Q1: What are the events/issues that stand out for you in 2016 (whether personal or professional; local, national or global)?

*Bronwyn Carlson, Associate Professor in Indigenous Studies, Faculty of Law, Humanities and Arts at the University of Wollongong*

In 2016 I spent 6 months in the United States working on my research project. I have moved around but mostly been based in Albany, NY. I was here for the presidential election and the devastating news of Trump’s victory. I saw plenty of US citizens grieve at the result and worry what the next few years will mean for Indigenous people, people of colour and minority groups.

I was here for the biggest gathering of Native Americans in the history of the US. They gathered in great numbers to protect the waterways and environment from the building of the Dakota Access Pipeline. The water protectors took to social media to mobilise, educate and inform the world. Against enormous odds they achieved many victories even under threat of physical harm. Many were injured while protecting access to clean drinking water for everyone. The lack of mainstream media attention to this event is not surprising sadly.

*Tarun Weeramanthri, Executive Director, Western Australia Department of Health, Public Health Division*

The passage of the Public Health Act 2016 in Western Australia, 105 years after the last Act, was the major standout. Also notable, after similar long years of advocacy, changes to Plumbers Licensing Regulations, now allows Aboriginal environmental health workers to attend to basic plumbing repairs in remote communities.

*Margaret Faux, lawyer, researcher, registered nurse and CEO of Synapse Medical Services*

Both local and global politics has been utterly depressing in 2016 – Brexit, One Nation, the ongoing conflict in Syria and the list goes on. But I will never forget the 15 hours from 8pm on 7 November 2016 when Narendra Modi appeared on my television set in an Indian hotel room and announced he had demonetised 500 and 1000 rupee notes, and then the following morning during a business meeting Trump became the next US president.

India’s black economy and neo-liberalism had both been stopped dead in their tracks within hours of each other. It felt like the whole world had changed overnight.

*Craig Dukes, CEO, Australian Indigenous Doctors’ Association*

- The launch of the Redfern Statement in June 2016 – unity and strength across Aboriginal organisations and an agreed set of messages to put to government in all of our engagement across Indigenous Affairs portfolios. This advocacy and engagement is being led by the Congress of Australia’s First Peoples – Indigenous-led policy for Indigenous Australians, and we urge the government to engage with us in good faith through listening and proper consultation as we continue to implement this work in 2017.
The Royal Commission into the Child Protection and Youth Detention Systems of the Northern Territory – Many Australians were shocked by the footage aired on the Four Corners Program from the Don Dale Detention Centre. The disproportionate representation of Aboriginal and Torres Strait Islander people in the Australian justice system was once again at the forefront of the public consciousness, however this is nothing new for Indigenous Australians. The Don Dale footage and resultant public discourse has redirected attention to the inaction on most of the key recommendations to come out of the Royal Commission into Aboriginal Deaths in custody some 25 years ago. AIDA strongly advocates for meaningful and coordinated action from all governments on this issue and we are hopeful that the work currently underway in this Royal Commission will lead to improved outcomes for the young Aboriginal and Torres Strait Islander people of the Northern Territory.

10 years of the Close the Gap campaign – this needs to remain embedded in Commonwealth policy across all Indigenous Affairs portfolios if government is really committed to closing the gap in the unacceptable health disparities between Aboriginal and Torres Strait Islander and non-Indigenous Australians.

The graduation of six Aboriginal medical students from the University of Western Australia in 2016 – this is core business for AIDA. We want to see our student numbers grow, so that there are more Aboriginal and Torres Strait Islander doctors working to care for our communities. AIDA is hugely proud of these students and we look forward to celebrating more successes like these in the years to come.

Rebecca Zosel, Public Health Consultant (@rzosel)

The international stage had some surprises! I was shocked by Brexit and Trump, and the level of frustration and disillusionment that led to both.

Locally, Victoria’s commitment to gender equality and ending family violence, which included Victoria’s first-ever gender equality strategy Safe and Strong, was a highlight of 2016.

