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A LONG TERM  
NATIONAL HEALTH  
STRATEGY

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# A LONG TERM NATIONAL HEALTH STRATEGY

Australia is fortunate to have a health system which has delivered, in international terms, very good health outcomes due to Medicare, a strong public hospital system, and a high quality workforce. However, the challenges which our health system face are substantial. Health costs are rapidly increasing, due to expensive technologies, higher pharmaceutical costs and increasing community expectations. Australia's ageing population also poses great challenges to the health system, generating the need to provide increasing levels of aged care and support in a system already under pressure. Australia is also experiencing the increasing burden of preventable chronic disease such as diabetes. The Government has made health a major priority in its first term and is committed to delivering national policy solutions that are socially and economically sustainable. This agenda is being progressed through the Council of Australian Governments (COAG) as part of a wide range of health reforms currently under consideration.

Participants in the Health Stream at the 2020 Summit agreed on the need to have a health system integrated at all levels, focused on both illness and wellness, drawing on the latest technological advances and research to deliver improved health outcomes for all Australians by 2020. These ideas covered a broad range of themes, including healthy lifestyles, health promotion and disease prevention, the health workforce and service provision, addressing health inequalities, and future challenges and opportunities in health and health research. The ideas from the Summit have made a significant contribution to the Government's health policy.

The Health Stream developed a broad range of ambitions, themes and ideas that have influenced and guided the Government's policy in this area, including:

- **National Plan to Boost Organ and Tissue Donation** – The Government's National Plan to Boost Organ Donation is a \$151.1 million national reform package to boost the number of life-saving organ transplants for Australians.
- **National Healthcare Agreement** – In November 2008, COAG agreed to an historic package of broad reforms of the health and hospital system. Under a new National Healthcare Agreement and associated national reform proposals, the Government will provide \$64.4 billion in funding over five years. This includes an increase to the Healthcare Specific Purpose Payment of \$4.8 billion over the forward estimates period, and a package of health reforms in priority areas totalling \$3.9 billion. One important reform is the Preventative Health National Partnership to improve the health of all Australians, which includes the establishment of a national preventative health agency. Other reforms include the Indigenous Health National Partnership, which expands primary health care and targeted prevention activities, and the Hospital and Health Workforce Reform National Partnership, providing the single largest investment in the health workforce ever made by Australian governments as well as improvements to hospital efficiency, sub-acute care and emergency department services.
- **Research in Bionic Vision Science and Technology** – The Government is committed to supporting research where Australia is on the leading edge of innovation as a crucial investment in our nation's future. One such area is research into the bionic eye, which is a critical advancement for millions of vision impaired Australians and promises the development of technologies to translate into other areas of need. Australia is already a world leader in bionics based on our expertise in the bionic ear. The Government is committed to conducting a competitive grants process to fund this important work.

The following tables provide the Government's response to the ideas raised by the Health Stream at the 2020 Summit.

## Key ideas being taken forward by the Government

Topic	2020 proposed ideas	Government response
<b>Research in Bionic Vision Science and Technology</b>	<ul style="list-style-type: none"> <li>Promote better commercialisation of intellectual property, by taking the lead in developing innovative health technologies, such as inventing a 'bionic eye' by 2020.</li> </ul>	<p>As discussed at the 2020 Summit, the Government is committed to supporting research where Australia is on the leading edge of innovation. One such area is research into the bionic eye, which is a critical advancement for millions of vision impaired Australians and promises the development of technologies to translate into other areas of need. Australia is already a world leader in bionics based on our expertise in the bionic ear. The Government is committed to conducting a competitive grants process to fund this important work.</p>
<b>Preventative Health – Healthy Food and Living</b>  Also raised by: Rural	<ul style="list-style-type: none"> <li>Making healthy food choices easy (e.g. delivering 'fast fruit' to primary schools, fresh food to Indigenous communities, banning junk food advertising to children, regulating allowable content of unhealthy ingredients).</li> <li>Healthy food leads to healthy nations. Model of food labelling (traffic light), label all food ingredients including trans-fats.</li> <li>Use positive social marketing to encourage healthy living by making poor health habits expensive and healthy living habits less expensive.</li> <li>Provide incentives to employers/schools to introduce healthy food exercise.</li> <li>Develop a physical activity pathway for all Australians at all stages of life.</li> <li>Introduce physical activity every day – 30 minutes throughout the workforce.</li> <li>Design healthier buildings and neighbourhoods.</li> <li>Develop health and lifestyle plans for every city.</li> <li>Develop a wellness rating scheme for all suburbs, towns and cities.</li> <li>Abolish duty-free alcohol and cigarettes into Australia.</li> </ul>	<p>The Government agrees that helping Australians to make healthier choices is an important goal. Not all of these ideas will necessarily be adopted in achieving that goal.</p> <p>In November 2008, COAG agreed to a Preventative Health National Partnership (to which the Australian Government contributes funding of \$872.1 million over 6 years) to support a range of nutrition, physical activity, obesity and smoking initiatives, including:</p> <ul style="list-style-type: none"> <li>Access to services for children to increase physical activity and improve nutrition</li> <li>Provision of support for workplaces and local communities to provide physical activity and healthy living programs.</li> <li>Rewarding States and Territories for achieving specified targets in the areas of healthy weight, healthy eating, physical activity and smoking.</li> </ul> <p>The Preventative Health Taskforce will also be providing evidence-based advice to governments and health providers on health programs and strategies. The Taskforce will develop a National Preventative Health Strategy by June 2009, which is likely to address some or all of the issues raised by the 2020 Summit.</p>

