



PRIME MINISTER

CHECK AGAINST DELIVERY

EMBARGOED UNTIL DELIVERY

**SPEECH BY THE PRIME MINISTER
NINTH COMMONWEALTH HEALTH
MINISTERS' MEETING
MELBOURNE - 13 NOVEMBER 1989**

Ministerial colleague Neal Blewett
Distinguished Guests
Ladies and Gentlemen

I was delighted to accept Neal Blewett's invitation to welcome you to Australia and to Melbourne, and to open this Ninth Commonwealth Health Ministers' Meeting.

I am particularly happy to meet you here so soon after returning from the Commonwealth Heads of Government Meeting in Kuala Lumpur. Much of the attention given by the media to that meeting concentrated on the high profile issues of Southern Africa and the environment.

It was right that this degree of attention should have been paid to those issues as they are issues of very great importance to the Commonwealth and globally. I welcome the progress made by the Kuala Lumpur CHOGM on them.

But Heads of Government - and, I hope, the public - did not underestimate the real value of functional cooperation as another vital element - in a sense, the muscle and fibre - of the Commonwealth's collective endeavours.

Commonwealth meetings in fields such as health, education and youth affairs don't often hit the headlines. But they are a very important part of the reason the Commonwealth matters to us, because our size and diversity as a group - covering a quarter of the world's population - our different histories, our separate experiences, all mean that we have much to learn from one another and to give to one another.

The Commonwealth spans the continents and is a bridge between races and religions, between rich and poor. It provides a unique forum for us to discuss our problems frankly, and a unique vehicle for us to work together for solutions.

And perhaps nowhere is this more true than in the field of health.

Since the first meeting of Health Ministers took place in Edinburgh in 1965, these meetings have become an important part of the Commonwealth's activities.

They have shown that informal discussion among Commonwealth Ministers provides a very effective way of addressing a range of important health problems.

In April 1988, I had the pleasure of speaking to some of you when I opened the Second International Conference on Health Promotion in Adelaide. That Conference concentrated on the World Health Assembly goal of "Health For All" by the year 2000.

The theme for this meeting, "Community approaches to health promotion and disease prevention", is an ideal vehicle for continuing international progress towards that goal.

Over the last 40 or 50 years there have been some remarkable improvements in the health of the world's peoples. Some of the improvements have been dramatic - such as the eradication of small pox. Many others have resulted from less spectacular but equally important developments such as the improvement of water supply and sanitation. Many efforts in the traditional public health arena have borne fruit and are continuing, particularly in developing countries - such as mass immunisation of children against poliomyelitis and measles, and improvements in maternal and child health.

However, none of us can afford to be complacent about our achievements.

Developing countries still face major - though not insurmountable - problems of malnutrition, disease and lack of basic health services.

But developed countries, too, stand to benefit from discussions at this conference.

National figures which show developed countries enjoy increased longevity, for example, or low infant mortality, frequently disguise large and unacceptable variations between regions and groups within the population.

Certainly, Australians are among the healthiest people in the world. And we are justifiably proud that through our national health care system Medicare, we have ensured that access to health services is universally available and is not limited by income.

Yet if we look beyond our well-off suburbs to focus on the plight of the less well-off, not least of course the Australian Aboriginal people, we find a real need for further progress in improving maternal and infant health and in providing clean water and safe waste disposal.

Australia is not alone among developed, healthy, countries in having to ensure good health is a reality universally throughout their communities.

At the same time developed countries face further problems caused, perhaps paradoxically, by their affluence. Pressures on the health care system resulting from motor vehicle accidents, through to the less direct but very significant health impacts of obesity and other diet related problems, face most affluent countries.

And any developed country tempted to rest on its laurels because it have achieved significant improvements in immunisation levels, for example, need only look to the recent North American experiences for an effective warning against complacency. Despite high immunisation rates, children in their thousands have contracted measles in outbreaks of what is too often regarded as a relatively harmless disease - and, tragically, a number have died.

So your theme, "Community approaches to health promotion and disease prevention" addresses an issue facing all Commonwealth countries.

There is a puzzling feature about the role of the community in primary health care and health promotion: the importance of community involvement in health services is widely expounded, but much less practised.

But everyone here would recognise that the involvement of the community in health care is not a social nicety, but a technical necessity. Health care programs cannot achieve coverage and effectiveness without the involvement of the community.

As we confront the problems of chronic, and in many cases preventable, disease, we must ensure that communities play a greater role in health promotion and disease prevention strategies in both developing countries and in those characterised as developed or industrialised.

This is particularly true in formulating a strategy to combat that most threatening of infectious diseases, AIDS.

