

Extract from section – *Equity monitoring as a pathway to action to address health inequities*, from the report *Monitoring health equity in the Western Pacific Region: area-based analysis of equity in selected countries*, produced by PHIDU for the Division of Health Systems, World Health Organization, Regional Office for the Western Pacific. Manila, Philippines, November 2018

The 2008 Council of Australian Governments' (COAG) *Closing the Gap* Strategy demonstrates the central role that health equity monitoring can play in health policy agenda-setting, and in driving intersectoral collaboration to achieve equity objectives. *Closing the Gap* is a unifying strategy established and adopted across Commonwealth, State and Territory governments to address Aboriginal disadvantage across a number of health and social domains.

The evolution of the Strategy began with the Aboriginal and Torres Strait Islander Social Justice Commissioner's *Social Justice 2005* report¹. Citing a decade's national data monitoring the poor health of Aboriginal people and a lack of progress in closing the inequity gap, the report declared health inequities facing Aboriginal people a human rights issue². At the time the report was authored, successive policy frameworks had articulated the need for a holistic approach to Aboriginal health. Lack of progress was therefore not a result of a lack of evidence or workable solutions; instead, the report concluded that progress has been impeded by a failure of implementation and lack of funding. Learning from these past failings, pathways to action were identified: governments were called on to activate their commitments to achieving equity for Aboriginal Australians by setting commitments with timeframes for achievement, and to set out a comprehensive performance monitoring framework to enhance accountability³. Improving data collection was identified as a priority, both as a basis for planning and to enable performance monitoring and evaluation on a disaggregated basis.

Cross-government action to address Aboriginal disadvantage was inspired in response to the *Social Justice 2005* report³. In 2008 the *National Indigenous Reform Agreement (Closing the Gap)* was agreed by COAG, pledging six specific targets relating to health and its determinants with timelines for intergovernmental reform. A seventh target in relation to school attendance later added^{4,5}:

1. halve the gap in mortality rates for Indigenous children under five within a decade (by 2018)
2. close the life expectancy gap within a generation (by 2031)
3. ensure 95% of all Indigenous 4-year-olds are enrolled in early childhood education (by 2025)
4. halve the gap in reading, writing and numeracy achievements for children within a decade (by 2018)
5. halve the gap for Indigenous students in year 12 attainment rates [complete high school] (by 2020)
6. halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade (by 2018)
7. close the gap between Indigenous and non-Indigenous school attendance within 5 years (by 2018).

The Agreement set out performance indicators and benchmarks for each target and specified the respective roles and responsibilities of the Commonwealth and the states and territories in the delivery of policy and programmes. An annual review of progress was established to assess whether genuine (that is, statistically significant) improvement against each target had occurred, as a mechanism for ongoing accountability. Supporting the Agreement was a commitment of AU\$4.6 billion to mobilise fundamental reforms in health, education, housing and other domains.

Identifying the underlying social determinants of Aboriginal disadvantage was central to strategy development and subsequent policy formation. A suite of policy reforms have sought to address social determinants including education, employment, financial protection, social participation, economic and infrastructure development, violence prevention, and the distribution of health care¹. Specific action to address the high burden of illness among Aboriginal people via preventive health policy is notably absent, illustrating partial and incoherent implementation of the strategy⁶.

In 2018, ten years on from the establishment of the *Closing the Gap* targets, four of the seven targets will expire. The 2018 Prime Minister's annual report of progress revealed that only three targets are on track to be met nationally: child mortality, early childhood education, and year 12 attainment¹. A number of targets, while not assessed as being 'on track', have shown either improvements for Aboriginal people, decreases in the gap, or a combination of both⁷. A refresh is currently underway to establish a new *Closing the Gap* framework before the end of 2018. Implementation principles developed to guide the new *Closing the Gap* agenda include prioritised funding, collaboration between governments and communities, and clear roles, responsibilities and accountabilities. The extent to which these implementation principles facilitate improved outcomes for Aboriginal people remains to be seen.

Despite a lack of progress towards many of the targets and few examples of direct health policy reform, the *Closing the Gap* strategy represented an ambitious approach to enhancing accountability for (lack of) progress in ameliorating Aboriginal disadvantage. Annual reporting against targets has been an effective mechanism for raising community awareness, and targets have become an important tool for civil society to increase pressure on governments to implement effective governance and funding structures^{6,8}. Moreover, detailed analysis of progress towards targets using disaggregated data has identified important variations among the Aboriginal population, showing for instance that geographic differences in outcomes within the Aboriginal population are sometimes greater than the national gap between the Aboriginal and non-Indigenous populations⁷. The understandings generated through analysis of progress towards targets provide an evidence base for focussing future efforts and for iterative refinement of policies and programmes.

References

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