Topic	2020 proposed ideas	Government response
<b>Preventative Health – National Agency and Strategy</b>	<ul style="list-style-type: none"> <li>• Introduce a National Preventative Health Agency, based on the VicHealth model, to commission research, design interventions based on evidence, develop and deliver preventative health policy, and implement marketing and public health campaigns.</li> <li>• Investigate successful preventative health interventions from overseas and consider incentives, including financial ones, to encourage lifestyle changes – for example, to give up smoking or drugs.</li> <li>• Commission the National Preventative Health Agency to develop research and evidence to help employers establish healthier work places.</li> <li>• Establish a new preventative health strategy across life, with a major focus on Indigenous Australians.</li> <li>• Establish a whole-of-life wellness model incorporating whole-of-life activity pathway.</li> <li>• Establish a health and education task force charged with identifying risk profiles (for example chronic illness, disabilities, Indigenous people, remote and the ageing population).</li> <li>• Expand existing national literacy and numeracy assessments to include physical fitness and health literacy, supported by ‘catch-up’ programs for ‘high-risk’ children, delivered away from healthy peers.</li> <li>• Establish health literacy programs.</li> <li>• Promote healthy lifestyles and education.</li> <li>• Remunerate health practitioners to provide lectures in schools or to community groups.</li> <li>• Establish performance indicators and mandatory curriculum for health and wellbeing in schools, including the ethics of health care.</li> </ul>	<p>Agree in-principle. The Government is committed to improving preventative health outcomes. In November 2008, the Commonwealth and the states agreed to a Preventative Health National Partnership to improve the health of all Australians, with the Australian Government providing funding of \$448.1 million over four years, and \$872.1 million over six years, starting from 2009–10. This funding supports elements such as:</p> <ul style="list-style-type: none"> <li>• Increased access to services for children to increase physical activity and improve nutrition</li> <li>• Provision of support for workplaces and local communities to provide physical activity and other risk modification and healthy living programs</li> <li>• National marketing campaigns to increase public awareness of the risks associated with lifestyle behaviour and its links to chronic disease</li> <li>• Enabling infrastructure, including a national preventative health agency, surveillance program, workforce audit, eating disorders collaboration, partnerships with industry and a preventative health research fund.</li> </ul> <p>The Preventative Health Taskforce, established by the Government in April 2008, will also be providing evidence-based advice to governments and health providers on health programs and strategies. The taskforce will develop a National Preventative Health Strategy by June 2009.</p> <p>The Government has introduced Healthy Kids Checks to give every four year old child in Australia a basic health check to see that they are healthy, fit and ready to learn when they start school.</p>

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<b>COAG Health and Ageing Working Group – Information and Reporting</b>	<p>Use health system information to improve the quality of decision making and policy development, including:</p> <ul style="list-style-type: none"> <li>• Combine data held by governments and specialist colleges with state hospital data to look at the effectiveness of treatment outcomes</li> <li>• Reduce the system input and output data to focus on consumer and community outcomes, to provide better targeted treatments</li> <li>• Establish a system of allowing reporting positive outcomes in the health system.</li> </ul> <p><b>Health Performance Measurement</b></p> <ul style="list-style-type: none"> <li>• Conduct a health audit to identify the programs that are working well and those that are not.</li> <li>• Introduce measurement of national level of key public health outcomes to determine what is being achieved in public health.</li> <li>• Measure performance indicators based on the patient's experience of the care received.</li> <li>• Develop national outcomes data to drive resource allocation.</li> <li>• Measure citizens' wellbeing as a health performance indicator and report these outcomes to hold Governments accountable for the wellbeing of their citizens.</li> <li>• Develop a clever health system; coordinate health and service organisations with a national framework of targets, measures audited with a regional focus.</li> <li>• Establish zero-tolerance stretch targets in health care.</li> </ul>	<p>Agree in-principle. Leveraging critical performance indicators is crucial to improving health care outcomes.</p> <p>In November 2008, the Commonwealth and the states and territories agreed to an outcomes based policy and reporting framework that will report against preventable disease and injuries; timely access to GPs, dental and other primary health care professionals; life expectancy, including the gap between Indigenous and non-Indigenous Australians; waiting times for services; and net growth in the health workforce. The COAG Reform Council will report progress against these performance measures annually, commencing in 2009–10.</p> <p>In addition, the Commonwealth and the states and territories agreed to the introduction of Activity Based Funding to provide the basis for more efficient use of taxpayer funding of hospitals and for increased transparency in the use of those funds. It will also allow comparisons of efficiency across public hospitals.</p> <p>The Australian Institute of Health and Welfare and the Australian Bureau of Statistics also regularly produce health statistics and report on outcomes in health.</p>

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<b>COAG Health and Ageing Working Group – E-Health</b>	<ul style="list-style-type: none"> <li>• Introduce an individual e-health record, plus ‘Healthbook’ (like Facebook) for Australians to take ownership of their health and to electronically share health information.</li> <li>• Develop incentives to improve the uptake of e-health.</li> <li>• Introduce national online access to a system of health information for tertiary, secondary and primary health care providers and individuals.</li> <li>• Improve genomic diagnosis and treatment: for example, making gene space part of the ‘Healthbook’ concept.</li> <li>• Introduce a universal health card with universal information.</li> </ul>	<p>Agree in-principle. The Summit recognised the importance of e-health, and in November 2008, COAG agreed to the continued funding of \$218 million (50:50 cost shared between the Commonwealth and the states) to the National E-Health Transition Authority. The authority is a not-for-profit company established by the Australian, state and territory governments to develop better ways of electronically collecting and securely exchanging health information. For example, it is working on standardising certain types of healthcare information to be recorded in e-health systems. The authority will continue to operate until June 2012.</p>
<b>Medical Benefits Schedule</b>	<ul style="list-style-type: none"> <li>• Review the Medical Benefits Schedule to examine the need for GP appointments for repeat prescriptions.</li> </ul>	<p>Agree in-part. In the 2008–09 Budget, the Government extended the period for which a repeat prescription can be written for patients with chronic conditions from six months to twelve months.</p>
<b>Develop Hospital Based Schedule</b>	<ul style="list-style-type: none"> <li>• Develop a hospital-based schedule similar to the Medical Benefits Schedule.</li> </ul>	<p>In November 2008, COAG agreed to introduce Activity Based Funding for hospitals. Activity Based Funding will enable governments and hospital managers to monitor and compare performance; drive technical efficiency in the delivery of hospital related services; and enhance public accountability by increasing the transparency of the relationship between funding and the services provided. The National Health and Hospitals Reform Commission will also report on future reform options.</p>
<b>Health Institutes/ Organisations</b>	<ul style="list-style-type: none"> <li>• Establish national institutes for key issues such as cancer and mental health. This could be done under the National Health and Medical Research Council, but ensuring that a range of input factors are brought together.</li> </ul>	<p>The Government will provide \$5.1 million over three years to support the work of the National Centre for Gynaecological Cancers. The National Health and Medical Research Council also already supports health and medical research on key areas at a national level.</p>
<b>National Indigenous Health Equalities Council and National Health and Hospitals Reform Commission</b>	<ul style="list-style-type: none"> <li>• Create a Health Equalities Commission, responsible for monitoring not delivering services, with a focus on disadvantaged and Indigenous communities.</li> <li>• Establish a National Institute of Aboriginal and Torres Strait Islander Health and Wellbeing.</li> </ul>	<p>Agree. The National Indigenous Health Equality Council was announced at a summit convened in March 2008. The Council was launched and members appointed in July 2008.</p> <p>The National Health and Hospitals Reform Commission is also in the process of making recommendations regarding long term macro reforms to improve Australia’s health system (including for Indigenous and rural communities). Their final report is expected in mid-2009.</p>

