



Public Health Association
AUSTRALIA

Public Health Association of Australia
*Submission to House of Representatives Standing
Committee on Health*

Inquiry into Hepatitis C in Australia

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Contents

Introduction	3
Public Health	3
Public Health Association of Australia	3
Advocacy and capacity building	3
Preamble	4
Health Equity.....	4
Social Determinants of Health	4
Response	5
a) Introduction to the issue.....	5
b) Support for the Submission of Hepatitis Australia	5
c) Custodial Settings.....	5
d) Needle and Syringe Programs in Prisons	5
Report for ACT Government	5
ACT Government Response	6
Impact of Implementation: NSP in Custodial Settings	6
Recommendation	6
Conclusion	6

Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. PHAA has a vision for a healthy region, a healthy nation and healthy people living in a healthy society and a sustaining environment while improving and promoting health for all.

Public Health

Public health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

Public Health Association of Australia

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include the development of policy, capacity building and advocacy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA supports a preventive approach for better population health outcomes by championing appropriate policies and providing strong support for Australian governments and bodies such as the National Health and Medical Research Council in their efforts to develop and strengthen research and actions in public health. PHAA is an active participant in a range of population health alliances including the *Australian Health Care Reform Alliance*, the *Social Determinants of Health Alliance*, the *National Complex Needs Alliance* and the *National Alliance for Action on Alcohol*.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as providing a close involvement in the development of policies. In addition to these groups PHAA's Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

Advocacy and capacity building

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of governments and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Preamble

The reduction of social and health inequities should be an overarching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally as well as internationally.

Health Equity

As outlined in PHAA's objectives:

Health is a human right, a vital resource for everyday life, and a key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions of society that underpin people's health. The health status of all people is impacted by the social, political, and environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease.

PHAA notes that:

- health inequity differs from health inequality. A health inequality arises when two or more groups are compared on some aspect of health and found to differ. Whether this inequality (disparity) is inequitable, however, requires a judgement (based on a concept of social justice) that the inequality is unfair and/or unjust and/or avoidable. Inequity is a political concept while inequality refers to measurable differences between (or among, or within) groups. ⁽⁸⁾
- health inequity occurs as a result of unfair, unjust social treatment – by governments, organisations and people ⁽⁹⁾, resulting in macro politico-economic structures and policies that create living and working conditions that are harmful to health, distribute essential health and other public services unequally and unfairly, preventing some communities and people from participating fully in the cultural, social or community life of society.

Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. This is particularly pertinent when considering issues such as Hepatitis C.

The determinants of health inequities are largely outside the health system and relate to the inequitable distribution of social, economic and cultural resources and opportunities. Health inequities are the result of the interaction of a range of factors including: macro politico-economic structures and policy; living and working conditions; cultural, social and community influences; and individual lifestyle factors.

Response

a) Introduction to the issue

PHAA welcomes the opportunity to have input to the Standing Committee on Health's Inquiry into Hepatitis C in Australia. Our Association works closely with other health organisations to seek better health outcomes specifically in the area of Hepatitis C.

b) Support for the Submission of Hepatitis Australia

PHAA would like to support the content of Hepatitis Australia's broader submission in relation to the Committee's overarching Terms of Reference in the areas of:

- a. prevalence rates of Hepatitis C in Australia;
- b. Hepatitis C early testing and treatment options available;
- c. the costs associated with treating the short term and long term impacts of Hepatitis C in the community; and
- d. methods to improve prevention of new Hepatitis C infections, and methods to reduce the stigma associated with a positive diagnosis.

c) Custodial Settings

In particular, PHAA has a strong interest in addressing Hepatitis C in custodial settings – an issue that we believe has relevance to all of the above-mentioned Terms of Reference. PHAA was a signatory to Hepatitis Australia's 2011 *Consensus Statement on Addressing Hepatitis C in Australian Custodial Settings*, which is provided as Attachment A to this submission.

d) Needle and Syringe Programs in Prisons

Report for ACT Government

In addition, we would like to draw attention to the work and views of PHAA in relation to the specific issue of Needle and Syringe Programs (NSPs) in prisons. PHAA was engaged by the ACT Government in May 2011 to investigate and report on models for the implementation of an NSP in the Alexander Maconochie Centre (AMC). The project also entailed an assessment of barriers to implementation and broad consultations with key stakeholders.

The emphasis of the project was on seeking to develop a model that ensured optimal health and safety outcomes for everyone impacted upon by a custodial sentence. This included not only the person being detained in custody but all prison staff and the broader community. The resultant report outlined outcomes and recommendations from the project and proposed a way forward to meet this challenge. PHAA's *Balancing Access and Safety: Meeting the Challenge of Blood Borne Viruses in Prison* report is provided as Attachment B to this submission.

PHAA submission on Hepatitis C in Australia

ACT Government Response

In August 2012, the ACT Government issued a formal *Government Response to Recommendations in the PHAA Report*, along with a *Draft Strategic Framework for the Management of Blood-Borne Viruses in the Alexander Maconochie Centre*. Following a period of extensive consultation, the ACT Government released the finalised *Strategic Framework for the Management of Blood-Borne Viruses in the Alexander Maconochie Centre 2013–2017* in August 2013, which included a commitment to implementing “regulated access to sterile injecting equipment”. PHAA has commended the ACT Government’s commitment to implementing a comprehensive approach to the management of blood borne viruses – including Hepatitis C – in the ACT prison and continues to support its efforts to ensure the successful implementation of a NSP in this context.

Impact of Implementation: NSP in Custodial Settings

Given the ongoing and well-documented disproportionate rates of Hepatitis C among people in custodial settings, PHAA continues to support the implementation of NSPs in prisons as a means of preventing the spread of Hepatitis C in the broader community. Given that most people spend relatively short periods of time in custodial settings before returning to the community, addressing rates of blood borne viruses in custodial settings remains a pivotal part of the broader strategies to reduce rates of Hepatitis C in Australia.

Recommendation

PHAA recommends that the Committee provide support for the ACT Government’s efforts to introduce a NSP into the ACT Prison and encourage other governments to begin the process of consideration in their jurisdictions.

Conclusion

We understand that a public hearing has been scheduled for 20 March in Canberra - PHAA would welcome the opportunity to appear at the hearing to discuss issues in relation to NSPs in prisons and the broader public health implications of Hepatitis C in Australia.

Please do not hesitate to contact PHAA should you require additional information in relation to this submission.

Yours sincerely



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