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Senate Standing Committees on Community Affairs  
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Dear Committee Secretary

**Social Determinants of Health Alliance (SDOHA) submission on the Australian National Preventive Health Agency (Abolition) Bill 2014**

SDOHA is a collaboration of like-minded organisations from the areas of health, social services and public policy established to work with governments to reduce health inequities in Australia. The Alliance currently has over 60 organisational members.

Action to address the social determinants of health is intrinsically linked to preventive health. As such, SDOHA is concerned that the cumulative effect of the disbanding of the Social Inclusion Unit within the Department of Prime Minister and Cabinet and the subsequent abolition of the Australian National Preventive Health Agency (ANPHA) will mean a loss of focus on the social determinants of health and preventive health at the national level.

SDOHA is disappointed that a dedicated preventive health body will no longer exist to ensure an appropriate level of commitment to preventive health at the national level. However, in the wake of this decision, our primary concern is to ensure that the focus and resourcing for preventive health is maintained by a clear allocation of responsibility within the health portfolio subsequent to the implementation of machinery of government changes. Ensuring accountability will be key to safeguarding against declines in health outcomes as a result of the abolition of ANPHA.

The cost-effectiveness of preventive health measures in advancing public health is well established. The 2003 publication *'Returns on investment in public health: An epidemiological and economic analysis prepared for the Department of Health and Ageing'* by Applied Economics, provides a thorough analysis of returns on investment for key preventive health measures, namely: programs to reduce tobacco consumption, coronary heart disease, HIV/AIDS, measles and Hib-related diseases, and road trauma. The report can be found online at: [http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-publicat-document-roi\\_eea-cnt.htm](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-publicat-document-roi_eea-cnt.htm) . We also refer the Committee to the 2010 publication *'Assessing Cost-Effectiveness in Prevention'* (ACE Prevention) published by the University of Queensland and Deakin University (project funded by the National Health and Medical Research Council). The report can be found online at: [http://www.sph.uq.edu.au/docs/BODCE/ACE-P/ACE-Prevention\\_final\\_report.pdf](http://www.sph.uq.edu.au/docs/BODCE/ACE-P/ACE-Prevention_final_report.pdf) .

Despite the body of evidence in relation to the cost-effectiveness of preventive health programs, governmental commitment to prevention across Australia - including the States and Territories - currently stands at only 1.9% of the health budgets (AIHW: Australia's Health 2012), much of



which is dedicated to screening and immunisation programs. SDOHA is concerned that the abolition of ANPHA - combined with funding cuts to prevention in the order of \$274M over the next four years – will see a significant reduction in focus and resourcing for preventive health programs.

We believe it is important that in seeking efficiencies, the Australian Government resists implementation of cost-cutting measures that represent false economy, having particular regard to the cumulative impact of such measures on public health and related outcomes.

In this context, SDOHA notes the work of Professor David Stuckler from Oxford University who has published extensively on the impact of cuts to health budgets in European countries in recent years. Cuts to public health and prevention measures overseas have seen rates of HIV, TB, suicide and infant deaths rise exponentially – demonstrating the unintended impacts and false economy of funding cuts in those countries.

SDOHA is particularly concerned that funding cuts and a loss of focus on the social determinants of health and prevention are likely to have the heaviest impact on the most vulnerable groups in our community. We trust that the Committee will consider these factors as part of the current inquiry.

Please do not hesitate to contact me should you require additional information in relation to this submission.

Yours sincerely

**Martin Lavery**  
Chair