Topic	2020 proposed ideas	Government response
<b>Eradicate Trachoma in Indigenous Children</b>  Also raised by: Indigenous	<ul style="list-style-type: none"> <li>Eradicate trachoma amongst Indigenous children within five years through a comprehensive health strategy. This could include a national hand-washing campaign in Indigenous communities.</li> </ul>	<p>Trachoma is a preventable and treatable disease which still causes blindness in an unacceptable number of Indigenous Australians. The Government has committed \$58.3m to expand eye and ear health services for Indigenous Australians. This includes \$16m to address trachoma.</p>
<b>Australian Medical Research Institutions Partnerships – Indigenous Health</b>	<ul style="list-style-type: none"> <li>All major Australian research institutions to have responsibility for developing partnerships with Indigenous communities to build the Indigenous health and medical research skill base and focus research on addressing major Indigenous health problems.</li> </ul>	<p>Agree in-part. The Department of Education, Employment and Workplace Relations funds the Cooperative Research Centre for Aboriginal Health, which involves a number of major research institutes with expertise in Aboriginal health.</p> <p>To further build understanding on effective Indigenous initiatives, in 2008–09 the Government has provided funding for a Closing the Gap Clearing house and agreed joint funding arrangements with state and territory governments. The clearinghouse is a knowledge management service, run by research specialists, which provides a centralised repository of information, resources and networks that can be accessed by interested stakeholders.</p>
<b>Oral/Dental Health Strategy</b>	<ul style="list-style-type: none"> <li>Oral health promotion to have a national approach and well-known interventions such as fluoridated water to be put in place.</li> <li>Oral health to be on the preventative health agenda.</li> </ul>	<p>Agree. The Australian Government is promoting oral health in a number of ways:</p> <ul style="list-style-type: none"> <li>The new Medicare Teen Dental Plan delivers the Government's election commitment to provide financial assistance to families to encourage teenagers to care for their teeth by having annual check-ups and to maintain good oral health habits once they leave home. The program commenced on 1 July 2008</li> <li>The Government intends to close the chronic disease dental scheme in order to make funding available for the Australian Government Dental Health Program which will provide funding to the states and territories to address waiting lists for public dental services</li> <li>The existing National Oral Health Plan has been endorsed by state and territory health ministers and commits to extending the fluoridation of public water supplies to communities across Australia with populations of 1,000 or more.</li> </ul>

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<b>National Plan to Boost Organ and Tissue Donation</b>	<ul style="list-style-type: none"> <li>• Improve Australia's organ and transplantation rates.</li> </ul>	<p>Agree. The Summit noted the importance of improving transplant rates, and on 2 July 2008, the Government announced a \$151.1 million national reform package, including new funding of \$136.4 million over four years, to boost the number of life-saving organ transplants for Australians. This package provides a nationally coordinated and integrated approach which, as international comparisons have shown, is the best way to achieve a significant and lasting increase in the number of life-saving and transforming transplants.</p>
<b>Inter-Governmental Agreement on National Registration and Accreditation</b>  Also raised by: Rural	<ul style="list-style-type: none"> <li>• Develop and implement a system of common accreditation and registration for all health professionals.</li> <li>• Establishment of a national system for registration of medical professionals.</li> </ul>	<p>Agree. In March 2008, COAG agreed to create a single national registration and accreditation system for health professions to create a more flexible, responsive and sustainable health workforce. The system will be in place by July 2010, initially for ten health professions.</p>

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<b>Hospital and Health Workforce Reform</b>	<ul style="list-style-type: none"> <li>• Create a self-sufficient and flexible health workforce for Australia with competence-based training for accreditation.</li> <li>• Develop a model to guide where additional undergraduate training places are needed to support the health workforce.</li> <li>• Consider doubling the number of medical students or upskilling the defence force to assist with workforce shortages.</li> <li>• Develop a model to deliver clinical training for the health workforce in communities.</li> <li>• Examine prescribing rights for non-physicians – for example, allow physiotherapists with appropriate qualifications to prescribe from a limited range of drugs for which they are qualified.</li> <li>• Review whether savings would be generated by allowing non-GPs to treat and prescribe medicines within the extent of their competence.</li> <li>• Examine whether nurse practitioners could support health care provision in aged care.</li> <li>• Develop nationally accredited, multi-disciplinary, competency-based modular training for health professionals supported by an appropriate legislative framework.</li> <li>• Consider training older people so they can join the health workforce.</li> <li>• Consider offering mature workers a 50 per cent salaried position and allow them time for education, training and research.</li> <li>• Establish a second tier of providers (non-traditional) such as those who could take blood pressure readings.</li> <li>• Train health professionals in caring.</li> <li>• Improve support for health workers by providing administrative support that allows them to do their job and reduces red tape.</li> <li>• Cascade health professionals into organised teams as appropriate.</li> </ul>	<p>The Government is committed to delivering a more flexible and responsive healthcare workforce.</p> <p>Accordingly, the Australian Governments signed an Intergovernmental Agreement in March 2008 to develop and implement a new single national registration and accreditation system, initially for ten health professions. In November 2008, the Commonwealth and the states also committed to an unprecedented reform package of \$1.6 billion – the single largest investment in the health workforce ever made by Australian governments. The package comprises \$1.1 billion of Commonwealth funding and \$539 million in state funding, and includes almost \$500 million to support the expansion of undergraduate clinical training places, and directly subsidise clinical training for undergraduate medical, nursing and allied health students. The Government will establish a National Health Workforce Agency to drive a more strategic, long-term plan for the health workforce</p> <p>The National Health and Hospitals Reform Commission (NHHRC) will also make further recommendations regarding long term reform to the health and hospital workforce and is due to report to Government in June 2009.</p>

