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RE: Call for Submissions – Foreign Policy White Paper

Regional health security and prosperity means medical education, workforce development, and hospital services

As the leading Colleges and Associations for standards, professionalism, and education in medical specialties across Australia, New Zealand and the Indo-Pacific, the undersigned come together to take an informed and principled position on issues of health security and aid within a foreign policy framework: **Medical Education and Workforce Development and Hospital Services**.

Health among Australia's geographical neighbours should be regarded as a key component in Australia's foreign policy due to the burden of global disease and shifting disease patterns. By 2025, Asia will produce half of the world's economic output, and will increasingly demand high quality healthcare, education, and training services to ensure stability.¹ Factors such as natural disasters, extreme weather events, infectious pandemics, escalating demographic changes, and population movements mean that strong health services are mandatory. Supporting strong health services, health education, and workforce development is a cost-effective approach to achieving security and prosperity in the region. Investment is required in the following two strategic areas.

Strategic Area 1: Education and workforce development as building resilience

- Medical education must be provided locally in order to meet local health priorities and needs.
- Long term support of medical specialists as educators, clinicians, and leaders in their home countries is essential to sustain the local workforce.
- Institutions that provide medical education, such as universities, require long term support to consistently deliver high-quality education at both undergraduate and post-graduate levels.
- Sustained workforce development is critical to strengthening health systems.

Strategic Area 2: Hospital services as key nodes of health care delivery

- Primary Health care depends upon the support of functioning hospitals. Distressed first line hospitals are the biggest issue in global health.
- Hospital services are symbols of access, safety, and quality of healthcare in a population. If they are perceived as 'failing' and unable to deliver an acceptable standard of care, then populations will cease to access basic health care.
- Hospitals are essential sites of health education, public health, peer support, and disaster response management.
- Hospital services are not 'luxury items' at the top of a hierarchical pyramid of healthcare (as is often thought), but rather are the nucleus of a series of concentric circles of care and referral.

Australia needs to be engaging more through its aid apparatus in the domain of regional health security by investing in medical education, workforce development, and hospital services as part of its regional responsibilities.

¹ PWC/AsiaLink Report (2014) "Passing us by: Why Australian businesses are missing the Asia opportunity and what they can do about it"

Education and development of local medical and health workforce is readily palpable by local populations and is seen in a positive light by national governments. If Australia does not take a leading role in the Indo-Pacific across these areas, it is likely that other countries may step in to fill this gap and Australia will begin to lose its influence within the region. Health care aid provided by larger foreign countries of the Indo-Pacific region is often provided with ulterior political objectives as a primary goal. If Australia was to divest itself from humanitarian and developmental aid in these vulnerable countries, the void left would soon be replaced by those countries who seek to expand their political influence. That influence may well be counter to Australia's ideologies and potentially increase the threat to the stability of Australia and Australians. The political influence wielded by humanitarian and developmental aid in the form of medical education and care cannot be underestimated.

Health risks to Australian borders are compromised by having neighbouring populations where basic **medical education** and **workforce development** is dysfunctional or inadequate. The world faces a shortage of 4.3 million health professionals who are required to deliver essential health services to populations in need.² For example, WHO estimates the South-East Asia region suffers the highest proportion of the global burden of disease (29%) with only 11% of the world's supply of physicians and just about 1% of world health expenditures.³

One of Australia's assets is its high level of medical education expertise within its shores. We have the potential to use this asset to influence health education and workforce development in our region. This means that the Australian government already has at its disposal - through the specialist medical colleges and associations - an excellent opportunity to work with universities across the Indo-Pacific to advance Australia's interests in training the next generation of health professionals to care for populations within their own countries. Australian contributions to health are focussed on developing leadership capacity through the education of health professionals. This contribution is largely through the medical schools within the Pacific, the School of Medicine and Health Sciences University of Papua New Guinea (UPNG), and the College of Medicine, Nursing and Health Sciences Fiji National University (FNU). Without influence and inputs from Australia, medical schools in the Indo-Pacific will flounder and the ability to address some areas may collapse completely if unsupported. As a result, an unstable medical workforce and medical education capacity in our region will lead to health disasters and emerging disease threats. The evolution of increasing numbers of drug-resistant infective "super bugs" in our region is but one serious threat

