Partnership in public health

T. Adams & V. Lin

In Australia the States, Territories, Federal Government, nongovernmental organizations and the community all contribute to public health development. Efforts are being made to build a partnership between them to improve efficiency and effectiveness.

In response to concerns expressed about the need for a national approach to public health in Australia, and following discussions in 1995 and 1996 between the country's Chief Health Officers and other stakeholder groups, the establishment of a National Public Health Partnership was proposed. It was intended that this body should facilitate coordination and collaboration and have clearly defined roles and responsibilities. In this way it would add value to the work of each jurisdiction and would not inhibit decision-making or the setting and pursuit of local priorities. In October 1996 the proposal was approved by the Australian Health Ministers' Council.

Public health development

The concept of public health derives from a recognition that the major problems of health faced by society relate to community life and that community action is therefore important in health promotion and disease prevention. Although the emphases of public health activities may change, the objectives of health protection and promotion and disease prevention, underpinned by epidemiological analysis and informed by multidisciplinary research, remain constant.

In 1901, public health was not among the named responsibilities with which the Constitution vested Australia's new Federal Government. However, a power to make laws on quarantine made it possible to pass the Quarantine Act in 1908. Through the Quarantine Service, the Health Department and, later, the National Health and Medical Research Council, the Federal Government became very influential in the development of public health policy throughout Australia. Even so, the States retained the core responsibilities for public health law, policy and service delivery, and dealt with issues relating to sanitation, disease control, food, drugs, poisons and narcotics. Through their factory and mine inspectors the States were also responsible for industrial safety.

The success of early public health interventions, such as those concerned with sewerage, waste management, water supply, housing and nutrition, significantly improved patterns of mortality and morbidity. As these patterns change, new

Dr Adams is Professor of Public Health at the Australian National University, Canberra ACT 0200, Australia; he was previously Chief Medical Officer with the Australian Government. Dr Lin is the Executive Officer of the National Public Health Partnership. The present article is based on a paper presented at WHO's Western Pacific Regional Meeting held on 24 September 1997.

approaches are required to risk factors present in the physical, social and economic environment, as well as to evolving attitudes and behaviour in individuals and communities. Individual steps aimed at improving people's health are constantly being taken throughout the health care system. At the local level the recognition of public health issues and the attainment of targets for health improvement are possible because of the presence of general practitioners, community health centres, maternal and child health centres, and other providers of personal care services.

In the 1990s, people in Australia are experiencing new and emerging infections, sociobehavioural pathologies and environmental threats, in addition to chronic and degenerative diseases. In the context of the global economy and modern telecommunications, solutions to public health problems have to be sought, more than ever before, through collaboration between jurisdictions. Given the great diversity of factors influencing health and contributing to its improvement across settings and sectors, it would seem that a partnership approach, uninhibited by territorial boundaries, offers the best prospect for governments seeking to discharge their responsibilities in public health. Coordination permits complementary action simultaneously at different levels.

Roles and responsibilities

In general, governments are involved in public health because:

- sustained social development and the creation of social capital require healthy populations;
- investment in human capital is critical for economic development.

By and large the health authorities in the Australian States are involved in:

- epidemiological surveillance to identify public health issues, ensure timely interventions and monitor health outcomes;
- policy development and the implementation of statutory responsibilities related to communicable diseases, environmental health, immunization, food, radiation safety, risk in workplaces, water quality, drugs, poisons and management of emergencies;
- organization of prevention and early detection programmes;
- support for the enhancement of health literacy and health-promoting behaviour in population groups, including the development of strategic responses in order to increase the effectiveness of health services;
- support for health care providers at local level in the provision of information and education and in disease control;
- development of strategies to meet new and emerging health problems;
- examination of the effectiveness of health services and programmes in achieving health gains;
- collaboration with the public health services of local government;

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- collaboration with other bodies and the public to tackle shared public health concerns, such as environmental pollution, occupational health and safety, injury, alcohol and drug abuse, and the prevention of noncommunicable diseases;
- coordination with authorities and providers to ensure the availability of an appropriately skilled public health workforce.

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Some of the achievements of the Federal Department of Health and Family Services are outlined below.