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<b>Health Workforce – Aged Care workforce</b>	<ul style="list-style-type: none"> <li>Undertake a review of the training and funding of aged care workers.</li> <li>Train specialised health care teams to care for older people in the community.</li> </ul>	The Government is committed to delivering a more flexible and responsive healthcare workforce. The aged care workforce will be supported by the \$1.6 billion reform package for the health workforce agreed to by COAG in November 2008 – the single largest investment in the health workforce ever made by Australian governments. This is also supported by the Government's \$138.9 million plan to bring extra nurses and midwives into the Australian health workforce. The plan includes cash bonuses for people no longer working as nurses or midwives to return and work in a public or private hospital, or residential aged care home.
<b>Office for Youth</b>  Also raised by: Communities	<ul style="list-style-type: none"> <li>Create a child and young person's commission (or similar body) to allow education, social and health issues to be coordinated.</li> <li>Create a Commissioner for Children and Youth and establish a cohesive national youth policy that includes all departments and covers all areas, including health, education, participation and the rights of children.</li> </ul>	<p>The Office for Youth was established in September 2008 to lead the Australian Government's youth affairs reform agenda and to create and promote opportunities for the engagement and greater participation of young people in Australian society.</p> <p>In addition, the Government has launched the Australian Youth Forum, which aims to engage young people and the youth sector in ongoing public discussion and facilitate their input into policy and decision making about issues that affect their lives.</p>
<b>Environmental Health – Water Research</b>	<ul style="list-style-type: none"> <li>Support research and technology for clean water in Australia and the region (in the face of climate change).</li> </ul>	Agree. CSIRO's Water for a Healthy Country Flagship already undertakes research on 'clean water' for Australia. The Flagship program aims to achieve a tenfold increase in the economic, social and environmental benefits from water by 2025.
<b>Stephanie Alexander Kitchen Garden</b>  Also raised by: Rural	<ul style="list-style-type: none"> <li>Support kitchen gardens in schools to enable school children to see how food is grown and experience truly fresh food</li> <li>Each child should be required to produce a real or virtual primary product' in order to better understand its origin and appreciate the effort and resources needed to produce it.</li> </ul>	Agree in-principle. The Stephanie Alexander Kitchen Garden National Program was launched by the Minister for Health and Ageing on 21 August 2008. The National Program will see up to 190 primary schools across Australia receive grants to build kitchens and gardens. Within four years, around 20,000 Australian primary school children in Years 3 to 6 will experience growing, harvesting, preparing and sharing fresh food each week, laying the foundations for a life time of healthy food choices.

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<b>National Health and Medical Research Council priority-setting</b>	<ul style="list-style-type: none"> <li>• Include key health issues on the research agenda, for example obesity and mental health.</li> <li>• Improve consultation between the National Health and Medical Research Council and the Consumers Health Forum to determine research that would be valuable for communities.</li> </ul>	<p>Agree in-principle. The National Health and Medical Research Council (NHMRC) is already focusing on national health priorities, including obesity and mental health.</p> <p>The NHMRC undertakes extensive consultation in setting priorities that best meet Australia's needs. The NHMRC also has a representative on its board to consider the needs of consumers.</p>
<b>Children and Family Centres</b>  <b>Also raised by: Productivity</b>	<ul style="list-style-type: none"> <li>• Parents' and Children's Centres – integrated, regionally based, health and wellness centres for children.</li> <li>• Joining up initiatives in early life (testing, intervention) – integrated primary care centres for children.</li> <li>• Childhood development should be supported through a place-based culture that offers integrated services and community support.</li> <li>• Children one-stop centres.</li> </ul>	<p>In October 2008, COAG agreed to the first National Partnership covering Indigenous Early Childhood Development. As part of the initiative, 35 Children and Family Centres will be established across Australia to deliver integrated services that offer early learning, child care and family support programs.</p> <p>At its July 2008 meeting, COAG agreed to the development of a broad national strategy for early childhood development. The strategy will set the direction for collaborative early childhood reform across the Commonwealth and states and territories. The strategy will be considered by COAG in 2009 and will include consideration of integrated service delivery approaches.</p> <p>The Australian Government is also investing \$114.5 million over the next four years to establish, as a first phase, early learning and care centres, including six autism specific centres. Where states and territories are interested in partnering with the Australian Government to create integrated service models, the Government will pursue opportunities to deliver a broader range of services within these centres. The Government will also work in partnership with other private providers to establish these centres.</p>
<b>Review of Medicare Benefits Schedule Primary Care Items</b>	<ul style="list-style-type: none"> <li>• Expand opportunities for providing 'health checks' within the Medical Benefits Schedule.</li> <li>• Use primary health care infrastructure for health screening; use GPs for a health check.</li> </ul>	<p>The Government has introduced Healthy Kids Checks to give every four year old child in Australia a basic health check to see that they are healthy, fit and ready to learn when they start school.</p> <p>The Government is also undertaking a review of the primary care items listed by the Medicare Benefits Schedule, which is expected to be completed by mid-2009. The review will consider health checks with a view to improving efficiency. There may also be related recommendations from the Preventative Health Taskforce in June 2009.</p>

Topic	2020 proposed ideas	Government response
<b>National Binge Drinking Strategy</b>	<ul style="list-style-type: none"> <li>• Implement a program to combat alcohol abuse.</li> <li>• Redefine the unacceptable: change community views on alcohol use, similar to the change that has occurred with tobacco use.</li> <li>• Bring the impact of alcohol abuse to the public's attention.</li> </ul>	<p>The Government has prioritised and targeted alcohol abuse among young Australians through the introduction of the National Binge Drinking Strategy, a \$53.5 million initiative. In addition, the Commonwealth is working with states and territories through COAG on other strategies to address broader alcohol abuse, including looking at responsible service of alcohol, secondary supply of alcohol to minors and closing hours. COAG is expected to consider further developments in 2009.</p>