Dr Tim Woodruff, president of the Doctors Reform Society

a. Brexit/Trump/timid Turnbull
b. Leonard Cohen death: despite the above ‘there is a crack in everything, that’s how the light gets in’

Professor Jeanette Ward, Adjunct Professor, Nulungu Research Institute, University of Notre Dame (Broome campus)

Personally, I was moved beyond measure when I saw the Gweagal shield made pre-European contact from red mangrove wood that had been collected from Botany Bay by Captain Cook in 1770, stored in London ever since but included in an extraordinary exhibition in the National Museum of Australia that I visited in February 2016. If you couldn’t get to Canberra to see this exhibition co-curated by Indigenous custodians and the British Museum, you missed something very special (check it out!).

Professionally, I worked with colleagues in the Kimberley Aboriginal Health Planning Forum to publish a letter in April 2016 in the prestigious New England Journal of Medicine reaffirming a social determinants approach to scabies eradication in remote communities.
Dr Stewart Condon, Médecins Sans Frontière Australia President

Well, so many things, so little space to talk about them. Two stand out:

1. Sudan – a country where I started my work with Médecins Sans Frontières 12 years ago – taking the leap from remote medical practice in Central Australia to the “middle of nowhere”. 2016 saw the country, which became South Sudan in between, return to violence once more, and civilians bear much of the load (again). I’ve seen news from Bentiu (my first assignment) again this year, and it feels like nothing has changed. Such a hard place for people to live, even more so if war becomes normalised.

2. The sense that the world is becoming more inward looking. I was in New York at MSF meetings two days after the US election, and it felt muted, subdued. Certainly, people have the right to vote for who they want… but the shift from our humanitarian core values to less opened, less compassionate, less cohesive society is worrying to me.

I feel like it’s also reflected in how we’ve come to accept hospitals being bombed in some wars (as long as they are in other countries). But also refugees being refused safe passage and losing rights to seek refuge (unthinkable only 50 years ago!). Not to mention profits being considered more important than people if we look at the Trans-Pacific Partnership agreement or the cost of vaccines. Though, in 2016 MSF lobbying resulted in lower PCV vaccine prices and was a first step for the protection of more children against major diseases.

Richard Weston, CEO, Healing Foundation

There were a range of issues that stood out for me this year.

Domestically it was the 4 Corners Don Dale program and the Ms Dhu death in custody case in WA. These two issues highlight for me that we can’t keep saying we have a long way to go. If you are an Aboriginal or Torres Strait Islander, who lives in poverty, has an addiction and comes into contact with the justice system or the health system, you are unsafe; you are at risk of being neglected or abused and if you have a pre-existing injury you may not get the treatment you require. Your life could be in danger in these systems. Racism in these systems is alive and well.

These issues make it clear to me why Constitutional Recognition and ultimately formal settlement of the past through some form of treaty is critically important to the future existence of Aboriginal and Torres Strait Islander peoples in this nation.

Alison Verhoeven, CEO Australian Healthcare and Hospitals Association

- 2016 was the third year in a row of below-average growth in health spending (2.8%)—below the 10-year average of 4.6%.
- Recognition that the damage that the 2014–15 Budget did to future public hospital funding was partially addressed by COAG in April 2016 with a commitment of $2.9 billion for public hospitals through to 2020 and ongoing support for activity-based funding, including new work on pricing for safety and quality.
• Innovations in primary care through forthcoming health care homes, but ongoing challenges with continuation of the Medical Benefits Schedule (MBS) indexation freeze and the withdrawal of funding for the Bettering the Evaluation and Care of Health (BEACH) survey, an annual rolling survey of 100 patient encounters from 1,000 randomly chosen medical practitioners every year for nearly 20 years.

• Being in Washington with a group of Australian primary health leaders and witnessing the dismay of US health leaders as the presidential election results were announced: it particularly highlighted how much value we should place on our universal healthcare system, and how staunchly we should defend it.

Martin Fletcher, CEO, Australian Health Practitioner Regulation Agency (AHPRA)


Janine Mohamed, CEO, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)

Personal: getting two children through year 12.
National: Don Dale
International: the election of Donald Trump.

Dr Matt Fisher, Research Fellow, Southgate Institute for Health, Society and Equity, Flinders University

2016: the year when British, American and Australian politics lost touch with reality.

Dr Rosalie Schultz, Northern Territory GP, member of Doctors for the Environment Australia

In 2016 I saw continuing economic and climate disruption. Floods of migrants around the world are the growing evidence of human disruption to earth systems. Rather than building compassion and humanitarianism we are building walls and policies to exclude people and protect privilege.