Australia has developed an AIDS strategy that is widely respected - a respect that I believe is due to the comprehensive way we went about finding national responses to the challenges posed by this epidemic.

Community participation and international cooperation are among its key elements. The national Government is working in concert with all State and Territory Governments of this country in a cooperative effect which crosses party political lines.

I pay tribute to the very effective contribution made here in Victoria by the State Government in enlisting the cooperation of the groups most affected by AIDS and in striking the balance between protecting public health and civil liberties.

Comprehensive consultations enabled us to take account of the views of individual Australians, community groups, the research community, the private sector and State and Federal Government authorities. The strategy relies heavily on cooperation among these sectors of the community for its success.

In the same way we are relying on community effort in our campaign against drug abuse, a problem which received significant attention at the recent Commonwealth Heads of Government Meeting in Kuala Lumpur.

The campaign does not try to divide the problems of drug abuse and focus solely on illegal drugs or alcohol or tobacco. Rather it recognises the interlocking nature of these problems.

With the support of every Government in Australia, our campaign seeks to provide:

- . an effective prevention strategy with particular emphasis on messages encouraging young Australians to avoid drug misuse;
- . expanded and improved treatment and rehabilitation services for persons with drug-related problems; and
- . law enforcement and control measures to limit the supply of drugs.

Last year, my colleague Neal Blewett released a report which sets a dramatic new course for Australian health policy. The report, "Health for all Australians", is Australia's blueprint for action to achieve the World Health Organisation's goal of "Health for All by the Year 2000".

The report, and our follow-up actions, show that Australia, like other nations represented here today, has accepted the challenge posed by this World Health Organisation goal.

Over the past year a great deal of detailed planning has been done on our Health for All report and so I am delighted to have the opportunity in this forum today to launch the product of this work - the National Better Health Program.

Australian Governments led by the Federal Government have committed \$41 million to this three-year program, dedicated to promoting the health of all our citizens, and particularly those who are disadvantaged.

What we're trying to do is to prevent sickness before it occurs - from the personal and national view, that's a much better approach than treating people after they have succumbed to an illness.

Unlike earlier programs that have concentrated on single issues, the Better Health Program will be far more comprehensive in the issues it covers, and in the way it covers them.

This program will encourage better health through community action and education in five major health areas: controlling high blood pressure; encouraging better nutrition; detecting, treating and preventing cancers of the lung, skin, breast and cervix; improving the health of older people; and preventing common injuries that occur for example in sports, swimming pools, playgrounds and the home.

Our commitment to the World Health Organisation goal of Health For All leads us to pose fundamental questions about health and health service delivery in Australia.

The fact is, unless we are willing to identify those with poorest health we cannot hope to mount effective strategies for health promotion and disease prevention.

The solution to the problems of growing chronic, preventable disease is not simply more high tech facilities and wonder drugs - though these must continue to have a role to play - but the involvement of the community in changing the attitudes that cause ill-health.

The agenda items for your discussion acknowledge that health promotion and disease prevention have always presented a tremendous challenge for communities across the world: that the fundamentals of health promotion are the fundamentals of life.

The creativity, resourcefulness and caring of communities are all important ingredients of health prevention. But community participation is essential. And it is up to governments to encourage their communities to become involved in understanding, protecting and promoting their own health. If we achieve this, we must listen and we must be honest.

We must ask, at the community level, what is important, what diseases are needlessly occurring, and what is obstructing attempts to promote health.

We must break down the residual taboos about discussing certain issues which are integral to personal and communal health, issues such as sexually transmitted diseases, mental illnesses and drug use. These problems must be tackled with tact and openness, or they will remain a source of unspoken misery for their unfortunate sufferers. Problems cannot be solved until they have been admitted.

Ladies and gentlemen,

In speaking about our planning and our aspirations for the future, I know I am only touching on issues which you will explore in greater detail.

I wish you well in your deliberations.

As political leaders, we are all acutely aware that world opinion is increasingly focused on the very significant effects on human health of actions which damage our environment. Nations must strike a balance between development and the need to bequeath the heritage of a healthy environment, one that will sustain human health, for future generations.

This quest for sustainable development is an international one. The responsibility is one we all share.

And it is an issue closely related to your theme, as it is an issue requiring real community involvement.

Environment was a major theme of the Kuala Lumpur CHOGM last month. Perhaps you will decide, here in Melbourne, that the theme of environment and health could provide a focal point for discussion at the Tenth Commonwealth Health Ministers Meeting in 1992.

With that I thank you for the invitation to open your Conference. Again I extend to you a warm welcome on behalf of the Government and people of Australia and offer you our best wishes for a successful meeting.

It is my pleasure to declare this meeting open.