## Ideas the Government will consider further

Topic	2020 proposed ideas	Government response
<b>Long Term Funding Changes – National Health and Hospital Reform Commission</b>	<ul style="list-style-type: none"> <li>• Examine whether health care funding should be allocated to areas and regions rather than fee for service (that is, a fund-holding model).</li> <li>• Move to a single funder of health in Australia, taking care to minimise the impact on rural and remote hospitals.</li> <li>• Examine different funding models for chronic disease management – for example, episodic care funding.</li> <li>• Incorporate financial incentives in the hospital system.</li> </ul>	<p>On 25 February 2008, the Prime Minister and the Minister for Health and Ageing announced the establishment of the National Health and Hospitals Reform Commission (NHHRC). The NHHRC was established to develop a long term health reform plan for a modern Australia, including considering a range of changes in funding arrangements. The NHHRC will report to Government in June 2009.</p>
<b>Taxation – Review of Australia's Future Tax System</b>	<ul style="list-style-type: none"> <li>• Introduce a 2.5 cent increase in tax on each cigarette.</li> <li>• Introduce a volumetric tax on alcohol.</li> <li>• Introduce a tax on high-energy, low-nutrient foods (a junk-food tax).</li> </ul>	<p>The Review of Australia's Future Tax System is considering a range of ideas that could promote public health. The recommendations of the review will be completed by December 2009.</p> <p>In April 2008, the Government also introduced measures to equalise taxes on spirits and spirit based products as part of its strategy to reduce binge drinking amongst young people.</p> <p>The Preventative Health Taskforce has also invited comment on possible changes to current taxation and excise arrangements in its discussion paper – Australia: the Healthiest Country by 2020 – and will finalise its advice on these matters in the National Preventative Health Strategy, due to be delivered in June 2009.</p>

Topic	2020 proposed ideas	Government response
<b>Mental Health Strategy</b>	<ul style="list-style-type: none"> <li>• Establish an Institute for Better Mental Health.</li> <li>• Introduce mental health first aid, a common basic understanding in the population of how to deal with mental health issues.</li> <li>• Develop a youth-focused and driven mental health program, using schools, media and movies.</li> <li>• Develop a secondary school mental health literacy program.</li> <li>• Health literacy for all Australians, including first aid for all Australians and how to help friends who are self-harming.</li> <li>• Introduce 're-engagement' education scholarships for young people with mental illness.</li> <li>• Train Australians in first aid and mental health first aid.</li> </ul>	<p>The Government operates a number of ongoing programs through the National Mental Health Strategy, and is taking action to improve services for people with a mental illness, their families and carers. Actions include increasing clinical and health services available in the community, providing new non-clinical and respite services for people with mental illness and their families and carers, and providing an increase in the mental health workforce.</p> <p>The Government funds KidMatters and MindMatters, which are mental health promotion, prevention and early intervention initiatives for schools.</p> <p>Further, the National Advisory Council on Mental Health was established in 2008 to provide a formal mechanism for the Government to gain independent advice from a wide range of experts to inform national mental health reform.</p> <p>The Government recognises the need to continue reforms in this area, including further reforms aimed at youth mental health support and education. These options are more appropriately considered once progress through the current processes becomes clear.</p>
<b>Preventative Health – Personal Metrics</b>	<ul style="list-style-type: none"> <li>• Introduce a health and wellness 'footprint'.</li> </ul>	<p>There may be merit in considering further specific metrics or models to promote better understanding and behaviour change in individuals. The Government may further investigate possible models and their effectiveness once the recommendations of the Preventative Health Taskforce have been considered.</p>

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<b>Preventative Health – Australian Sport</b>	<ul style="list-style-type: none"> <li>• Introduce school-based sports skills-building activities (for example running, jumping and ball skills to prepare children for many sports later on).</li> <li>• Extend the Active after School program to a program that happens within school hours.</li> </ul>	<p>The Government has appointed an independent panel to review Australia's sporting system at the grassroots community and elite levels. The review includes examination of the role sport and physical activity can play in building a healthier Australia. A final report is expected in 2009.</p> <p>COAG also agreed on 29 November 2008 to a Preventative Health National Partnership to improve the health of all Australians, with the Commonwealth providing funding for \$448.1 million over four years and \$872.1 million over six years, starting from 2009–10. This funding will support, amongst other things, greater access to services for children to increase physical activity, and for local communities to provide physical activity programs.</p> <p>States and territories, and various private organisations also already support a range of sport-related preventative health programs.</p>
<b>COAG Working Group on Influenza Pandemic Prevention and Preparedness</b>	<ul style="list-style-type: none"> <li>• Support communities to prepare and strengthen their abilities to deal with health emergencies.</li> </ul>	<p>The Government takes very seriously the potential threat from a range of health emergencies, including pandemic influenza. In early 2009, COAG will consider the current state of Australia's pandemic preparedness and any future areas of work or improvement that may be required.</p>
<b>Healthy Food Labels</b>	<ul style="list-style-type: none"> <li>• Introduce a new labelling model for all food ingredients.</li> <li>• Making healthy food choices easy – e.g. reforming food labelling with a 'traffic light' indicator.</li> </ul>	<p>In October 2008, Australian Food Regulation Ministers asked the Food Regulation Standing Committee to provide by May 2009 a draft ministerial policy guideline on whether a front-of-pack labelling scheme would be an effective health strategy to guide consumer choice towards healthier food options. In addition, COAG agreed to commission a wider independent, comprehensive review of food labelling law and policy.</p> <p>The Preventative Health Taskforce's discussion paper – Australia: the Healthiest Country by 2020 – invites comment on food labelling as a potential area for action. The discussion paper is the first step in developing the National Preventative Health Strategy, due to be delivered to the Government in June 2009.</p>