The UK referendum on EU membership, followed by the US election for Trump as president, are signposts of the changing environment of our planet and of humanity. Aspirations of human rights, protection for refugees, and sustaining the environment that followed the end of World War Two have been forgotten in two generations.

Sharon Friel, Professor of Health Equity and Director of the School of Regulation and Global Governance at the ANU

The extent of global and national level social inequities and the lack of listening to people’s needs and fears – resulting in Brexit and Trump.
Professor Ric Day, Department of Clinical Pharmacology & Toxicology, UNSW

On the negative end of the spectrum – rejection of scientific evidence for climate change and lack of leadership on this by our polity; decline in ‘community’ and rise of ‘individualism’ contributing to insularity of outlook and lack of compassion for asylum seekers and First Peoples of Australia and increasing disparity between ‘haves’ and ‘have nots’; and man’s inhumanity to man.

Professor Fran Baum, Professor of Public Health and Director of the Southgate Institute of Health, Society and Equity at Flinders University.

The death of my Mum and the associated absence of solid right to die legislation and the narrow failure of South Australia to pass legislation that would enable people to have this right when and if they need it and want to take the timing of their death into their own hands.

The election of Trump – going from “surely he won’t get the nomination” at the start of the year, through “well he has but Hilary will win in the end” to “my god it has happened” in November. I was with a friend – a wise 70 year old woman - who has a good knowledge of Jung when the news came through and her comment was “well at least the beast is out of the shadow”. This is an important message for those of us on the left – the beast if there to be confronted. Corporate capitalism in all its neo-liberal glory! Now the task it to find the points to bringing in the light locally, nationally and globally.

Peter Sainsbury, Adjunct Associate Professor at the Sydney School of Public Health at the University of Sydney

It’s not original but the lessons that Brexit, One Nation, Trump and Sanders have for political parties and society in general stand out.

All four have tapped into a rich seam of middle and lower class disenchantment with the ways in which governments and political parties have been governing. They have given voice to people who feel that they have been consistently ignored and left behind for too long. Of course, the people who are feeling disenchanted, ignored and left behind are by no means a homogeneous group within each country, never mind across the USA, UK and Australia, but they are united in feeling let down by government.

In this sense, Brexit, One Nation, Trump and Sanders have been a wake-up call for mainstream politicians – and let’s face it whether it’s Democrats vs Republicans in the USA, Conservative vs Labour in the UK or Liberal vs Labor in Australia, there hasn’t been much difference between them over the last 40 years.

The old joke was: ‘It doesn’t matter who you vote for, you always end up with a politician’. But the modern retelling is: ‘It doesn’t matter who’s in government, you still get neo-liberalism’. So, thankyou Farage, Hanson, Trump and Sanders: the voiceless have finally spoken. The tragedy of all this though is that, with the exception of Sanders, the people who identified the problem and tapped into this disenchantment politically are not proposing solutions that are likely to make things any better for those left behind.
Trump stands out of course because he will soon be so powerful and, to the extent that we know what he is going to do, the next four years are likely to see a worsening of the situation for the masses who voted for him, particularly in those rust belt states that won him the Presidency. He isn’t going to bring back steel and manufacturing jobs, but he probably is going to lower taxes for the already super rich and reduce benefits for the poor. The military looks like offering lots of job opportunities for fit, young, poorly educated, poor males — a job for life, literally!

Julie Leask, Associate Professor, Sydney School of Public Health, University of Sydney

1. Learning from, and working with, Amy Creighton, while she completed her MPhil thesis “Gaba Binggi: Good Needles: developing an understanding of how Two Aboriginal (First Nations) communities see and experience immunisation during pregnancy.”
2. In November I spent a week in Stockholm with a group of behavioural scientists working in vaccination for WHO, UN, CDC and the Swedish government. The combination of the work itself, the people, and the chance to compare notes on vaccination policies and politics made it one of the best weeks of my year.
3. Having my family join me in Italy, after not seeing them for a month.

