implementing a national strategy for climate, health and wellbeing in Australia, and increasing the resilience of local communities to the effects of climate change. Adjunct Professor Butler thanked the PHAA for the award before he presented on the importance of addressing climate change for the health of future populations. During his presentation he stated that it is not so much human life that is threatened by climate change, but civilisation itself.

Photo on left: Professor Heather Yeatman presents Michael Moore AM with the Sidney Sax Public Health Medal 2018.

Photo on right: Dr Peter Tait (left) presents Colin Butler with the Tony McMichael Public Health Ecology and Environment Award 2018.
Australian Public Health Conference 2018
#AustPH2018 - tackling issues locally and globally

Alice Windle, PhD candidate, Flinders University

I was honoured to be awarded the PHAA SA Konrad Jamrozik Student Scholarship to attend the 2018 Australian Public Health Conference in Cairns. The conference theme was ‘Leadership in public health: Challenges for local and planetary communities’. As a PhD student half way through my candidature, this theme appealed to me on several levels. My research focusses on organisational capacity for evidence-informed public health policy and planning, of which leadership and governance are key elements. Also on a more personal level this theme resonated, as an early-career researcher, fuming with frustration at the current state of political leadership, and brimming with enthusiasm to make the world a better place – isn’t that why we’re all in this? So I headed off to sunny Cairns with a heady mix of excitement and acute imposter syndrome – a common malady among PhD students I’m assured!

The first day got off to a great start, with excellent plenaries led by Chris Barrie, who shared my frustrations about failed institutions and leadership in Australia, and leadership envy of New Zealand and their admirable achievements in health outcomes and costs. Linda Selvey inspired with calls to challenge our assumptions about who can lead, to unite voices, listen to each other and harness the power of those not usually listened to, in order to “swim against the tide” and challenge big problems like obesity and climate change that will require paradigm change. Carmen Parter reminded us that “culture is life for Indigenous Australians” and questioned whether policy makers ‘get it’ – to do so requires that they understand the history of colonisation and the destruction/removal of culture. We need leadership to ensure understanding around Indigenous culture and putting that into practice. The Basil Hetzel Oration delivered by Rohan Greenland capped off a brilliant first day, reflecting on the ‘muddling through’ nature of policy making, while empathising somewhat with the lot of health ministers, and calling for a dedicated national preventive health agency, greater government accountability for decision making, and proposing a sustainable funding system for preventive health.

Across the 3 days of the conference I participated in several great workshops by the CHETRE team which explored the use of ‘Health Impact Assessment’ approaches and their benefit in working with Local Government, and in building capacity to address public health inequities. The Table-Top and Rapid-Fire presentations also provided some fascinating overviews of important public health work going on around the country. A couple of things that stood out for me were a Victorian project to support rural GPs in providing medical abortions – a clear unmet need in rural communities. Also some research on ED presentations in Cairns – of great interest to me having previously worked on after hours primary health care needs assessment research. I was pleased to hear about the health and added economic benefits of Parkrun, and resolved to get myself and my family out there more often on Saturday mornings. I was intrigued by the use of ‘Tea-bacco’ among prisoners. With my head spinning with new information, the final ‘Rapid Fire’ session gave a fantastic example of public health leadership and persistence on the long road to achieving a minimum floor price on alcohol in the Northern Territory, a technically small, yet politically challenging change that will have enormous benefit, and was rightly met with vigorous applause from the audience.