Topic	2020 proposed ideas	Government response
<b>R&amp;D – National Health Research Strategy</b>	<ul style="list-style-type: none"> <li>• Restore and enhance the capacity for clinical research in teaching hospitals and health systems.</li> <li>• Introduce a national approach to ‘first in human’ trials.</li> <li>• Strengthen the interface between research and clinical practice to deliver better health outcomes through better knowledge of diseases in a more timely way.</li> <li>• Encourage R&amp;D funding by multinational companies in Australia, either by establishing their own research activities in Australia or making tax contributions to a R&amp;D endowment fund to help government support excellence in research.</li> <li>• Develop an improved career structure for researchers.</li> <li>• Promote research education in schools to increase interest in working in research was seen as important to ensure a solid research base into the future.</li> </ul>	<p>The Government is committed to maximising positive outcomes from health research, with action and processes to promote this direction already occurring through the National Health and Medical Research Council (NHMRC). The need for a strategy to strengthen medical research will be evaluated following the release of the Government’s response to the Review of the National Innovation System (Cutler Review).</p>
<b>Evidence-based cost-effective services</b>	<ul style="list-style-type: none"> <li>• Develop a mechanism to examine the evidence for non-surgical treatments (other than medicines) with a view to funding cost-effective treatments.</li> <li>• Develop a mechanism to examine the evidence base of funded treatments, with a view to removing services that are no longer cost-effective.</li> <li>• Ensure evidence-based allocation of resources – to ensure that public funding would be added and removed on the basis of clearly demonstrated effectiveness.</li> </ul>	<p>The Medical Services Advisory Committee (MSAC) advises the Government on evidence relating to the safety, effectiveness and cost-effectiveness of new medical technologies and procedures.</p>
<b>Supplementary Health Insurance</b>	<ul style="list-style-type: none"> <li>• Develop a two-pronged supplementary health insurance system; one for long term care and one for catastrophic conditions and illnesses (for example, as a result of injury).</li> </ul>	<p>The Government will consider the development of an insurance model to meet the costs of long term care for people with disabilities in conjunction with the development of the National Disability Strategy.</p>

Topic	2020 proposed ideas	Government response
<b>National Primary Health Care Strategy</b>	<p><b>Develop a National Primary Health Care strategy</b></p> <ul style="list-style-type: none"> <li>• Develop and deliver team-based care through a new model of service delivery, one that incorporates the community, general practitioners, aged care, childcare, after-hours care-one-stop shop.</li> <li>• Change legislation to support a team-based approach to health care.</li> <li>• Fund doctors to enable education of prevention, first aid, wellness and chronic diseases.</li> <li>• Remove the barriers between Commonwealth, state and community care services and vest legal identities in group care teams.</li> <li>• Have a system integrated at all levels, allowing for active participation of all health professions to focus not only on illness, but also on wellness.</li> <li>• Change funding models to remove current barriers and facilitate team-based care delivery.</li> <li>• Establish data sets on patient outcomes that enable decisions on the most effective means of treatment for the best patient outcome.</li> </ul>	<p>Development of a National Primary Health Strategy, which aims to deliver better front-line health to Australians, has already commenced through the Department of Health and Ageing (DoHA) and an External Reference Group (ERG) has been appointed.</p> <p>A discussion paper called Towards a National Primary Health Care Strategy was released in October 2008 for open consultation until 27 February 2009. A draft strategy for consideration by the Minister for Health and Ageing is expected by mid-2009. This work will be linked with other reform processes.</p> <p>In addition, the Government has committed \$275 million over five years from 2007–08 to establish GP Super Clinics in 31 localities across Australia.</p> <p>The National Health and Hospitals Reform Commission (NHHRC) will also address primary care issues, with a focus on connecting care for people over their lifetime, including discussion of team-based care.</p>

Topic	2020 proposed ideas	Government response
<p><b>Response to the Review of the National Innovation System</b></p> <p>Also raised by: Productivity</p>	<p><b>Health innovation</b></p> <ul style="list-style-type: none"> <li>• Rationalise governance in research to provide the necessary infrastructures to conduct useful research around Australia.</li> <li>• Promote better translation of Australia's health research into both commercial and health outcomes underpinned by increased investment in research and development.</li> <li>• A substantial increase in private research and development.</li> <li>• Build Australia's skills and capacity in scientific entrepreneurship and intellectual property management.</li> <li>• Foster philanthropic partnerships.</li> <li>• Leverage off foundations such as 'Gates Grand Challenges' in the philanthropic space.</li> <li>• Integrate state and federal infrastructure funding—for example, indirect costs of research.</li> <li>• Ensure infrastructure in Australia is sufficient to effectively use any additional funds that come from multi-national or philanthropic investment, noting if this is not available then overseas funding cannot be accepted. Government is seen as having a clear role to 'match private sector offers' to provide for appropriate infrastructure.</li> <li>• Put in place centralised and coordinated management of intellectual property across all areas.</li> </ul> <p><b>Commercialisation of health research</b></p> <ul style="list-style-type: none"> <li>• Improve the commercialisation of research in Australia to improve research career opportunities.</li> <li>• Determine what problems that can be solved and how research to address identified problems can be made commercial—that is, choose a research agenda that will be commercially viable and that research institutions have the knowhow to deliver.</li> <li>• Make government seed funding available to work up intellectual property to the commercial ready stage.</li> </ul>	<p>The Review of the National Innovation System was undertaken by an expert panel chaired by Dr Terry Cutler and was completed in August 2008. The report from this review – <i>Venturous Australia: Building Strength in Innovation</i> – was released on 9 September 2008.</p> <p>The Review considered many aspects of the National Innovation System, including education, funding for research and commercialisation and strengthening innovation culture.</p> <p>The Government will respond to the review in the near future.</p> <p><i>Related ideas on innovation can be found in the Productivity Stream.</i></p>

Topic	2020 proposed ideas	Government response
<p><b>Continued ...</b></p> <p><b>Response to the Review of the National Innovation System</b></p> <p><b>Also raised by: Productivity</b></p>	<ul style="list-style-type: none"> <li>• Government encouragement for funding for 'business angels' to support the early development.</li> <li>• Government to recognise and invest in seed development funding to support the proof of commercialisation for base research. \$100 million a year could bring about 250 commercial opportunities. Government support to stimulate 'angel investment'. This should not occur for drug research but would be more appropriate for devices. One option for delivering this was a grant scheme for translation.</li> <li>• Government to balance investment in basic research versus commercialisation support to get a return on investment from commercialisation. If this involves the business sector, possibly through the Business Council of Australia, it could be at no cost to government.</li> <li>• A staged and sustained increase in public, private and philanthropic investment in R&amp;D, possibly including benchmarking with other major innovative commercially successful industries. Growth in R&amp;D expenditure that is proportional to growth in health expenditure.</li> <li>• Recognition of the importance of global integration and interoperability.</li> <li>• Finance and mentor nascent health care and health technology companies.</li> </ul>	

