



## PRIME MINISTER

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**SPEECH BY THE PRIME MINISTER  
CONFERENCE ON "HEALTHY PUBLIC POLICY"  
ADELAIDE - 5 APRIL 1988**

Dr Blewett,  
Dr Mahler, Director-General, World Health Organisation,  
Ladies and Gentlemen.

It is a pleasure to welcome you to Australia and to open the Second International Conference on Health Promotion.

In 1988 Australians are celebrating the Bicentenary of European settlement of this country. It is a landmark of which we are proud, both because it encourages us as Australians to reflect both on our achievements over the last 200 years and on our shortcomings - and because of the opportunity which it brings for so many overseas visitors to come to know Australia better.

Australia is becoming increasingly recognised around the world as a tourist destination of unparalleled excellence. Last year we played host to nearly 2 million visitors. According to the OECD our visitor arrivals were up 27 per cent on 1986 - a rate of growth nearly five times the OECD average.

So I hope you will be able to find time apart from your duties at this conference to travel around Australia a little to experience for yourselves the reasons for this great upswing in international attention.

If you do fly interstate, you will probably notice - and, I hope, notice with approval - a recent initiative in preventive health my Government has taken.

In line with the objectives of the National Campaign Against Drug Abuse, and supported by widespread medical evidence, my Government decided last year to ban completely all smoking on board domestic airlines.

We believe that decision made us only the second country in the world to impose such a ban. Through this conference, other nations might be encouraged to take similar steps.

As well as being our Bicentennial year, 1988 is also the 40th anniversary of the World Health Organisation.

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In those forty years, the World Health Organisation and its member states have, through joint planning and concerted effort, brought about a number of significant improvements in the health of people throughout the world.

In some cases the improvements have been dramatic, such as the reduction in the incidence of epidemic and endemic diseases including not least the eradication of small pox. The WHO has also helped improve water supplies and sanitation in developing countries, and conducted campaigns against communicable diseases.

Since the Second World War, most industrial nations have seen considerable improvements in the health of their people. They are better fed, enjoy better conditions of hygiene and have seen their life expectancy substantially extended.

In particular, improvements in maternal and child health have been remarkable, with better family planning, lower infant mortality, widespread immunization, and significant improvement in the nutrition of children.

But in developing nations, the vicious problems of poverty, malnutrition, disease and despair continue. To quote just one tragic indicator of this, infant mortality: in some developing countries, more than 200 out of every 1000 children born die before their first birthday.

The World Health Organisation fully deserves our continuing support in its efforts to resolve the health problems which continue to afflict too many of our fellow human beings.

It is important however that this support should derive not only from the various member states of WHO. Co-operation by the various institutions of each nation is also required, since there is increasing recognition that responsibility for good health is shared - by governments, industry, education and research institutions and, of course, by families and individuals.

In 1978 the World Health Assembly launched a global strategy for health for all by the year 2000. In response, over the last decade many countries have been redefining their health policies in terms of goals and targets which could realistically be achieved by the year 2000.

My colleague the Australian Minister for Community Services and Health, Dr Neal Blewett, will later this week present this Conference with the Australian response to this strategy.

While as a developed country we have good reason to be confident in the quality of our health care, we recognise that there is much we can do to ensure Australia is a healthier place by the year 2000.

As a developed country we have eliminated many of the health threats our grandparents faced. But in their place, new problems have arisen, problems which arise in part from our economic well-being.

Health problems such as those caused by stress, diet, failure to immunize, and catastrophic traffic injuries loom as unresolved threats to the overall health of our nation.

In particular - and it is highly relevant to note this during our Bicentennial year - the health levels of our Aboriginal citizens are generally well below an acceptable level.

Aboriginal infant mortality, while declining, is still about three times the rate of the non-Aboriginal population. Life expectancy of adult Aboriginal people is some 20 years less than for the wider community.

This year the various State and Territory Governments, with the Commonwealth Government, have for the first time in our history agreed to act together to tackle this urgent task.

We have now set up a joint Commonwealth/State Working Party to develop a National Aboriginal Health Strategy.

It is my belief that Australians cannot adequately celebrate the Bicentenary of European settlement without some better acknowledgement of the Aboriginal people who inhabited this land for more than 40,000 years before 1788.