The later plenaries in the conference had a focus on the frightening and urgent challenges of climate change. As an enthusiastic recycling, composting, Prius-driving ‘greenie’, this came as no great surprise to me, but the pertinence of these impacts seemed all the more immediate in the far north of Australia, where tropical diseases are an ever-increasing challenge, and Pacific Island neighbours are and will increasingly be hardest-hit by disastrous impacts of climate change. I came away with mixed emotions – a sense of dread at what seems like the inevitability of catastrophic, far reaching environmental, political, health and social impacts of climate change. But I am also inspired with a sense of hope, from the outstanding leaders that I have been privileged to learn from over the course of this conference, and from the emerging leaders, who are tackling issues locally and globally. I am also encouraged and empowered, overcoming my imposter-syndrome, that I am, and we can all be, leaders for public health. Listening to others, coming together, and using our voices and knowledge to take on local, national and international challenges.
Conference reflection: #AustPH2018 scholarship report

Olumuyiwa Omonaiye, PhD candidate, Centre for Quality and Patient Safety Research, School of Nursing and Midwifery, Deakin University

In August of 2018, after a competitive process, I was awarded a Postgraduate Student Scholarship in recognition of my research towards the advancement of International Public Health by the PHAA International Health Special Interest Group. This scholarship gave me the privilege to attend the Australian Public Health Conference held in September 2018 in Cairns, Queensland. Without a doubt, Australia has one of the most advanced and efficient public health systems in the world. Thus, this was an opportunity for me to hear and learn from leading researchers and practitioners in the field of public health in Australia.

The opening address by the Minister for Health was thought provoking, as he highlighted clearly the four big areas that the government is focusing on because of its impact on the public health and well-being of Australians. These areas include Indigenous primary health care, maternal and child vaccination, chronic disease, and strengthening public and private hospitals. Bearing in mind the importance of my research to adherence behaviour in prevention of mother to child transmission of HIV among pregnant women taking antiretroviral therapy; the keynote address made by Admiral Chris Barrie on day one of the conference entitled ‘Prevention is Better than Cure’ resonated with me. He succinctly elucidated the crucial role that preventive health measures could play in fostering behavioural change in order for people to live healthy and productive lives.

I attended many of sessions during the conference, and it was quite fascinating to hear about the latest research being conducted in the area of public health in Australia. However, the session on Public Health and Infectious Diseases was of great interest to me.

Given my background as someone who has implemented many public health interventions in the areas of HIV, tuberculosis and polio in a developing country and is currently conducting research in the area of mother to child transmission of HIV, I was keen to know what is happening in the sector of infectious diseases in Australia. I got to know during this session that Zika transmission is a threat to public health in Australia, particularly on the north east coast of Queensland. Zika, like HIV, can also be sexually transmitted and it can cause birth defects during pregnancy. Thankfully, there has been no local transmission of Zika in Australia to date, though preparations are in place should this occur.

Another personal highlight from the conference was my trip to the Yarrabah Aboriginal community on the third day with other conference delegates. The PHAA organised the field trip. The Yarrabah community is one the largest Aboriginal communities in Australia with a population of about five thousand people. We visited the Gurriny Yealamucka Primary Health Care Service. According to one of the officials of this community, this health facility is placed to overcome both the social and cultural determinants of health which often hinder Indigenous peoples from accessing health care. This is largely because eighty percent of the staff who provide treatment, care and support services are locals. We also visited the Menmuny Museum, a significant historical feature of this important Aboriginal community.
Health professionals rally at the Newcastle terminal to raise awareness of the health impacts of coal

Tamzyn Davey, Sujata Allan, Nicole Sleeman, Linda Selvey

On the verge of a public road leading to an entrance of the Newcastle Kooragang terminal, health professionals from across the country assembled to urge government action on climate change. We gathered in Newcastle at the largest export coal port in the world in solidarity with our Frontline Action on Coal colleagues, who staged week-long activities in and around the port area between the 12th and 15th of September, 2018.

Our group, under the auspices of ‘Health on the Frontline’, consisted of nurses, a midwife, doctors, a veterinarian, a physiotherapist, a mental health practitioner and public health professionals. Beside high barbed wire fencing with clear views of the uncovered coal heaps and under the very close surveillance of New South Wales police officers, we rallied with banners to raise awareness of the public health implications of mining, transporting, and burning coal.