## Ideas others may progress

Topic	2020 proposed ideas	Government response
<b>Preventative Health/Health Promotion</b>	<ul style="list-style-type: none"> <li>Ensure 50 per cent of the population is trained in first aid by 2010 and 100 per cent by 2020.</li> </ul>	First Aid training is currently well supported by existing community groups and workplace training.
<b>Gyms and Clubs for Older People</b>	<ul style="list-style-type: none"> <li>Establish gyms and social clubs for older people.</li> </ul>	There are a wide range of existing programs targeted at activities for older Australians, delivered through community groups, aged care services and privately owned service providers. These services are proliferating as demand increases with the ageing population.
<b>Generic Health Degree</b>	<ul style="list-style-type: none"> <li>Develop a generic health degree.</li> </ul>	This is a matter for individual universities to consider.
<b>Hospital Infection Control</b>	<ul style="list-style-type: none"> <li>Better manage infection control in hospitals by removing all carpets and installing negative ionisers.</li> </ul>	This is a matter for individual hospital management and health care standards.
<b>Medi-hotels</b>	<ul style="list-style-type: none"> <li>Provide medi-hotel accommodation instead of remaining in a hospital bed for the last one or two days of the average hospital stay.</li> <li>Ensure Medi-hotels are built into hospital precinct planning, thereby freeing up funding.</li> </ul>	A range of hospitals are already trialling these programs, such as the Alfred Hospital in Melbourne. Additional Government funding of \$500 million in 2008–09 will provide the equivalent of an extra 1,600 subacute care beds (an increase in capacity of five per cent per year over four years). Subacute care, such as rehabilitation, improves health outcomes and reduces hospital readmissions. This will enable many patients to move out of acute care or to leave hospital and help free up hospital beds.
<b>Community Education on Health Roles</b>	<ul style="list-style-type: none"> <li>Develop and deliver community education on the role of the medical workforce.</li> </ul>	This could be considered by the peak medical industry bodies.
<b>Patient and Family Care</b>	<ul style="list-style-type: none"> <li>Australia should bid to host the International Conference on Patient and Family Centred Care in 2011.</li> </ul>	While the Government is supportive of attracting high-profile health conferences to Australia, it is the responsibility of relevant industry bodies to bid for this specific event.

## Ideas with no further action at this time

Topic	2020 proposed ideas	Government response
<b>International Collaboration on Health</b>	<ul style="list-style-type: none"> <li>An ASEAN-type collaborative health agency, including all regional neighbours, to address infectious disease, climate change-driven changes in disease patterns, and mental health.</li> <li>Develop regional partnerships to minimise the impacts of communicable diseases such as H5N1 (subtype of influenza A virus).</li> </ul>	<p>There is already substantial international and regional collaboration on these issues occurring through existing entities such as the World Health Organisation (including its Western Pacific and South East Asian Regional Offices) and the Asia-Pacific Economic Cooperation Health Working Group.</p>
<b>Retirement</b>	<ul style="list-style-type: none"> <li>Abolish retirement. The concept of retirement should be replaced with the notion of older people moving to other forms of productivity and for this they need good health.</li> </ul>	<p>The Government does not support the total abolition of retirement.</p> <p>The Government strongly supports the promotion of positive ageing, including maintaining good health and productivity. To support this aim, the Government recently appointed the first Ambassador for Ageing to promote positive ageing and engagement with the community.</p>
<b>Cost of Health Care</b>	<ul style="list-style-type: none"> <li>Use medical technology to cut the cost of the provision of health care.</li> </ul>	<p>The principal role of the Medical Services Advisory Committee (MSAC) is to advise the Minister for Health and Ageing on evidence relating to the safety, effectiveness and cost-effectiveness of new medical technologies and procedures. Technology is effective at improving patient outcomes, but in general also contributes to increasing costs.</p>
<b>Taxation – Preventative Health Taxes</b>  <b>Also raised by: Communities</b>	<ul style="list-style-type: none"> <li>Tax hypothecation of cigarettes, alcohol and junk-food products to fund a national preventative health agency.</li> <li>Establish a separate funding stream for prevention, funded by tax on alcohol, fat, and so on.</li> <li>Fund a national preventative health agency through taxes on cigarettes, alcohol and junk food.</li> <li>Volumetric tax on alcohol, with proceeds to go towards combating alcohol problems.</li> <li>Volumetric taxation of alcohol with revenue to be used for services.</li> </ul>	<p>Hypothecation of public health-related revenues to a specific agency is not under consideration as this would be unwieldy, inefficient and fail to allow for sufficient flexibility to adapt to changes in the future.</p> <p>The ongoing review of Australia's tax system will consider taxes on consumption (except the GST) and is expected to consider the public health effects of certain taxation options, including options for the taxation of alcohol. In April 2008, the Government introduced measures to equalise taxes on spirits and spirit based products as part of its strategy to reduce binge drinking amongst young people.</p> <p>The Preventative Health Taskforce has invited comment on possible changes to taxation and excise in its discussion paper – Australia: the Healthiest Country by 2020 – and will finalise its advice on these matters in the National Preventative Health Strategy, to be delivered in June 2009.</p>