Since poor health levels are, in many respects, a by-product of European settlement, an important element in this acknowledgement must be a new determination to improve Aboriginal health.

My Government is committed to action to improve Aboriginal health and the working party is an essential step in that process.

In the forty years since the establishment of WHO our very notions of what constitutes good health, and in particular what causes it and how best to attain it, have undergone considerable changes and developments.

Good health care policy - whether conducted by Governments or by individuals - is no longer seen purely as the treatment of pre-existing illnesses. Disease prevention and health promotion are now regarded, rightly, as integral elements of an overall approach.

It was in response to this broadening notion that the WHO convened the first International Conference on Health Promotion in Ottawa in 1986 and this, the second conference, in Adelaide.

The concept of health promotion enunciated in Ottawa emphasises the needs to build healthy public policies, create supportive environments, strengthen community action, develop personal skills and reorient health services.

The Adelaide Conference should, and I believe will, make further progress towards these goals. The representation of so many countries and the broad range of expertise brought to this Conference will help lead to the development of healthy public policy throughout the world.

Ladies and gentlemen,

The decision to hold the Conference in Australia is, in part, a recognition of Australia's achievements in the health arena - in treatment and in prevention of disease.

The principal feature of my Government's involvement in health care in Australia has been to ensure that all Australians have access to quality medical care in accordance with their medical needs and irrespective of their financial circumstances.

Since February 1984, Australians have benefited from universal insurance against the cost of medical services, together with access to free hospital care in public hospitals.

Medicare, funded in part through a levy on taxable income, has been an integral element in ensuring quality health care is available, on fair terms, to all Australians.

Almost two million people who previously had no health insurance are now covered by Medicare.

Medicare has delivered real advantages to those on lower incomes, especially families. An average family is \$21 a week better off than it would be under a return to private insurance cover.

Health care thus forms an integral part of the Government's approach to the management of the overall economy. In an era when real restraint has been required in wages, we have ensured that compensatory improvements in the social wage have protected living standards as much as possible.

Medicare, along with a new family assistance package, education reform, real increases in age pensions, increased resources for public housing and related measures have all played their part in making Australia a fairer society.

Professionals such as yourselves involved in health policy making should not, I believe, overlook the fact that Medicare's universal health insurance helps make Australia a healthier society as well.

As Dr Blewett will argue later this week, the Government's structural reforms aimed at lifting the social wage also have important benefits for the overall level of health of Australians.

Ladies and gentlemen,

Australia has also distinguished itself in the field of preventive health care through its campaigns against drug abuse and the spread of AIDS.

The National Campaign Against Drug Abuse has involved a major political commitment by all Governments in Australia to increase greatly the resources devoted to tackling the problems of drug abuse.

It is not just a health campaign or a law enforcement campaign. It is truly an example of healthy-public policy in action.

The campaign has taken an integrated approach, involving

- enhanced and expanded treatment and rehabilitation services in the health arena;
- major efforts in preventive education, through media information and research; and
- law enforcement reform and enhancement of capacities.

The Campaign did not try to divide up the problems of drug abuse and focus solely on illegal drugs or alcohol or tobacco. Rather we have taken an overall approach which recognises the interlocking nature of many of these problems.

The Campaign has been in progress for three years and the Government late last year announced a commitment to continue it for a further three years.

To meet the challenge posed by the spread of AIDS, Australians recognised a special and innovative relationship was necessary between Governments and the community. The Commonwealth Government's three-pronged attack on AIDS accordingly involves:

- Government cost-shared prevention programs including education;
- scientific advice and research; and
- community involvement and funding of community projects.

The Government has recently streamlined its advisory structure by establishing a single National Council on AIDS to advise on all matters related to AIDS.

The AIDS crisis demanded a radical response. We in Australia made that response, and the evidence suggests it is working. Surveys of public knowledge about the transmission of AIDS indicate growing levels of awareness among all groups, and significant increases in the numbers of people who understand what does, and does not, constitute risk behaviour.

Ladies and gentlemen,

In sketching the broad parameters of these two campaigns I know I am only touching on issues which will be debated in much more detail by participants in this conference.

I wish you well in those deliberations.

You will tackle issues of the utmost importance to all countries striving towards better health. The conclusions you come to will bring us another step closer to enabling all people to lead economically productive and socially rewarding lives.

It is my pleasure now to declare this conference open.

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