Climate change - this century’s greatest public health challenge - has in large part been attributed to the burning of fossil fuels over the last almost two centuries. Moreover, those who are directly exposed to the production of coal (even in this century), are at greater risk of diseases like black lung, and the health of those living near coal production and/or transportation facilities are affected through compromised air quality. Climate change and direct exposure to the harms from coal exacerbate inequities because the most disadvantaged people in our communities experience the greatest impacts of climate change, like extreme weather events, and are also more likely to be directly exposed to the harms of coal production through employment or housing.

Health on the Frontline was formed in 2017 to consolidate the voice of health professionals who are calling for an end to destructive industries like coal. At that time, the group mobilised in acts of peaceful civil disobedience in central Queensland to protest the work which had begun on the Adani (proposed coal mine) rail line. Like health organisations worldwide, Health on the Frontline recognises climate change as a serious threat to public health, and calls for the federal and state governments to take action to mitigate climate change by making the transition to renewable energy, and phasing out fossil fuel extraction. The group believe that when industries destructive to planetary health are supported by governments, it is health professionals and citizens’ responsibility to call attention to the urgent need to act for the sake of public health, even at the personal risk of arrest.

The public debate, which seems to be marred in the politics of climate change and energy, needs urgently to be reoriented to health. In rallying at the Kooragang coal terminal, Health on the Frontline joins a global call for greater awareness and action to halt the public health emergency of climate change. Health on the Frontline is hoping to build capacity and interest in peaceful direct action in relation to coal and other fossil fuels. If you are interested in being a part of it, please email health.on.the.frontline@gmail.com.
Creating realistic hope for the future?

Andrew Gaines

What will it take for young people to have realistic hope for the future, given our current disastrous ecological trends?

I suggest there is only one thing:

Young people will have hope when they see that society as a whole is passionately committed to transitioning to a life-affirming global culture, rather than continuing on our present course of ecological self-destruction.

I wonder if this assertion makes sense to you?

This article is about how PHAA members, in conjunction with many other groups, can align to make that hope real. Or at least give it our best shot.

A life-affirming culture promotes the well-being of nature and society in the context of living well within planetary boundaries. It is a hopeful evolution beyond our current militarised civilisation devoted to economic growth.

To make it real we need to change all the major drivers that make global warming and other environmental trends worse – a whole system change.

This, in turn, requires that a critical mass of people ardently desire it, and work to make it happen.

If so, the question arises: How can we reach the mainstream?

The good news

There are, literally, millions of groups that care about environmental and social well-being. Mostly their members pay dues or sign petitions. They could step up a level, and become citizen leaders. Our personal networks reach into every level of society. Collectively, we can become a powerful force for change by communicating with our friends, business colleagues, and larger networks.

The Great Transition Initiative (GTI) is a platform that supports this communication. We provide a robust set of tools that include draft emails, workshop designs, guerrilla marketing tactics and Kitchen Table Conversations. We have a growing international network that includes biologist Paul Ehrlich and social scientist Hugh Mackay.

Taking it to scale

A few emails or conversations won’t amount to much. We need millions.

PHAA members can participate by going to the Resources section of www.GreatTransition.net and adapting the communication tools to your own context. PHAA members can also form collegial networks working on specific communication tactics.

I’m very willing to participate in conversations about how organisations and networks of organisations can communicate to affect mainstream consciousness. But this work can occur independently of me. The Great Transition Initiative has no centralised direction; we all act as autonomous agents.

The task of our time is to transition to a life affirming culture.

Andrew Gaines
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www.GreatTransition.net

Andrew Gaines FRSA is a Board member of Be The Change Australia. He is a Feldenkrais practitioner, creativity trainer and psychotherapist.

His books include Kitchen Table Conversations; The Witness: Gateway to Self Development; and Creative Conversations.
In our current health paradigm of finite resources and multiple, competing priorities, the development of practical, relevant and evidence-based policies is a given. For emerging health concerns, such as the impact of a changing climate on global health outcomes, research and evidence has a lead role in developing rigorous and sustainable solutions, creating a ‘good news’ story for our times.