Leanne Wells, CEO, Consumers Health Forum

- The growing momentum, though still to realised, of primary health care reform and involvement of medical leaders in reforms towards Health Care Homes that will involve moves away from fee for service. After such a long time under fee for service arrangements, this is a potentially game changing development.
- The ‘Mediscare’ campaign during the Federal election, while sharply criticised by the Government and which confused Medicare as a program with a Medicare payment system, nonetheless highlighted the value Australians place on Medicare. It tells us a lot about what Australians value about our health care system.
- The deepening strains on private health insurance and pressure for reform to make it more consumer-friendly. This is going to be a hard nut to crack.
- The announcements of the strategies and priorities for the Medical Research Future Fund. It is so pleasing to see the Fund committed to a consumer driven research agenda and to a broad set of priorities that include prevention and health system research.

Dr Lesley Russell, Adjunct Associate Professor at the Menzies Centre for Health Policy, University of Sydney.

For me, the most dramatic issue, with major international ramifications, is the election of Donald Trump as the 45th President of the United States. We cannot even begin to imagine what this means for the US and the world in general. Clearly there will be a totally different approach to key issues like climate change, healthcare, foreign aid and cooperation, and government oversight and regulation. To date, there is no reason for optimism about the possible outcomes and there are many reasons to be fearful.
The election of Trump has emboldened the right to speak out in ways that undermine the cohesiveness of multicultural societies, and we are already seeing that in Australia.

*Simon Chapman, Emeritus Professor in Public Health, University of Sydney*

1. Trump’s threat to world peace and progress in everything important.
2. The rise and rise of despots, racists and fascists (Trump, Duterte, Erdoğan, Hanson, Kim Jong-un, Marie Le Pen, etc) and the long lines of turkeys voting for Christmas.

*Merrilyn Walton, Professor of Medical Education (Patient Safety), University of Sydney*

Beside the world changing with the election of Donald Trump, the failure of the Coalition Government to close Manus Island and Nauru refugee camps signified a significant lack of humanity and understanding of the suffering that displaced people experience.

On a positive note my work with a multidisciplinary team in Bougainville – working with cocoa farmers to improve their livelihoods – is uplifting.

*Lea McInerney, writer, facilitator, former policy person, plain language junkie*

Trumpelstiltskin spinning straw men.

*Dr Peter Tait, Clinical Senior Lecturer, ANU*

The public emergence of voter disquiet with business-as-usual western liberal politics as manifested by Brexit and Trump’s election internationally and the cross-benchers elected to the Australian Senate. Government as we are doing it is broken, not delivering benefits or costs fairly; we need new governance models and this is an opportunity to develop them.

*Michael Moore, CEO, Public Health Association of Australia, President, World Federation of Public Health Associations*

The launch of the Global Charter for the Public’s Health as an important framework for public health with the key components of Protection, Promotion and Prevention supported by a pillar of four enablers of Capacity Building, Information, Good Governance and Advocacy. The European Journal of Public Health Policy also published (along with the Charter) an editorial about the role of the Charter in improving global health.

In May of this year I became the President of the World Federation of Public Health Associations and had the opportunity, privilege and honour to launch the Charter:  
- in the World Health Assembly  
- to the international meeting of Ministers for Health from around the Commonwealth of Nations.

At the same meeting the Governing Council of the WFPHA was enhanced by the election of:
• the first black woman to be a WFPHA President-elect: Professor Laetitia Rispel from South Africa
• the first Indigenous person to the Governing Council: Adrian Te Patu from New Zealand.
• the first young professional (a new specific position) to the Governing Council: Canadian medical student Thomas Piggott.

The launch of the World Congress on Public Health and the fact that over 2000 abstracts were received. This event will take place in Melbourne from 3-7 of April in 2017. However, the key work and preparation has been managed under the wonderful stewardship of Professor Helen Keleher through 2016.

Q2: What is the key message you take from 2016 regarding the important health priorities for 2017?

Bronwyn Carlson, Associate Professor in Indigenous Studies, Faculty of Law, Humanities and Arts at the University of Wollongong

What becomes fairly evident is that Indigenous health is not so much a priority when it comes to funding initiatives that work. More needs to be done in the suicide prevention space. We lose too many people. The key message I take from 2016 is that Indigenous people, regardless of funding and support, work tirelessly to make change and to support other Indigenous people.

In my own research it has been revealed that Indigenous people are subjected to unprecedented sadness resulting from exposure to worldwide traumatic events via social media. While social media also offers a connectedness that can support and nurture little is known about the impact on our communities when often traumatised/intergenerational traumatised people are constantly exposed to violent incidents, discrimination, racism, and other forms of violence and hatred.

