

Closing the gap: Progress and priorities report 2016 ^[1]

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Executive summary

In his 2005 Social Justice Report, then Aboriginal and Torres Strait Islander Social Justice Commissioner Professor Tom Calma AO described the unacceptably wide health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous people in Australia and observed: 'It is not credible to suggest that one of the wealthiest nations in the world cannot solve a health crisis affecting less than 3% of its citizens.'

The Commissioner then proposed a human rights-based approach to achieving Aboriginal and Torres Strait Islander health equality featuring equality-based planning and targets developed in partnerships between Aboriginal and Torres Strait Islander peoples and Australian governments.

The Commissioner's rallying cry led to the 2006 establishment of the Close the Gap Campaign under Aboriginal and Torres Strait Islander leadership. The aim of the Campaign is to achieve Aboriginal and Torres Strait Islander health equality (as measured by life expectancy equality) by 2030. For the past decade, almost every national Aboriginal and Torres Strait Islander health and health professional peak body, and general population health and health professional peak body has participated as members of Campaign Steering Committee (see page 42).

Further, the Close the Gap Campaign has enjoyed bipartisan government support at Commonwealth, state and territory levels. First by the 2008 commitment by a majority of jurisdictions of the Close the Gap Statement of Intent; and second by the ensuing national commitment by all Australian Governments through COAG to achieving Aboriginal and Torres Strait Islander life expectancy equality by 2030 in the COAG Closing the Gap Strategy that became operational in July 2009.

As reported in the 2015 Progress and Priorities Report, there is still tremendous effort and resources needed if Aboriginal and Torres Strait Islander life expectancy equality is to be achieved by 2030. As this and previous reports detail, progress against this headline indicator of population health has been difficult to measure but appears to have been minimal. While there is some good news to report, improvements are yet to be reported at this high level. Both absolute and relative gains are needed in future years.

For those who are troubled by the slow pace of change, the Close the Gap Campaign counsels against the perception that the Closing the Gap Strategy is ineffective. In fact, the 2010–2012 life expectancy estimate should be considered as the July 2009 Aboriginal and Torres Strait Islander life expectancy baseline—the situation before the July 2009 commencement of the Closing the Gap Strategy—against which future progress can be measured.

Because of the lead times between the design and roll out of programs, and for improvements to be measured, analysed and reported, the Campaign Steering Committee counsels that improvements to Aboriginal and Torres Strait Islander life expectancy should not be expected to be measurable until at least 2018.

Nonetheless, there are reasons for optimism, particularly in terms of health inputs including the significant increases to the number of health checks being reported, and the increased access to medicines. And there are improvements in infant and child health outcomes that bode well for the health of the future adult population.

But whatever cautious optimism the Campaign Steering Committee might have, the ten-year anniversary of the Close the Gap Campaign in 2016 is not a time to rest. In particular, the 2015 launch of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan (2013–2023) (Implementation Plan) should reinvigorate and refocus efforts to close the health gap, including through the Implementation Plan's attention on identifying core service models and service gaps, workforce requirements and funding mechanisms, reducing racism and on the importance of culture to improved health outcomes.

This year, the Australian Government must provide appropriate funding for the Implementation Plan in the 2016 Federal Budget. Specifically, there needs to be an overall increase in resources directed towards Aboriginal and Torres Strait Islander health—in proportion to population size, service need and demand. This is critical given the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes expired in 2014 and funding under that agreement discontinued.

The Campaign Steering Committee also believes it is critical that there is clear nationally coordinated action that is agreed to by all levels of government to drive efforts to close the health gap. This should include actions taken under the 2015 Implementation Plan and the planning efforts of the Primary Health Networks (PHNs) that began operation in July 2015. Both the PHNs and the Implementation Plan should support the Campaign's preferred model for health services—Aboriginal Community Controlled Health Organisations. The Campaign Steering Committee will monitor the effectiveness of PHNs, and the progress of work under the Implementation Plan in these areas in 2016.

Another area of concern for the Campaign Steering Committee is the impact of the Indigenous Advancement Strategy (IAS) on the social determinants of health. The Campaign Steering Committee believes that the IAS should be nationally coordinated along with state and territory governments, and demonstrate how it will contribute to achieving the close the gap targets.

As the Campaign readies to mark its tenth anniversary in 2016, Australians are, in ever increasing numbers, demanding decisive action to support achieving Aboriginal and Torres Strait Islander health equality by 2030. In 2015, the 200,000th Australian signed the 'Close the Gap' pledge. In 2015, nearly 1600 community events across the country involving over 150,000 Australians marked the National Close the Gap Day. It's clear that this generation of Australians want to see their governments make good on the commitments made in 2008.

The message from the Close the Gap Campaign is clear. Aboriginal and Torres Strait Islander health inequality is an issue of growing national concern. We can and want to be the generation that closes the gap but we must stay the course and keep our attention and resources focused on this goal. The health gap has rightfully been described as a stain on our nation, and this generation has the opportunity and responsibility to remove it.

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