Backing the most vulnerable first

One major goal in developing and setting health and social policy is to reduce inequity. We achieve this by making health and social policy relevant to those who need it most, making everyone better off when the most vulnerable are helped first. Policies that offer a reliable and affordable health service to those in rural communities, or increase access to safe and secure accommodation to those on low wages, provide examples of where inequities can be reduced.

Good research leads to good policy, which leads to reduced inequities. Everyone wins.

But, what if...?

If we talk about inequities, climate change is a great place to start. Research shows that the greatest burden of a changing climate is felt by those nations contributing the least emissions, and this disparity will continue to rise in the future. But that’s not all. Research inequity might just be contributing to, not alleviating, the health burden of those regions most exposed to the effects of climate change.

Heatwave and health impact: Researching the research

In a recently published study, we looked at how heatwave and health impact research is distributed around the world. The results are surprising, or are they?

Heatwave and health impact research is overwhelmingly concentrated in richer, lower density and temperate regions – exactly the regions that already have the greatest access to health care, produce the highest emissions and carry the least burden with respect to climate change. Very poor nations in Africa, with precious few health care resources, have no way of understanding the health care burden that comes with increased temperatures, let alone instigating effective and locally appropriate interventions.

Those regions most at risk of non-survival temperatures for humans—the Middle East and Western Asia—have virtually no understanding of the health impact these changes will have nor how their populations can adapt, if at all.

Is this research creating inequities at a global scale? Absolutely. Is this fair? Absolutely not.

For a number of reasons, it seems unlikely that the heatwave and health impact research story is an isolated example of research inequity. A lack of research funding in these areas, a dearth of active researchers located within these areas, and issues with data availability all contribute to the narrative.

However, these are issues that can be addressed with the effort, planning and involvement of our public health research community. In a rapidly changing global climate, the need to address these gaps is urgent and immediate, not only requiring a different thinking, but dedicated action from us all.
Bridging the gaps in rural and remote health

Fiona Lotherington, School of Health at Southern Cross University

I had the absolute pleasure of attending the 5th Western NSW Health Research Network Conference 2018 in Orange in August, thanks to the generous sponsorship of the PHAA NSW Branch. The conference theme was ‘Celebrating Research Partnerships in the Bush’, and so it was very inspiring to see so many people gathered together with a common purpose and genuine passion for improving health and healthcare through research.

Both days commenced with a welcome to country that highlighted a common theme for the conference - when we work together, respecting and caring for each other and the land, so too will we be cared for. I was impressed by how much had been achieved with limited funding by working together and drawing on each other’s strengths and resources. Valuable experience was shared on how to get ethical/cultural considerations and publications ‘right’ from the start, so research can be translated into policy and practice. The need to be courageous as public health advocates to reduce rural disparities was also highlighted – to know what you stand for, work with all stakeholders, levels of politics, and use the media to create social action.

The research reflected a strong, grass-roots desire to bridge the gap for rural/remote health and services. Various internet based services were featured, but there were also mobile services, community self-screening and workforce training programs to reach remote communities.

Some programs had the added bonus of involving students, potentially attracting much needed health professionals to settle in rural/remote areas. Overall I was really impressed with potential barriers such as isolation and limited funding being turned into strengths through innovation, strong networks and active collaboration.

CALL FOR ABSTRACTS NOW OPEN

Justice Health Conference 2019

Justice health is public health
Tuesday 9 to Wednesday 10 April 2019
International Convention Centre, Sydney NSW
#JusticeHealth2019 | www.justicehealth2019.com
The International Campaign for Women’s Right to Safe Abortion is a membership-based network, initiated in 2012 to serve as an umbrella for everyone working for abortion rights internationally. Members include a diverse range of NGOs, women’s and youth organisations, health care professionals, policymakers, academics and human rights. Legal technical, scientific and other experts. The aims are to create a shared platform for advocacy, debate and dialogue on women’s need for safe abortion; to foster solidarity, sharing of experience and alliance-building; to hold relevant stakeholders to account for respecting, protecting and promoting the human rights of girls and women in relation to abortion.