Taran Weeramanthri, Executive Director, Western Australia Department of Health, Public Health Division

Have to keep going with national/global action on climate change post Paris Agreement.

Margaret Faux, lawyer, researcher, registered nurse and CEO of Synapse Medical Services

There is what I call ‘active inertia’ in health reform at the moment. There is no shortage of things going on but the only real change perceivable on the ground is that we are operating in the most hostile environment I have ever experienced in over 30 years. Providers, especially GPs, are demoralised, and my staff are receiving more calls than ever before from angry patients who are furious about the specialist bills they have received.

There are two end user groups in any healthcare system – providers and patients – and it seems to me that our government has successfully turned them against each other. In 2014 patients were targeted for apparently going to the doctor too much and needing a price signal in the form of a co-
payment to bring them into line. When that failed the focus shifted to providers, who are supposedly all out there greedily rorting the system despite there being no empirical evidence to support this proposition.

To my mind the more pressing question for Australians is to ask themselves whether the government is fulfilling its primary duty to create a robust regulatory framework for the operation of our healthcare system and then ensure that both end user groups are properly equipped to understand it and use it correctly.

**Craig Dukes, CEO, Australian Indigenous Doctors’ Association**

- AIDA would like to see Aboriginal and Torres Strait Islander health on the agenda for all sides of government in 2017.
- We want to hear from government regarding how the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023* is going to be applied to the health care system.
- AIDA wants to see meaningful and tangible engagement from government where change needs to occur most to improve health outcomes for Aboriginal and Torres Strait Islander people. For example – we want to hear from the government on the 2016 AMA Report Card on Indigenous Health. We also want to continue to work with all governments to address and mitigate the impacts of poor ear health and ear disease on Aboriginal and Torres Strait Islander children through coordinated policy and strategies.

**Rebecca Zosel, Public Health Consultant (@rzosel)**

Australia needs to lift its game. Health priorities include preventing chronic conditions and closing the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. There are many opportunities to achieve quick wins AND a great need for investment in longer-term, sustainable change.

**Dr Tim Woodruff, president of the Doctors Reform Society**

That our ‘leaders’ are too narrow and self interested to show leadership.

**Professor Jeanette Ward, Adjunct Professor, Nulungu Research Institute, University of Notre Dame (Broome campus)**

It was the 40th anniversary of Ivan Illich’s prescient critique *Medical Nemesis* originally published in 1976. Those who remember its red cover will agree that his is the key message we most need to heed in 2017. If he were here today, I have no doubt he would be rousing the populace to stand up against the incessant professionalisation of health-related tasks by paid staff that an empowered person can, must and should do for themselves to live well. Empowerment, education and equity are my pick for health priorities in 2017. I also predict growing momentum in support of an Indigenous body reporting directly to Parliament created to scrutinise draft Commonwealth legislation constructively and wisely in order to correct non-Aboriginal missteps in social and economic determinants of health before they are enacted.

**Dr Stewart Condon, Médecins Sans Frontière Australia President**
Health budgets may be limited, but spending the money in the right places can have great benefits. At MSF we are realising this by investing more into people (both national and international staff), and making professional development a real priority. It’s a work in progress, but it will mean more patients treated, in better ways, in more places Médecins Sans Frontières works in years to come.

Richard Weston, CEO, Healing Foundation

Our nation and the systems that operate within it to deliver the range of human services to our population have not grasped the depth and breadth of historical trauma that has impacted on Aboriginal and Torres Strait Islander people over the last two centuries.

The impact is ongoing and will not resolve easily – there is no magic bullet to deal with the trauma that plays out in our communities every day. The mistake we make is concentrating our resources into tackling the symptoms of our traumatic history, without a higher degree of effort to address the cause.

We gloss over the past as a series of sad and tragic events that have no relevance to our present day. The science and evidence of trauma says otherwise. The impact of trauma is long lasting over a person’s lifetime and it changes their lives forever. Historical trauma drives pain based behaviour like alcohol abuse, drug addictions, violence, child abuse.

Unless the impact of trauma is understood then we will continue to see the erosion Aboriginal and Torres Strait Islander peoples culture as more and more of us end up in the child protection system and juvenile and adult gaols. Cultural healing has a role to play in enabling communities, families and individuals address trauma so that it doesn’t dominate lives and continue to cause harm and distress.

