



## **The H20 International Health Summit (H20)**

13 - 14 November 2014

Hotel Windsor, Melbourne, Australia

### **Communique**

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1. We, the attendees at the inaugural H20 International Health Summit (H20), met on 13<sup>th</sup> and 14<sup>th</sup> November 2014 at the Hotel Windsor in Melbourne. The event was co-hosted by the World Medical Association, the Australian Medical Association and AMA Victoria and welcomed health professionals, academics and thought leaders to discuss a wide range of health and related social issues on the eve of the G20 Leaders' Summit in Brisbane. Topics included 'health as a wise investment', the burden of non-communicable diseases (NCDs), the social determinants of health and the health effects of climate change.
2. We congratulate Dr Mukesh Haikerwal AO, Chair of Council of the World Medical Association, Dr Tony Bartone, President of the Australian Medical Association (AMA), and Prof Brian Owler, President of the AMA Victoria, for their initiative and tireless efforts in organising the Summit and the professionals and staff responsible for its success. We also thank the sponsors and supporters of the H20, including the Victorian Government, Avant Mutual Group, BOQ Specialist, CSL, Global Health, MDA National, Medibank Private, Melbourne Pathology, NAB Health, Telstra Health and TressCox Lawyers.
3. We challenge the common assumption that health spending in Australia is unduly high or unsustainable. However, given rising public expectations and ongoing fiscal constraints, we believe that health systems must explore more effective ways to collaborate and target resources to prevent illness and deliver better health outcomes for all. New funding models should reward outcomes rather than activities, while modern data collection and analysis should generate insights into population health dynamics. A health system focused on patients and outcomes, rather than suppliers and processes, offers exciting opportunities for the future.
4. We forward this statement to the G20 leaders to underline the case for investing in health as 'the greatest social capital'. We call for a global effort across sectors to tackle the world's most pressing health challenges through a renewed focus on preventative care, holistic government policy and the social determinants of health. We present the following summary of Summit proceedings and recommendations to further inform the debate.



## **Health is the Foundation of Economic Growth**

5. Health is the foundation of economic growth, yet has been omitted from the global G20 agenda. While the Brisbane G20 Summit pursued goals of economic stability and growth, the H20 emphasised the economic, social and personal importance of public health and health investment. It argued that economics and health are not discrete, clearly bounded domains, but are intimately connected and dependent on each other for success. Poor health reduces economic productivity, increases social costs and affects individual quality of life. Adequate investment in health is therefore a prerequisite of national and global economic success.

## **Health in Victoria**

6. Victoria enjoys high standards of healthcare service, although issues of poor indigenous health remain. Commercial opportunities and improved health outcomes are generated by the State's world-class research institutions and their professional and academic partnerships. Victoria has also invested in improving the health of refugees in recent years. Moving forward, the funding responsibilities between federal and state governments should be clarified, primary and preventative care improved and the flow of patient information facilitated by modern technology. Victoria has a strong record of public health promotion and its *Healthy Together Victoria* programme<sup>1</sup> is encouraging positive lifestyles in schools and communities around the State.

## **Health as a Wise Investment**

7. Public health spending should be reframed as a wise investment in economic growth and social equity. Australia's health spending remains marginally below the Organisation for Economic Co-operation and Development (OECD) average and its health system, although complex, is held in high regard. However, an ageing population, growing patient expectations and technological developments are increasing budget pressure, and more efficient pathways must be sought. The USA has worse outcomes than other OECD nations despite spending significantly more, for example, and debate should focus on the quality and effectiveness of budget allocations, rather than obsess about aggregate figures or the number of hospital beds. Governments must acknowledge and address the social determinants of health in the nation as a whole, as well as indigenous communities. The AMA supports universal access to affordable health care and will continue defending the current health system. The 'creative dissatisfaction' of health professionals should be harnessed through meaningful consultation with policy makers to produce broadly supported reforms.

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<sup>1</sup> <http://www.health.vic.gov.au/prevention/healthytogether.htm>



## Health Research

8. Every \$1 invested in Australian health research generates \$2.17 in health benefits and commercial returns<sup>2</sup>. Research has produced breakthroughs in global health, not least in the fight against acquired immune deficiency syndrome (AIDS). Research aggregates a range of basic, clinical, social and operational approaches and, alongside better public health provision, will help combat new infectious threats spreading through global connections. Investment in multidisciplinary medical research and effective partnerships should remain a spending priority, with the bionic eye exemplifying what it can achieve.