One hundred and eleven delegates from Europe, Latin America, Africa, Asia and the USA converged in Lisbon during summer to spend three days together. One delegate from Australia attended the International Forum on Safe Abortion and Advocacy in Portugal early in September, Suzanne Belton shared some reflections from the delegates’ discussions.

1. While access to abortion services is not good in Australia it’s a whole lot worse in other places

In 2005 I completed my PhD on unsafe abortion where I learned that women were objects to been thrown away by Burma into the sweat factories and refugee camps of Thailand. Later while completing research in Timor Leste I noted that women were told that they were less worth than a fetus and could face obstetric death because the Catholic Church said abortion (and contraception) was a sin in 2010.

And in 2018, women are in gaol in Latin America if they are accused of inducing their own abortion or someone else’s. Deaths from dodgy abortions done by unskilled and unregulated practitioners still occur in many African countries as women attempt to end their unwanted pregnancies by any means. Women in too many countries are discriminated against and stigmatised for challenging gendered notions of womanhood. But I am here to tell you that the resistance is organised.

The Forum heard from delegates in countries where clandestine abortion is the only way. Participants shared the ingenuity of women to provide information through webpages and social media and regulate black markets to provide real medical abortifacients at a reasonable cost. Facebook, it seems is not only cat videos.

Other participants spoke of assisting and supporting women through clandestine abortion experiences. Often volunteering and learning from each other, they help vulnerable women by providing emotional and practical assistance because trained health professionals won’t or can’t or charge too much.

Wouldn’t it be nice if I could go to an international conference and say that Australian women don’t lose their jobs because they advocate for reproductive health services like Angela Williamson did? I would like to tell the world that abortion is not a crime anywhere in Australia. I would like to be able to stand up and say that abortion is safe, legal and free in Australia and there is no discrimination. But that is not true.

2. Advocacy makes a difference so don’t despair

If you’ve advocated for legal or policy changes on abortion you may have noticed that it’s painfully slow. It can feel like running in wet cement. Queenslanders are still working on updating that 1899 law.

The International Forum demonstrated that change is possible. Irish delegates spoke of the successful campaign to change the constitution which banned all abortion. They paid homage to Savita Halamanppanavar who died from sepsis during a miscarriage where her doctors’ refusal to perform an abortion would probably have saved her life.
The good news comes from Mexico, Isle of Mann, Cyprus, and Chile which have reformed laws in 2018. Other countries are on the way or have stated they will, like New Zealand. This year the French High Council for Equality Between Women and Men published a call for the modernisation of the Constitution of the French Republic to include the constitutional right to contraception and abortion, as a way to guarantee gender equality.

And in July, an Amnesty International members meeting in Poland, adopted a new position on safe abortion, which calls on States not just to decriminalise abortion but also to guarantee access to safe and legal abortion in a way that fully respects the rights of all people who can get pregnant. In August 2018, Amnesty took up the case of a 15-year-old girl who had been locked up in Indonesia for having an abortion after being raped by her brother. Following international protests, the girl was released on 8 August on humanitarian grounds.

3. Medical abortion the game changer

Early medical abortion with tablets is evidence based, acceptable to women, has few side effects, is highly effective and is reasonably cheap, so why isn’t medical abortion available everywhere?

I chaired this topic and one delegate said, ‘Don’t worry, medical abortion is already out, pills have legs!’ Country after country spoke of the ubiquity and availability of abortion with pills. There are websites, hotlines, and information cannot be stopped.

The right to information as well as health services for all forms of abortion and particularly medical abortion were seen to be very important. An emerging discourse is ‘Self-managed abortion’. This means a de-medicalised method where doctors play a limited role, if at all. In countries where abortion is criminalised or so highly restricted that health providers cannot or will not prescribe, women are taking abortion pills and not waiting for law to change.