Alison Verhoeven, CEO Australian Healthcare and Hospitals Association

Australians expect the Commonwealth Government to show strong, strategic leadership and stewardship to ensure our world-class health system is able to provide care for all Australians, regardless of where they live or how much money they have. This is a clear message from the very tight 2 July 2016 federal election result.

Prime Minister Malcolm Turnbull’s pledge to regain the voters’ trust on public healthcare is welcome, but the Coalition must acknowledge that voter concerns are legitimate and long-standing, not a response simply to election campaigning. A strong and well-funded health system which is based on principles of affordability and equity must remain a priority for Australian governments.

Martin Fletcher, CEO, Australian Health Practitioner Regulation Agency (AHPRA)

2016 marked the tipping point on recognising bullying in the health sector and the start of a shared commitment to build a much stronger culture of respect.

Janine Mohamed, CEO, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)
My message is that Aboriginal and Torres Strait Islander people are three per cent of the Australian population: we need the other 97 per cent to assist us to address what are third world outcomes in a first world nation.

Dr Matt Fisher, Research Fellow, Southgate Institute for Health, Society and Equity, Flinders University

The most important health priority for 2017 in my view is for all people who care about a sustainable, fair and healthy Australia to try to speak together and demand a politics that actually addresses the real and fundamental issues we face as a society.

Dr Rosalie Schultz, Northern Territory GP, member of Doctors for the Environment Australia

We all share this one planet together. We need to care for one another, and build on common interests.

Sharon Friel, Professor of Health Equity and Director of the School of Regulation and Global Governance at the ANU

To improve health and to do it fairly means addressing social inequities. Health priorities for 2017 = social determinants

Professor Ric Day, Department of Clinical Pharmacology & Toxicology, UNSW

SocioPsychoBiological basis of many of our chronic illnesses and that the SocioPsycho elements are critical but under-appreciated.

Professor Fran Baum, Professor of Public Health and Director of the Southgate Institute of Health, Society and Equity at Flinders University.

Oppose the corporatisation of our health system.
Addressing the social determinants of health remains vital for health equity.

Leanne Wells, CEO, Consumers Health Forum

The difficulty of persuading government that health is an investment that most people support, that it is good for the economy and that health spending is not bursting the bank.

Dr Lesley Russell, Adjunct Associate Professor, Menzies Centre for Health Policy, University of Sydney.

Take nothing for granted and work hard to make the important changes happen.

For example, we have long been threatened with the fact that failure to fund and implement prevention initiatives will adversely impact longevity — and already we are seeing this play out in the United States. Despite all the evidence and the talk, Australia’s
investment in prevention and the social determinants of health continues to decline. The consequences play out in increasing costs to Medicare and public hospitals.

A further example is that, despite considerable support from all the potential stakeholders for the implementation of patient-centred medical home models of care, the narrow vision of the Turnbull Government and the federal Department of Health around the proposed Health Care Homes initiative is undermining this support. There is now a very real possibility that the only major reform process being put forward for primary care will be doomed to failure before it is even implemented. Stakeholders must join together to fight this possibility.

Merrilyn Walton, Professor of Medical Education (Patient Safety), University of Sydney

That we need to relook at how health professionals work in public health. Keeping ecosystems healthy requires an integrated approach that focuses on healthy humans, healthy animals, healthy plants, healthy environment.

Lea McInerney, writer, facilitator, former policy person, plain language junkie

A question rather than a message: If we tweaked the ‘social determinants of health’ and instead called it the ‘economic and social determinants of health’, would it be embraced more widely?

Dr Peter Tait, Clinical Senior Lecturer, ANU

We need to get much stronger at helping governments, the public and decision makers realise that, without a well-functioning ecosystem, health, security, economic prosperity and happiness are not possible and so the promotion of a biosensitive approach to economic development and the health care delivery is essential. To do this we need to (among other things) promote more citizen participation in governance - that is, public decision making.

Michael Moore, CEO, Public Health Association of Australia, President, World Federation of Public Health Associations

Whilst it is critical to maintain an overview of concepts such as the social and ecological determinants of health and the importance of a horizontal approach to health such as that set out in the Global Charter for the Public’s Health ... it is also important to wrestle with key specific issues around infectious diseases, non-communicable diseases and be prepared to look at the widest possible ways of dealing with even more specific issues – such as tobacco, alcohol and obesity.