Promoting postgraduate education and standards is important for Australia's Foreign Policy because this not only builds on past gains and longstanding investments made by the Australian government, but has significant broader community benefits related to issues such as road trauma, maternal and child health services, and hospital practice. It also is beneficial in developing health care standards and practice (including professional education, continuing professional development, etc.) to help secure human rights, gender equity, and economic development. Promoting institution-to-institution linkages that will facilitate the building up of networks amongst health professionals and administrators is what Australia should be doing better.

Health risks to Australian borders are compromised by having neighbouring populations where basic **hospital services** are distressed. During a disaster, emergency, or disease outbreak, the hospital becomes the central vehicle of care throughout the period, and therefore it is important to develop and maintain a well-functioning health and hospital service. Hospitals are integral to emergency preparedness, response, and recovery, as witnessed in the 2004 Indo-Australian Tsunami where scores of people including Australians presented to emergency departments across the region. In some areas over 50% of admitted trauma cases required surgical care, the load being so acute that procedures were performed without anaesthesia, and there was limited capacity to provide psychosocial counselling.⁴ Additionally, hospitals and local environs reported increased rates of disease and viral outbreak. During such emergencies, the preparedness and response capacities of hospitals are critical within the health system to prevent the spread of disease beyond borders.

Many conditions that require urgent intervention need to be delivered in a hospital setting. This involves the ability to receive a patient and institute sound emergency management in an emergency department, before decisions are made about how or whether to intervene. Hospitals require functioning operating theatres and the ability to provide essential care, and are an indivisible and indispensable part of any health system. Primary health care

² Aluttis, N., Bishaw, T., & Frank, M. (2014). The workforce for health in a globalised context – global shortages and international migration. *Global Health Action*, 7

³ Scheffler, M., Liu, J., Kinfu, Y., & Dal Poz, R. (2014) Forecasting the global shortage of physicians: an economic and needs based approach. *Bulletin of the World Health Organisation*, 86, 7

⁴ Carballo, M., Daita, S., & Hernandez, M. (2005). Impact of the Tsunami on healthcare systems. *Journal of the Royal Society of Medicine*, 98(9), 390–395.

depends upon the support of functioning hospitals within an integrated health care system. More people die each year from lack of access to emergency and essential care than do from HIV, TB, and malaria combined.⁵

Overall, investment in medical education, workforce development, and hospital services represent value for money within an Australian Foreign Policy and regional health security context because outcomes:

1. Have cross-cutting benefits beyond a single disease
2. Strengthen emergency preparedness and response
3. Create systemic, long-term change

All the above affect Australia's ability to meet regional health challenges – and these have the potential to pose major threats to Australia's economic, trade, and political interests.

Together, the below leading medical colleges and associations of Australia thank you for extending us this opportunity to present a submission for the upcoming Foreign Policy White Paper.

We are open to further consultation throughout the development process, and hope to see a White Paper that places medical education, workforce development, and hospital services at the centre of regional health security and prosperity.

Yours sincerely



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President

On behalf of:

Australian and New Zealand College of Anaesthetists (ANZCA)
Australian Society of Anaesthetists (ASA)
Australian Diabetes Educators Association (ADEA)
Australasian College for Emergency Medicine (ACEM)
Interplast
Royal Australian and New Zealand College of Radiologists (RANZCR)
Royal Australian & New Zealand College of Obstetricians & Gynaecologists (RANZCOG)
Royal Australian and New Zealand College of Ophthalmologists (RANZCO)
Australian and New Zealand Association of Oral and Maxillofacial Surgeons (ANZAOMS)
Royal Australian and New Zealand College of Psychiatrists (RANZCP)
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⁵ Meara, J. G., Leather, A. J., Hagander, L., Alkire, B. C., Alonso, N., Ameh, E. A., ... & Mérésier, E. D. (2015). Global Surgery 2030: evidence and solutions for achieving health, welfare, and economic development. *The Lancet*, 386(9993), 569-624.