One initiative by International Planned Parenthood Federation is the Medical Abortion Commodities Database. It records global pharmaceutical information on misoprostol and mifepristone. This database will be helpful to better understand where good quality generics can be sourced and their prices. It also contains information on clinical, legal, and policy regarding abortion. See www.MedAb.org

4. Legal shenanigans and other things that keep lawyers awake at night

Inevitably if you work on abortion issues you end up hanging out with lawyers, which is relatively unusual compared with other health issues. Access to abortion, who can do it, how it is done, where and when it is performed are regulated by laws.

The variations in law range from permissive to highly restrictive, reformed and non-reformed. Law is often used as a way of putting barriers into health care so that girls and women cannot use abortion health services. Law is used to intimidate health staff and stigmatise reproductive health care and this has been successful in the USA.

I was very impressed with the lawyers who took on cases of discrimination and negligence by the state. They took on and won cases where access to safe abortion was denied, where the state had failed to provide abortion health care. And they had won.

There was much talk of the efforts to decriminalise abortion and the better laws that enable reproductive health.

5. Solidarity and public health

Did you know that 28th September is an international day of action for decriminalisation of abortion? It was launched in Latin America and the Caribbean in 1990 by the Campaña 28 Septiembre, a regional network of activist groups, who organise activities in support of safe abortion around that date.

In recent campaigns the priority theme was ‘Abortion is not a crime’ #notacriminal #nomoreprosecutions #trustwomen. There was a call for abortion to be taken out of the criminal law, a moratorium on prosecutions, a release of all prisoners and universal access to safe abortion, and a statement was circulated exemplifying these themes.

The United Nations was asked to recognise the day as an official UN day. In 2016 there were a range of activities in 55 countries globally. Importantly, UN human rights experts published a statement entitled ‘unsafe abortion is still killing tens of thousands of women around the world’ and the Special Rapporteur on the Rights of Women in Africa published a statement calling for abortion to be decriminalised in Africa in line with the Maputo protocol. You can join for free.

This conference enabled me to get a very good overview of the global situation, particularly of medical abortion. In Australia we have an unfinished agenda. I suggest that decriminalisation remains important, training our health professionals to better understand and support abortion as a normal part of their practice, providing good quality information to the general public to destigmatise abortion and assist with early medical help seeking would be top priorities. Getting a Medicare number for early medical abortion so we can synthesise public health information and perhaps some cheap generics to bring the cost down.
Judith Lumley - a towering figure of public health

Authors: Anne Burghi, Jeanne Daly, Charles Kerr, Stephen Leeder, John Lowe, Priscilla Robinson, Sandy Thompson, Alistair Woodward (past and present editors of the Australian and New Zealand Journal of Public Health)

Judith Mary Lumley AM
15 February 1941 – 25 October 2018

Judith was born in Wales, married her botanist husband Peter in 1964, and emigrated to Australia with him in 1965. She trained as a doctor (starting her studies in Cambridge and finishing at Monash) and graduated with a PhD (in foetal physiology). She was a member of both the Australian Faculty of Public Health Medicine and the United Kingdom Faculties of Public Health, and became an internationally respected epidemiologist. Her public health career has been focussed on teaching and research, with her interests in maternal and infant health the foundation for her lifetime’s work.

Judith was a woman who led from the middle – she promoted her students and colleagues above herself, and it is quite hard to find her name on most of the major reports and reviews which she led – she was indeed a quiet achiever, but the emphasis here should be on the word ‘achiever’, which should perhaps be ‘over-achiever’. Under most circumstances such people are usually described as formidable, but Judith was anything but - she was approachable and friendly, but also rigorous and knowledgeable.

In 1992 she set up the Victorian Perinatal Data Collection Unit, which remains a cornerstone for information about the health of our youngest children to this day, and the data from which have been used consistently to improve perinatal and infant health in Victoria and more broadly. She remained its director until her retirement, apart from a two-year stint as Director of the prestigious British National Perinatal Epidemiology Unit at Oxford University.

