## Department of Health Input to the Office of the High Commissioner – United Nations Human Rights

**Overall Statement**

Australia has very low infant and child mortality rates that compare favourably to global rates in both mainstream and Aboriginal and Torres Strait Islander populations. In 2012, overall rates for infant deaths was 3.3 deaths per 1000 live births and 6.4 deaths per 1000 live births in Aboriginal and Torres Strait Islander populations. In 2008, the Council of Australian Governments agreed to the target of halving the gap in mortality rates for Indigenous children under five by 2018. Current data indicate this target will be met.

**Question 1**

**Has your Government developed a national policy/strategy/action plan aimed at reducing mortality and morbidity of children under five years of age?**

**Please provide information on provisions that ensure that explicitly attention is being paid to specific health and development needs of vulnerable and disadvantaged children and to interventions and service delivery approaches for these children.**

Recognising that mortality and morbidity is impacted by factors more broadly than the health system alone, in 2009 the Council of Australian Governments endorsed the National Early Childhood Development Strategy, Investing in the Early Years. The Strategy is a collaborative effort between the Federal and State and Territory governments that focuses on the whole of early childhood, from the antenatal period to age 8.

The first of the Strategy’s outcomes is that *Children are born healthy and remain healthy.* Currently there are a number of national activities in place to facilitate this outcome. These are:

* Medicare Healthy Kids Check
* National Evidence-Based Antenatal Care Guidelines
* National Maternity Services Plan
* Australian Breastfeeding Strategy 2010-2015
* National Partnership Agreement on Preventive Health – Healthy Children Initiative
* Australian Government Plan for Early Childhood and Plan for Tackling Obesity
* National Partnership Agreement on Essential Vaccines
* National Partnership Agreement on Indigenous Early Childhood Development.

Children in Australia are entitled to universal health care, including free access to hospital services, as well as subsidised access to primary health care services and medicines. Providing accessible and high quality health care to all our children is not without its challenges and the Australian Government has a number of programs which provide targeted health care access for children in vulnerable groups, including Aboriginal and Torres Strait Islander children, children in out-of-home care and those from culturally and linguistically diverse backgrounds.

Australia recognises the importance of a holistic approach to delivering services to vulnerable children, and in particular, the strong links between education and health. For example, programs to improve health outcomes in our Aboriginal and Torres Strait Islander communities go hand-in-hand with programs to improve education outcomes for these children.

**Question 2**

**Does your government collect data on the health status of children under five, including information on vulnerable and disadvantaged groups? How is this data used in the development, implementation, monitoring and evaluation of policies, programmes and services relating to mortality and morbidity of children under five?**

In Australia there are a number of national agreements in place that have a role in supporting the health and wellbeing of children less than five years of age. These agreements are underpinned with Implementation Plans and reporting mechanisms / data collections specific to the requirements of these agreements. Current agreements include:

* National Partnership Agreement on Preventive Health
* National Partnership Agreement on Essential Vaccines
* National Partnership Agreement on Indigenous Early Childhood Development
* National Framework for Protecting Australia’s Children
* Aboriginal and Torres Strait Islander Health Performance Framework.

The Aboriginal and Torres Strait Islander Health Performance Framework is a biennial report informing program and policy development. Drawing on a number of data collections the Framework monitors progress in Aboriginal and Torres Strait Islander health outcomes, health system performance and the broader determinants of health.

In addition to the aforementioned, two national collections specifically collect data on the health status of Australian children. These are:

* Key National Indicators of Child Health, Development and Wellbeing
* Headline Indicators for Children’s Health, Development and Wellbeing.

Data collections are reviewed regularly and are used to inform the development and implementation of policies, programs and services. Data collections inform evaluations that can provide recommendations for continued investment based on successful models of service delivery for children experiencing very high levels of need.

**Question 3**

**What coordination, monitoring and redress mechanisms are in place to ensure effective implementation of the national policy/strategy/action plan at all levels?**

**Please provide information on how such mechanisms ensure transparency, as well as participation of all relevant stakeholders, including national human rights institutions, civil society and community representations.**

Responsibility for the healthy development of Australia’s children is shared by local, State and Territory governments in addition to the Federal Government.

The Council of Australian Governments (COAG) is the peak intergovernmental forum. COAG consists of the Prime Minister, State and Territory Premiers and Chief Ministers and the President of the Australian Local Government Association. COAG is assisted by Councils, such as the Standing Council on Health, that work with all jurisdictions in policy areas of national significance. It is a requirement that the actions of Councils are transparent to all stakeholders and objectives, outcomes and progress are communicated publicly. National coordination, monitoring and transparency are facilitated by the jurisdictional committee structure that sits under Standing Council on Health. Under these arrangements, the Standing Committee on Child and Youth Health responds to the child and youth health and wellbeing priorities of the Standing Council on Health.