- Vertical programmes and national strategies have been targeted at particular diseases, risk factors, population groups and settings during the 1980s and early 1990s, notably concerning HIV/AIDS, illicit drugs, and women's cancer screening.
- Financial support for postgraduate education in public health through the Public Health Education and Research Programme has significantly expanded the workforce.
- Consolidation of the coordinated development, implementation and review of strategies in the priority areas of cancer, cardiovascular disease, mental health, injury and diabetes is taking place, with a focus on the introduction of priority indicators for reporting and assessing progress.
- The national medicinal policy, implemented through the Therapeutic Goods Administration and the Pharmaceutical Benefits Branch, is vital for ensuring timely availability of therapeutic products while maintaining adequate assurances of product safety, efficacy and appropriate use.
- The creation and funding of General Practitioner Divisions established the foundation for improved coordination in the primary care system, in concert with the States and Territories, through strengthening the local vehicles for public health activities.
- The Framework Agreement on Aboriginal and Torres Straits Islander Health, drawn up by the Federal Government and the States, provides a strategic opportunity for public health matters to be addressed alongside the improvement of health services for the communities in question.

Nongovernmental organizations, including professional, community and consumer bodies and research and educational institutions, also play a major part in setting and supporting the public health agenda as well as contributing to health improvement.

Why a partnership?

From the standpoint of the national effort in public health there are significant weaknesses in current arrangements. Vertical programmes have introduced rigidities and boundaries between the Federal and State Governments and between programmes. Successful national strategies could be applied more broadly across public health activities. In health promotion and some other areas there is a danger of unnecessary duplication and inefficiency because

of a lack of clear roles and responsibilities. The complexity and national significance of many public health issues, such as those of HIV/AIDS and foodborne diseases, require a strengthening of the capacity to identify and respond to problems in a collaborative and complementary manner. As the focus of the health system moves to health outcomes and allocative efficiency there is a need for improved articulation of the contribution of public health knowledge and skills to health system development.

In 1996 the National Health and Medical Research Council's Health Australia Review identified the key components of public health interventions as:

- technical capacity, i.e., knowledge, skills and information that make it possible to see what changes are needed and carry them out;
- policy and strategic direction, i.e., commitment and mechanisms necessary for agreeing on goals, priorities, plans and the delivery of interventions;
- supportive structures, i.e., the resources necessary for encouraging all elements to cooperate in bringing about health improvement.

The National Public Health Partnership provides a broad multilateral intergovernmental framework for building a cooperative approach so that the preconditions for success can be met and the health of the people protected and improved. This is a move away from Federal/State arrangements for management of selected programmes towards a more systematic and strategic approach, offering a means for assessing and implementing major initiatives, new directions and best practice.

Aims and operational arrangements

The main aim of the national effort in public health is to improve health status, especially in population groups at greatest risk. The Partnership is intended to ensure that government activities in this field are consistent, coordinated and collaborative. The following broad objectives are proposed:

- to improve collaboration in the national public health effort;
- to improve coordination and sustainability in public health strategies;
- to strengthen the public health infrastructure and its capacity.

The Partnership operates through:

- a multilateral memorandum of understanding, valid initially for five years, setting out principles, processes, roles and responsibilities;
- a coordinating body, the National Public Health Partnership Group, operating as a subcommittee of the Australian Health Ministerial Advisory Council;
- a rolling three-year programme of work approved by Health Ministers.

Priorities of the programme of work

The key areas of the work programme are outlined below.

Improvement of practice

Some possible ways of improving public health practice across jurisdictions involve:

- benchmarking of public health services;
- developing best-practice guidelines for public health interventions;

- formalizing arrangements for cross-border deployment of expertise and resources, particularly for highly specialized fields such as toxicology and chemical safety;
- instituting an electronic bulletin board for rapid communication in the early stages of investigations into disease outbreaks;
- assessing the uses of information and telecommunications technology for public health activities and health gain;
- assessing innovations in models of service delivery to priority population groups;
- assessing governmental strategies for public health;
- assessing systems of standards and quality assurance for their capacity to improve public health practice.