Not content with establishing a state-wide epidemiological database when almost no examples existed in Australia, she turned her attention to research and launched the Centre for the Study of Mothers’ and Children’s Health (later called the Mother and Child Health Research unit, and more recently the Judith Lumley Centre), housed originally at Monash University and more recently at La Trobe University. She was an extraordinarily accomplished researcher, with sound epidemiological roots leading her to always seek the best evidence for change. She was a real believer in fitting a method to the research question, rather than the question to the research method, with a sound understanding the equal value of good quality data, be it quantitative or qualitative. With colleague Jill Asbury through their work Birth Rights she was a co-founder of the Cochrane Collaboration, and it is not surprising that she was a career-long supporter of and contributor to evidence-based medicine.

As a mentor and teacher, many students passed through her capable hands undertaking honours, master and doctoral studies, resulting in a fantastic body of published papers, reports and other scientific resources. Students were universally enthusiastic about undertaking work placements in one of her units, and consistently experienced their work with her as a nurturing and maturing experience. She was also clear about the need for whole projects to be published in single papers so that a study could be understood in its entirety in context – one of her legacies for authors and editors is to beware the ‘salami publication’.

Judith edited the Australian Family Physician for a while when her family was young, and from 2000 until her retirement took on the co-editorship of the Australian and New Zealand Journal of Public Health with Jeanne Daly. She saw the importance of useful critical reviews to improve the quality of published papers, and during her stewardship ANZJPH rose to become one of the top public health journals worldwide. Amongst her many national and international contributions was her long-time work as a reviewer for NH&MRC, and advisor to the Canadian Perinatal Surveillance System, and The Lancet advisory board.

A wonderful person and a great contributor, she retired from her exhausting workload in 2008, giving her time to devote to her other interests, particularly music. Judith was appointed a Member of the Order of Australia in 2005 for her distinguished career in public health and maternal and child health, for which she was also awarded life membership of the Public Health Association of Australia for service to the Association in 1994, and the Sidney Sax Public Health Medal in 2002.

Those of us who knew her, worked with her with and learned from her are personally grateful for that privilege. The public health community extends our thoughts and prayers to her three sisters, and her three sons and two grandchildren, of whom she was so proud. It has been a great loss to the public health community that her devastating illness robbed her of communication, and us of a decade of her fine intellect, great sense of humour and laughter, grace, and humbleness.

Ave atque vale, Judith
SA Branch Student Careers Night

Jude Hamilton, SA Branch Committee

On the 22nd August the PHAA SA Branch held their annual Student Careers Night. The Careers Night is held each year to inspire undergraduate students who are studying and thinking of careers in public health. This night is part of the Branch’s commitment to engage with our student members who are our future researchers, advocators and policy makers!

Located at the beautiful old-world Belgian Beer Cafe in Adelaide’s East End, the event attracted 40 students, who met up with five amazing ‘public health experts’ and the PHAA Committee for a night of advice, laughs and encouragement. We were fortunate to have great diversity and inspiration in our five public health experts at the event; Cathy Chittleborough (Adelaide University), Casey Nottage (Australian Red Cross Blood Service and CMAX Clinical Research), Liana Bellifemini (Alcohol and Drug Foundation), Catherine Earl (South Australian Council of Social Service, SACOSS) and Diem Luong (Cancer Council).

Top tips from the evening include advice on where to look for volunteer position (volunteer.com.au, cold calling/ emailing people), what to do to impress supervisors (think: smart questions), and how to work your way up in the industry.

Participants were satisfied with the event and stated that they would recommend it to a friend. Feedback from experts was that students were proactive and directed conversations toward their areas of interest which was impressive.

Thank you to all who participated, we hope to hold the event bi-annually in the future which will allow us to better cater an event to post-graduate students too. All the best to the graduating students of 2018!
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World Federation of Public Health Associations

The Indigenous Working Group aims to assist in reducing the health disparity and inequities experienced by Indigenous people globally.

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