In 2013, Australia appointed a National Children’s Commissioner to assist in fulfilling its obligations in relation to children’s rights following the ratification of the Convention on the Rights of the Child in December 1990. The Commissioner’s functions are:

* To submit a report to the Attorney General as soon as practicable after 30 June in each year. This report must deal with matters, relating to the enjoyment and exercise of human rights by children in Australia, as the National Children’s Commissioner considers appropriate; and may include recommendations the Commissioner considers appropriate as to the action that should be taken to ensure the enjoyment and exercise of human rights by children in Australia.
* To promote discussion and awareness of matters relating to the human rights of children in Australia.
* To undertake research, or educational or other programs, for the purpose of promoting respect for the human rights of children in Australia, and promoting the enjoyment and exercise of human rights by children in Australia.
* To examine existing and proposed Commonwealth enactments for the purpose of ascertaining whether they recognise and protect the human rights of children in Australia, and to report to the Minister the results of any such examination.

In performing these functions, the Commissioner may consult with: children; Departments and authorities of the Federal Government, and the States and Territories; non-government organisations; international organisations and agencies; and other organisations, agencies or persons that the Commissioner considers appropriate.

**Question 4**

**How is your government ensuring the underlying determinants such as safe drinking water and adequate sanitation, safe food and adequate nutrition, adequate housing, healthy environmental conditions and gender equality are taken into consideration in the prevention of child mortality and morbidity?[[1]](#footnote-1)**

**Safe Food and Adequate Nutrition**

Food Standards Australia New Zealand is a bi-national Government agency. It develops and administers the Australia New Zealand Food Standards Code. The provisions of this Code apply to food products sold or prepared for sale in Australia or New Zealand and imported into Australia or New Zealand. This Code lists requirements for foods such as additives, food safety, labelling and genetically modified foods. Enforcement and interpretation of the Code is the responsibility of state and territory departments and food agencies within Australia and New Zealand.

Under the National Partnership Agreement on Preventive Health, the Healthy Children initiative is providing $244 million in funding over seven years (from 2011-12 to 2017-18) to the Australian states and territories to implement programs and activities that promote greater levels of physical activity and better nutrition in children.

A guiding policy principle for the Healthy Children initiative states that consideration should be given to populations of children and young people at higher risk of overweight and obesity, physical inactivity and/or poor nutrition, in particular socio-economically disadvantaged populations and Aboriginal and Torres Strait Islander communities. Some state and territory programs under the initiative have a particular focus on Aboriginal and Torres Strait Islander and/or vulnerable population groups or may include specific adaptations of mainstream programs to meet the needs of these population groups.

**Gender Equity**

Australian children are entitled to universal health care, including free access to hospital services, as well as subsidised access to primary health care services and medicines. Australian children’s access to universal health care is not dependent on their sex or gender.

**Question 5**

**How has your government incorporated human rights in planning and implementing universal coverage of primary health services for children? In particular, how have the criteria of availability, accessibility, acceptability and quality of health services been considered?**

Australia has a network of 61 Medicare Locals, established as independent primary health care organisations with responsibility for integrating and coordinating primary health care services, including identifying and addressing primary health care needs of particular population groups such as children.

Medicare Locals are required to undertake population health needs assessments of their communities and invest flexible funds to address gaps in service access, integration or collaboration of services where there is an identified need. These assessments include consideration of the availability, accessibility, quality and acceptability of primary health care service to population groups such as children.

The Australian Government also supports the delivery of culturally appropriate primary health care services to Indigenous communities through Aboriginal Community Controlled Health Organisations (ACCHOs). ACCHOs deliver culturally safe, holistic health care, including child and maternal health services. ACCHOs are initiated by, based in, and governed by a local Aboriginal community. This process of community control is based on Aboriginal peoples’ right to self-determination and allows the local Aboriginal community to be involved in its own affairs and deliver services appropriate to the needs of the community.

Australia has a Charter of Healthcare Rights for all people receiving, seeking or delivering health care in all settings in Australia. It focuses on access, safety, respect, communication, participation and privacy. Australia has a number of mechanisms which assist with improving the rights of children to health care. They include the National Children’s Commissioner; Ombudsmen and Health Care Complaints Commissions in each state; and Human Rights Commissions in each state.

1. Note: Safe drinking water, adequate housing and healthy environmental conditions are outside the remit of the Health portfolio. [↑](#footnote-ref-1)