Topic	2020 proposed ideas	Government response
<b>Funding Aged Care</b>	<ul style="list-style-type: none"> <li>• Introduce a hypothecated superannuation charge for aged care.</li> <li>• Introduce a Medicare levy for aged care and for severe conditions and illnesses.</li> <li>• Allow residents to contribute to high-care beds.</li> </ul>	Other work is underway to meet the needs of an ageing population. The Government is committed to a quality system that meets the needs of an ageing population. To achieve these aims the government is providing \$300 million in zero real interest loans to aged care providers to help them build or expand facilities in areas of need, and is fully funding an additional 2,000 transition care places over the next four years to 2011–12, at a total cost of \$293.2 million. This will double the number of places available for older Australians who no longer need to be in hospital but who require more time and support before returning home or to residential care.
<b>Health and Medical R&amp;D Funding</b>	<ul style="list-style-type: none"> <li>• Require a fixed percentage of either GDP or the health budget to be directed to health and medical research and development, aspiring to at least the OECD benchmark.</li> </ul>	Disagree. A fixed percentage target will not necessarily bring about the R&D outcomes sought.
<b>R&amp;D – Commercialisation</b>	<ul style="list-style-type: none"> <li>• The Future Fund to invest a figure of 0.5 per cent to get base research to commercialisation.</li> </ul>	Disagree. The Future Fund has been set up to fund the Commonwealth's superannuation liabilities, and is not an appropriate source of funding.
<b>Health Workforce – International Doctors</b>	<ul style="list-style-type: none"> <li>• Develop a competency-based education and training system for overseas-trained doctors.</li> </ul>	There are already a number of processes developed to assess and recognise qualifications and skills acquired overseas by doctors.
<b>Health Workforce – Minimum Staff</b>	<ul style="list-style-type: none"> <li>• Mandate minimum staff levels to be achieved by 2020.</li> </ul>	The Government is undertaking a wide range of initiatives on workforce development and recognises it as a critical health issue. However, mandating minimum ratios of staff to patients is generally not desirable as it removes the flexibility to respond to specific local needs.
<b>Health Workforce – Role of Specialists</b>	<ul style="list-style-type: none"> <li>• Change what a specialist does so they only look at the most complex cases and provide advice to treat the less complex.</li> </ul>	Disagree. For most services provided by specialists a referral is needed from another practitioner, who has concluded that it is necessary for the patient to see a specialist. Also, under the <i>Health Insurance Act</i> , in general circumstances, a specialist needs to examine a patient for the service to attract a monetary benefit.

Topic	2020 proposed ideas	Government response
<b>Health Workforce – Volunteers</b>	<ul style="list-style-type: none"> <li>Initiate a gap year for the health and community sector, allowing young people to experience the health system and how it supports the community. This could include placements in an aged care facility or with other community-based care providers.</li> </ul>	<p>The Government is not currently considering a health specific volunteering initiative however it will consider ways to boost volunteering across all sectors.</p> <p>Job Services Australia (which will replace Job Network from 1 July 2009) has a work experience stream and will encourage job seekers to participate in volunteer and other community work to build their work skills.</p>
<b>Integration of Health and Social Metrics</b>	<ul style="list-style-type: none"> <li>Coordinate health and social services organisations: a national framework of targets, measures audited, with a regional focus.</li> </ul>	<p>It is not clear that health and social services metrics should be fully integrated. Further action in this area would be difficult until existing processes developing metrics are further advanced. A national framework for health performance measures is being considered by COAG and may include some social services, particularly as they relate to Indigenous services.</p>
<b>Ecological Health Survey</b>	<ul style="list-style-type: none"> <li>Institute an ecological health survey to forecast disease burden.</li> </ul>	<p>The objectives of this idea are being pursued through existing mechanisms, such as the forecasting work undertaken by Commonwealth, state and territory health departments. A range of academic work is also being undertaken in regards to the increasing disease burden under climate change – for example, at the ANU's Climate Change Institute.</p>
<b>Health Impact Statement</b>	<ul style="list-style-type: none"> <li>Develop a health impact statement for all new legislation and health impact studies across all portfolios.</li> <li>Develop health impact statements of all new Government policies and an immediate audit of taxation for adverse impacts on health (for example, FBT-fringe benefits taxation on vehicle leasing that encourages more driving).</li> </ul>	<p>Regulatory Impact Statements are already taken into account in all major policy decisions in order to consider the impacts on stakeholders. These statements raise health issues as relevant.</p>

Topic	2020 proposed ideas	Government response
<b>Organ Donation</b>	<ul style="list-style-type: none"> <li>Establish an opt-out system for organ donation, as in Spain.</li> </ul>	<p>The Government has committed to a \$151.1 million national reform package, including new funding of \$136.4 million over four years, to boost the number of life-saving organ transplants for Australians. On 3 July 2008, COAG agreed to this package, which provides a nationally coordinated and integrated approach that has been shown by international comparisons to be the best way to achieve a significant and lasting increase in the number of life-saving and transforming transplants. This package does not include changes to the legal system regarding consent.</p> <p>Under the reform package, new hospital systems and specialist staff will ensure every potential donor is identified and the family of every potential donor is asked about organ and tissue donation and given the opportunity to confirm their loved one's wishes. Ongoing community education and awareness efforts will encourage all Australian families to discuss their wishes about donation.</p>
<b>Occupational Health and Safety</b>	<ul style="list-style-type: none"> <li>Bring occupational health and safety and health into the same agenda.</li> </ul>	<p>The costs and administrative difficulties involved in bringing OH&amp;S under the broader health umbrella would likely outweigh any potential benefits. State governments have primary responsibility for enacting and enforcing OH&amp;S laws.</p>
<b>Institute for the Future – Smart Communities</b>	<ul style="list-style-type: none"> <li>Establish an Institute for the Future – smart communities for better health, forecasting emerging health challenges.</li> </ul>	<p>The National Health and Hospitals Reform Commission (NHHRC) is currently examining ways that Australia's health system can be reformed to address health challenges now and into the future.</p>
<b>Pricing Food according to Carbon Cost</b>	<ul style="list-style-type: none"> <li>Price food according to its carbon costs. This would involve production (energy and water use), packaging, transport, storage and disposal of waste. It automatically shifts the average diet to healthier foods.</li> </ul>	<p>The Carbon Pollution Reduction Scheme (CPRS) to be introduced by 2010 will introduce carbon costs to many aspects of food production, including energy and waste. A final decision will be made in 2013 on coverage of agriculture from 2015, following consultation and work with the industry to identify practical methods for its inclusion. It is not clear at this stage what impacts – if any – the CPRS will have on food costs or healthy eating.</p>
<b>Personal Carbon Trading</b>	<ul style="list-style-type: none"> <li>Personal carbon trading for better nutrition and exercise.</li> </ul>	<p>The CPRS will introduce carbon costs to many aspects of the economy. The Government is also developing better tools for consumers to understand their own personal carbon footprints, but it is not clear what impact this will have on nutrition and exercise. This idea may be better considered as part of the suggestion for personal metrics on preventative health.</p>