Information development

Australia's health information system is well developed for monitoring mortality and hospital morbidity. Progress is being made on non-institutional services data but much of the information needed for designing and monitoring public health interventions is not systematically collected and analysed. For example, efforts to improve health depend on good information on community knowledge, attitudes and behaviours, but no consistent surveillance system exists nationally. There is a need to link data on health status with data on exposure to risk. Surveillance systems for behavioural risk factors and environmental hazards and exposure are thus desirable.

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Regulation and legislation

Responsibilities in many regulatory domains are fragmented between the Federal and State Governments. Regulatory standards should be harmonized to support a consistent approach to public health and contribute to microeconomic reform within a health framework. The developmnent of new models of regulation could accompany this process. The first task is to conduct a review of current and anticipated legislation with a bearing on public health so that common issues can be jointly examined and consistent approaches devised where necessary. Issues that might be pursued include those of:

- food safety;
- uniform therapeutic goods regulation, including the use of radio-pharmaceuticals;
- scheduling, licensing and inspection of drugs;
- handling of blood and blood products;
- standards and procedures for handling radioactive materials;
- notifiable diseases;
- tobacco and alcohol control.

Coordination of national strategies

The Partnership Group facilitates and provides high-level coordination for current and new national strategies and for major campaigns. This function includes developing a systematic approach to setting priorities.

Research and development

Public health research has tended to be investigator-driven. A relatively small amount has been commissioned by health authorities to meet specific policy requirements. A research and development strategy could be devised by the Partnership Group with a view to indicating needs for research and advisory work which could be undertaken by the National Health and Medical Research Council. Such a scheme would balance, rather than replace, activities motivated by the academic interests of researchers.

Workforce development

The Public Health Education and Research Programme has made a significant contribution to workforce development. There remains, however, a need both for more advanced researchers and for practitioners with substantial knowledge and skills in public health. It is desirable to shift the focus from postgraduate education to broader, practice-based learning. The creation of a wider base of practitioners with public health expertise is an essential ingredient in strengthening the public health infrastructure.

The Partnership Group could establish mechanisms for working with government agencies, educational institutions and professional organizations to ascertain employer and workforce needs, to assess the quality of training and education in public health, to promote models for workforce development, and to develop consistent frameworks for training particular categories of workers, for instance Aboriginal health workers.

Planning and resource allocation

Output-based funding is appropriate for the health and related community services system. "Casemix" (analysis of the causes of morbidity resulting in admission to hospital) and its variants are now accepted as a basis for funding or purchasing hospital-based personal health services. It is not yet clear, however, which are the most suitable approaches for funding or purchasing population health programmes and some primary care services. As some jurisdictions are considering how to develop incentives and accountability arrangements, shared developmental work is likely to be of value, including analyses of international experiences.

A national collaborative approach can be expected to facilitate infrastructural development, harmonization of regulatory frameworks, and joint investment in development projects, leading to a more effective outcome for the country as a whole.

The State health authorities are increasingly interested in purchasing for health gain. This requires evaluation capacity to be strengthened and the application of knowledge and skills in the public health field to the development of the health system. A range of developmental work is being undertaken in this complex area. A collaborative approach can be expected to accelerate progress and contribute significantly to debates about allocative efficiency.

Implications for governments and communities

The National Public Health Partnership can be expected to promote clarity of roles and responsibilities and a collaborative and complementary approach to work in public health for the Federal and State Governments. A shift to an integrated whole-system approach to public health should become possible, rather than one concentrating on vertical programmes. The Partnership should maximize coherence and reduce complexity without losing the machinery needed for dealing with individual issues. A national collaborative approach can be expected to facilitate infrastructural development, harmonization of regulatory frameworks, and joint investment in development projects, leading to a more effective outcome for the country as a whole.

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Public health, however, being an organized effort by society to promote and protect health, is not a responsibility of government alone. The active involvement of communities is essential. The success of the Partnership will also depend on gaining support and participation from nongovernmental interests, including industry, professional and consumer groups, and the academic world.

The Partnership Group intends to include representatives of key stakeholder groups in its working parties, to hold annual consultative forums associated with the development of its work programme, and to establish an advisory group with members drawn from key organizations. In bringing together a diverse group of interested parties the Partnership seeks not only to receive input and feedback but also to help to create a shared agenda among those involved in public health, and thus to strengthen its voice. ■