

4. Commonwealth Decisions

Commonwealth and State/Territory Ministers for Health and Aboriginal Affairs established an Aboriginal Health Development Group to assess the NAHS report and to advise on implementation. The Development Group, which reported in December 1989, broadly endorsed the Working Party recommendations.

Significantly, the Development Group recommended that a high priority be given to environmental health aimed at bringing Aboriginal and Torres Strait Islander communities to a standard comparable with the general Australian community for the provision of basic services such as housing, clean water and safe waste disposal, roads, power and communications, and that appropriate resources be provided to an environmental health program to match that commitment.

At the same time, the Minister for Aboriginal Affairs appointed an Aboriginal Advisory Group which provided the Commonwealth Minister with an Aboriginal community perspective on the Development Group's Report. Those views were not considered by the Joint Ministerial Forum.

The Health Development Group broadly endorsed the Working Party Report recommendations with proposals for expanded membership and a stronger policy and strategic development role for the Council of Aboriginal health.

The Joint Ministerial Forum of Commonwealth, State and Territory Ministers for Health and Aboriginal Affairs was held in Brisbane on 10 June 1990. At that meeting, Ministers accepted all 21 of the Development Group's recommendations, including the strengthening of the role of the Council of Aboriginal Health as proposed by the Aboriginal Advisory Group. Those recommendations were much broader and substantially less in number than those in the original Working Party Report.

The Commonwealth Ministers for Health and Aboriginal Affairs first submitted to Cabinet for a formal Commonwealth response to the National Aboriginal Health Strategy on 13 December 1990.

National Aboriginal Health Strategy Sequence of Events

March 1989

National Aboriginal Health Strategy
Working Party Report

December 1989

Aboriginal Health
Development Group
Report

Aboriginal
Advisory
Group

Minister for Aboriginal Affairs

June 1990

Joint Ministerial Forum

December 1990

Commonwealth Decisions

December 1991

Commonwealth Decisions

ATSIC

Other Agencies

Negotiations
with States and
Territories

The December 1990 decision noted that Commonwealth and State/Territory Ministers had agreed to the recommendations of the Aboriginal Health Development Group, and endorsed the objective of “gaining equity in access to health services and facilities for Aboriginal and Torres Strait Islander peoples by the year 2001”, and allocated funds for up to \$232 million over five years, the majority of which would be allocated for improvements to housing and essential services. It was not clear to the Committee whether the Commonwealth objective refers just to ‘health services and facilities’ or to ‘environmental health facilities’ as well. Specific funding was allocated to:

- establish an Office of Aboriginal Health within the Aboriginal and Torres Strait Islander Commission (ATSIC);
- provide new community controlled Aboriginal health services and upgrade existing services;
- increase effort by the Australian Institute of Health on Aboriginal and Torres Strait Islander health statistics;
- increase effort on projects targeted at Aboriginal and Torres Strait Islander peoples through the National Campaign Against Drug Abuse; and
- negotiation on strategies for the education, training and employment of Aboriginal people in health-related occupations.

The decision noted that negotiations with States and Territories would be consistent with the principles outlined in the document *Towards a Closer Partnership* issued by the Special Premier’s Conference in October 1990, and that they would aim to secure a broadly matching financial commitment from State and Territory governments. It also specified that negotiations should utilise the ATSIC structure for the development of State and regional programs and individual community projects.

The decision required the Commonwealth contribution to be spent in such a way so that outcomes and performance indicators could be measured, and a strategy for negotiating those outcomes with States and Territories be developed.

Following a progress report to Cabinet on 10 December 1991, the Commonwealth confirmed the additional funding and agreed to an interim set of National Aboriginal and Torres Strait Islander Health Goals and Targets as an initial set of outcomes for the strategy, and as the basis for further negotiations with States, Territories, and local Governments, Aboriginal community controlled health services and through the Council of Aboriginal Health, for final consultation by the Australian Aboriginal Affairs Council/Health Minister Conference.

At that stage, negotiations had been held with States and Territories concerning their financial commitments. However, as will be seen in Chapter 6 of this report (Implementation Issues), there was no further progress in securing the agreements regarding the State and Territory responsibilities determined and endorsed at the Joint Ministerial Forum.

The provision of additional Commonwealth funding was set out as follows:

Table 1 Additional Commonwealth Funding in Response to National Aboriginal Health Strategy

\$ million

ATSIIC	1990-91	1991-92	1992-93	1993-94	1994-95	Total
Health	6.57	9.09	9.98	10.43	10.88	46.95
Community Housing & Infrastructure	2.10	18.00	33.00	58.00	60.00	171.10
ATSIIC Running Costs	0.34	1.12	1.33	1.73	1.78	6.30
Commonwealth Health Portfolio	1.43	1.51	1.58	1.66	1.72	7.90
Total	10.44	29.72	45.89	71.82	74.38	232.25

The majority of additional funding was allocated to housing and essential services recognising the importance of addressing the living environment to improve health outcomes, and recognising that many Aboriginals and Torres Strait Islanders are either homeless or living in housing stress.

In the 1994-95 Budget context, the Commonwealth allocated further funding for Aboriginal housing and essential services and health services for the current financial year and through to 1998-99.

Table 2 Additional Commonwealth Funding - ATSIIC

\$ million

PROGRAM	1994-95	1995-96	1996-96	1997-98	1998-99	Total
Health	25.1	36.9	38.1	39.2	22.5	161.8
Community Housing and Infrastructure	15.0	77.1	79.4	81.8	84.2	337.5
Total	40.1	114	117.5	121	106.7	499.3

It should be noted that Health Program funding involves a high proportion of recurrent expenditure and that the provision for 1998-99 is actually lower than for 1997-98. This will constrain the extent to which additional health funding can bring

about an expansion in the number of health services. By contrast, Community Housing and Infrastructure funding involves a high proportion of capital expenditure.

These additional funds have been provided to ATSIC for 1994–95 with future administration of Health Program funds to be determined in the 1995–96 Budget context, taking into consideration the results of this evaluation.

The Committee notes that Recommendation 271 of Royal Commission into Aboriginal Deaths in Custody Report in May, 1991 stated:

“That the implementation of the National Aboriginal Health Strategy, as endorsed by the Joint Ministerial Forum, be regarded as a crucial element in addressing the underlying issues the Commission was directed to take into account, and that funds be urgently made available to allow the Strategy to be implemented.”

Subsequently, the adequacy of Commonwealth funding was criticised by the Aboriginal and Torres Strait Islander Social Justice Commissioner, Mr Michael Dodson. In his response to the House of Representatives Standing Committee of Aboriginal and Torres Strait Islander Affairs, he stated:

“One can only say that far from giving effect to the Royal Commission Recommendation, the Commonwealth has proceeded on the path of inadequate funding criticised by the Commission. While claiming to support the Recommendation, the Commonwealth has in fact rejected it.”