

**AGREEMENT ON**

**SOUTH AUSTRALIAN  
ABORIGINAL  
HEALTH and WELLBEING**

Between the  
**State of South Australia**  
the

**Australian Government**  
and  
the

**Aboriginal Health Council of South  
Australia Inc**

**2010 – 2015**



Department  
of Health



Australian Government  
Department of Health and Ageing



Aboriginal Health Council  
of South Australia Inc

## 1.0 Introduction

- 1.1 This Agreement is made on \_\_\_\_\_ between the South Australian Department of Health, the Australian Government Department of Health and Ageing and the Aboriginal Health Council of South Australia Inc. These parties comprise the South Australian Aboriginal Health Partnership (SAAHP).
- 1.2 This Agreement is underpinned by the 'Close the Gap' Statement of Intent, the National Strategic Framework for Aboriginal and Torres Strait Islander Health, the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, the National Cultural Respect Framework and the National Principles for Service Delivery to Indigenous Australians.
- 1.3 This Agreement follows three previous Agreements first signed in 1996 and re-signed in 2001 and 2005 between the parties (including ATSIC until its abolition in June 2005) to advance the health and wellbeing of South Australia's Aboriginal and Torres Strait Islander population.

*(The term Aboriginal people includes both Aboriginal and Torres Strait Islander people living in South Australia)*

## 2.0 Aim of Agreement

- 2.1 This 2010 - 2015 Agreement provides a framework for the partners to work together and to work in authentic partnership with Aboriginal people and communities, in a spirit of cooperation and collaboration, to improve health and wellbeing outcomes for Aboriginal people in South Australia.

## 3.0 Background

- 3.1 Aboriginal communities strive to attain and maintain wellbeing despite widespread social disadvantage and poor social, spiritual and emotional health and wellbeing, which has been created through historical and contemporary factors.
- 3.2 Current health service providers include the public health sector (State/Australian Government), the private sector (General Practitioners, Dentists, Allied Health etc), Aboriginal Community Controlled Sector (community based and community managed services) and the Community sector as individual, family and community self-care providers.
- 3.3 Despite the continued efforts of the public, community controlled, private and community sectors, Aboriginal health and wellbeing has not progressed to a comparable level to that of the wider Australian population.
- 3.4 A significant gap in life expectancy still exists between Aboriginal and non-Aboriginal people. All Governments have made considerable commitments to close this gap and acknowledge that this can only be achieved through shared responsibility and the need for genuine partnerships between the Aboriginal Community Controlled Sector, Government Agencies and Aboriginal people.
- 3.5 The 1989 National Aboriginal Health Strategy (NAHS) noted that a major barrier to improved outcomes for Aboriginal Health has been a lack of coordination and collaboration between the health sectors and implementation of effective community engagement mechanisms. While improvements have been made in these areas, they have continued to be ongoing issues that require further attention. Through the partnership approach, it is acknowledged that coordination is an ongoing and necessary enabling process to improve health outcomes for Aboriginal people.

- 3.6 The State and Australian Governments acknowledge the Aboriginal Community Controlled Health Sector's unique level of expertise and success in the provision of primary health care services to Aboriginal people.

## 4.0 Objectives

- 4.1 The State and Australian Governments commit to an ongoing partnership with the Aboriginal Community Controlled Health Sector through its representative peak body - the Aboriginal Health Council of South Australia.
- 4.2 The State and Australian Governments commit to supporting good governance and enhancing and increasing the capacity of the Aboriginal Community Controlled Health Sector.
- 4.3 All parties acknowledge that the health and wellbeing of Aboriginal people is not just about the provision of health services. It is about their participation in the design and delivery of such services.
- 4.4 Provide leadership and commitment to ongoing cooperative and collaborative health system reforms and linkages with other sectors responsible for economic, social and environmental initiatives.
- 4.5 SAAHP is an agent of change and is committed to achieving greater equity of health and wellbeing outcomes for Aboriginal people.
- 4.6 All parties of this Agreement will work together to:
- ▶ improve Aboriginal people's access to health and wellbeing services.
  - ▶ respond to emerging health issues in the Aboriginal community; and
  - ▶ identify priority areas for action.