## Value-Based Health Care

9. Measuring and reporting patient outcomes to the individual physicians responsible presents a powerful tool to improve personal, and therefore national, medical performance. While discussions of cost immediately divide funders and services down predictable and intractable lines, a focus on outcomes aligns the interests of all stakeholders. The standardisation of outcome measurement builds evidence to support long-term planning and enables international comparisons and the adoption of best practice.

## Global Health and Investment

10. Economic growth has improved global health, and countries such as China have made significant strides, although spending in South Africa has been less effective. Corruption and maladministration must also be acknowledged and tackled around the world to maximise budget outcomes. Australian aid strengthens health services in the Asia-Pacific region to improve health, growth and stability. The Red Cross faces increasing violence and harassment in its work in conflict zones, and the security of health workers and facilities must be strengthened for its mission to succeed. World leaders must prioritise 'the health perspective', preserve the health of the planet as well as its inhabitants and address the underlying social determinants of health.

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<sup>2</sup> Access Economics, 2008. Exceptional Returns: The value of Investing in Health R&D in Australia II., <http://www.asmr.org.au/Publications.html>



## **Australian Support for Foreign Health Systems**

- 11.** The Australian Government's aid program promotes Australian interests by encouraging sustainable economic growth to reduce poverty in the Indo-Pacific. A stress on accountability and outcomes strengthens its effectiveness. Australia also provides assistance to Africa and elsewhere and has pledged \$42 to international efforts against Ebola<sup>3</sup>. The Government integrated AusAID and the Department of Foreign Affairs and Trade in 2013, aligning the aid and diplomatic arms of Australia's international policy agenda. Australian aid includes goods and services such as building health clinics and immunising children, strengthening local services, including health care, and encouraging policy dialogue and reform. It works with government partners, funds non-government organisations (NGOs) and contributes to international agencies.

## **The Social Determinants of Health**

- 12.** Health outcomes are significantly affected by wider social factors, including early childhood development, income inequality, social stratification, workplace and domestic stress, social exclusion and discrimination, unemployment, community networks, substance abuse and the affordability of good food, housing and transportation. A sustained bi-partisan effort to improve public health must produce long-term investment in education, training, public transport and other infrastructure, instead of 'micro-shuffling' health administration. Collaboration between government departments is vital as synergies from transport, housing, utilities and education can significantly improve – or degrade – public health.

## **Health Care Reform**

- 13.** Given rising demand and economic strictures, health providers must embrace the technological and organisational innovations transforming other commercial sectors to deliver better patient outcomes at lower cost. Consideration of horizontal connections, rather than in-depth analysis of isolated components, will offer many opportunities for change. Health must learn from modern commerce and offer personalised, customised services responsive to individual needs in a new world of technologically driven communication, competition and choice.

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<sup>3</sup> [http://foreignminister.gov.au/releases/Pages/2014/jb\\_mr\\_141128.aspx](http://foreignminister.gov.au/releases/Pages/2014/jb_mr_141128.aspx)



## Health IT

14. The collection and analysis of Big Data will improve service planning and individual delivery while imbedded and wearable devices will help individuals achieve 'the quantified self'. Supply-driven systems based on procedures, hospitalisations and clinicians will evolve into e-enabled platforms, organised around the patient experience, which prize value and outcomes, drive down costs and improve safety and accountability. IT solutions should be designed and implemented in consultation with the clinicians who will use them to ensure their support and exploit the power, convenience and ubiquity of smartphones and mobile devices.

## Non-Communicable Diseases (NCD)

15. Non-communicable diseases, including cardiovascular complaints, cancers, chronic respiratory failure and diabetes cause over 60% of global mortality<sup>4</sup>. The NCD epidemic threatens service sustainability and population health in Australia and around the world. NCDs can be caused or exacerbated by tobacco, physical inactivity, alcohol misuse and unhealthy diets, but rather than blame patients for lifestyle choices, attention must be given to the social determinants which drive them. Greater emphasis on primary care and health literacy will reduce the incidence of diabetes, hypertension and other problems, while structured care plans and clinician teamwork will reduce avoidable admissions to hospital. Action against smoking has been effective, and disinvestment in tobacco shares by Australia's superfunds should be pursued.

## Mental Health

16. No condition is as prevalent, persistent or has the range of personal and social impacts as mental illness. Early interventions and effective treatment must be complemented by policies to address social inequality and other exacerbating factors. Improved professional training and both universal and targeted interventions should be delivered through a sustained and coordinated cross-government approach in partnership with NGOs and communities.

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<sup>4</sup> World Health Organization (WHO) NCD Surveillance strategy; [http://www.who.int/ncd\\_surveillance/strategy/en/](http://www.who.int/ncd_surveillance/strategy/en/)



## **Successful Ageing and Dementia**

- 17.** The pursuit of ‘successful ageing’ could increase the quality of life and sustain the workforce productivity of Australia’s ageing population while reducing disability and hospital expenses. Dementia is an increasing issue, but its incidence can be reduced through better health in youth and middle age, while the experience of sufferers can be eased by better care and more community understanding. Dementia is not an inevitable part of ageing, and research into its causes and treatment must be pursued.

## **Health and Climate Change**

- 18.** Human health and modern society rely on a stable climate and biologically diverse environment. Clinicians should therefore use their expertise and the respect in which they are held to urge prompt and decisive international action to reduce carbon emissions and limit the extent and impact of climate change. Australia and other nations can maintain economic growth while ‘decarbonising’ their economies through the electrification of transport, greater energy efficiency, the replacement of coal with renewable sources and reforestation. Enlightened urban planning can also reduce heat stress and encourage physical activity, improving the state of both the planet and its ever growing population.



## **Key Recommendations for Change**

- Government should acknowledge health spending as a wise investment in future economic growth and social equity.
- Health care systems should be organised around the patient experience, prioritise outcomes rather than activities, drive down costs and improve quality and safety. New consumer-centric health services should deliver equity, choice, autonomy, confidentiality and the local provision of services, as well as the highest standards of care.
- Decision makers should put a greater emphasis on primary and preventative care to limit the incidence and severity of chronic disease and reduce acute admissions and hospital expenses.
- Health care systems should pursue excellence and effectiveness, as well as efficiencies. There should be clear funding responsibilities to avoid duplication of services and minimise unmet need.
- All government policies should consider their impact on health and coordinate to support public health. Cross-departmental action on the social determinants of health, from income inequality to poor housing and transport, will improve the health and social outcomes for disadvantaged citizens and social groups.
- Health literacy should be promoted to empower citizen lifestyle choices regarding diet, exercise, smoking, alcohol and related issues. Public health campaigns should broaden their scope and magnify their impact.
- Action must be taken to improve the prevention and treatment of non-communicable diseases through improving the social determinants of health for disadvantaged social groups and strengthening provision and collaboration in primary care.
- ‘Successful ageing’ should be promoted across sectors to reduce the personal toll and growing social costs of dementia in Australia’s ageing society. Further research into the causes and treatment of dementia must be pursued.
- Action to tackle mental health issues should include greater funding for research, public education and early intervention.
- Clinicians should be consulted in the design and implementation of health IT and embrace its potential to gather, aggregate, analyse and share information to improve patient health outcomes and public health provision and efficiency.
- The ‘creative dissatisfaction’ of health professionals should be harnessed through meaningful consultation with policy makers to produce broadly supported reforms.
- Investment in health research should be prioritised to unlock rich commercial opportunities for the nation as well as dramatically improve health outcomes in a range of domestic and global health issues.



- Modern methods of Big Data collection and analysis should be encouraged to generate insights into population health dynamics.
- Surgical and other patient outcomes should be discussed with the clinicians responsible to improve standards and ensure the use of best practice. Standardisation of outcome measurements will support long-term planning and allow national and international comparisons to be made.
- Government should support international efforts to tackle newly emerging infectious threats such as Ebola as they pose a serious cross-border threat in today's globalised society. Developed nations should work to strengthen government, growth and public health systems in low-income countries to improve their resilience and health provision.
- Governments, military organisations and non-state actors should agree and respect effective measures to safeguard the security of emergency health workers in combat zones.
- Donor and recipient governments and supra-national organisations must acknowledge and tackle corruption and maladministration in the provision of health services in the developing and more developed world.
- Health professionals should organise and campaign for state and national health reform and broad social change, as well as take concrete action in their local communities.
- Medical professionals should understand the potential health impacts of man-made climate change and lobby for effective action to reduce carbon emissions worldwide and protect the biosphere humanity relies upon.