## 5.0 Roles and Responsibilities

- 5.1 Responsibility for achievement of the health and wellbeing improvement objectives in this Agreement will be shared, as appropriate, between all parties working within a spirit of cooperation and collaboration.
- 5.2 This Agreement recognises the existing individual roles and responsibilities of the parties to this Agreement.
- 5.3 Under the terms of this Agreement, the Australian Government, the State of South Australia and the Aboriginal Health Council of South Australia maintain autonomy with respect to their individual legislative requirements and responsibilities whilst fulfilling their agreed commitment to the SAAHP.
- 5.4 Under this Agreement and for the life of this Agreement, the Australian Government and the State of South Australia, agree to resource a secretariat to undertake the business of SAAHP.

## 6.0 Reporting and Monitoring Arrangements

- 6.1 The parties to this Agreement agree to report annually to SAAHP on their individual contributions to achieving the agreed objectives.
- 6.2 An audit and reporting of activity, progress and the effectiveness of processes and developed performance indicators established under this Agreement will be undertaken annually from the date when this Agreement becomes effective.
- 6.3 SAAHP will report annually to the Australian Health Ministers' Conference.

## 7.0 Duration of This Agreement

- 7.1 This Agreement is for the period 2010-2015 and will come into effect from the date of signing and shall continue to the 30<sup>th</sup> June 2015 and/or until parties agree to terminate the Agreement or execute a further Agreement (in substitution of this Agreement).
- 7.2 Any variation to this Agreement, prior to 30<sup>th</sup> June 2015 requires written notification to all parties of this Agreement and consensus of all parties to the Agreement.
- 7.3 In the event that the signing of a new agreement is delayed, this agreement may be extended with the written agreement of all parties to the Agreement.

## ATTACHMENT A

### INTERPRETATION

In this Agreement, unless a contrary intention is indicated:

*"Aboriginal Community Controlled Health Services"* means those health and substance use services operated by organisations that are incorporated and controlled by Aboriginal people.

*"AHCSA"* means the Aboriginal Health Council of South Australia and refers to the peak body representing Aboriginal community controlled health services in the State of South Australia.

*"Health"* is defined in the National Aboriginal Health Strategy Working Party Report (1989) as including not just the physical well-being of the individual but the social, emotional and cultural well-being of the whole community. This is a whole of life view and it also includes the cyclical concept of life-death-life.

*"Health and wellbeing related services"* are those services covered by the holistic definition of health and include such services as substance use, health promotion and disease prevention services, children, adolescent, women's and men's health, aged care, services for people with a disability, mental health services as well as clinical and hospital services.

*"South Australian Aboriginal Health Partnership"* refers to a meeting of the Australian Government Department of Health and Ageing, the South Australian Department of Health and the Aboriginal Health Council of South Australia

*"Resources"* refers to funding, staffing and any other efforts directed towards policy, planning, implementation and evaluation of services.

THIS AGREEMENT WAS MADE BY THE PARTIES ON THIS 18<sup>th</sup> DAY OF JUNE  
2010

SIGNED FOR AND ON BEHALF OF THE  
AUSTRALIAN GOVERNMENT by

THE HONOURABLE WARREN SNOWDON MP  
MINISTER FOR INDIGENOUS HEALTH, RURAL AND  
REGIONAL HEALTH AND REGIONAL SERVICES DELIVERY



IN THE PRESENCE OF



SIGNED FOR AND ON BEHALF OF THE  
STATE OF SOUTH AUSTRALIA by

THE HONOURABLE JOHN HILL MP  
MINISTER FOR HEALTH



IN THE PRESENCE OF



SIGNED FOR AND ON BEHALF OF THE  
ABORIGINAL HEALTH COUNCIL OF SOUTH AUSTRALIA INC by

MRS YVONNE BUZA  
CHAIRPERSON



IN THE PRESENCE OF



