Core Public Health Functions and the Public Health Clinical Network

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Issue: Health systems face growing pressure due to an ageing population, an increasing burden of chronic diseases, increasing treatment costs, and fiscal constraints. Effective delivery of public health services which help improve health status and manage health care demand is increasingly important. Gaps remain in the way New Zealand (NZ) public health services are planned and co-ordinated, and provide important opportunities for service improvement.

Description: The NZ Public Health Clinical Network (PHCN) described the public health principles and core public health functions that combine to produce the public health services essential for a highly-functioning New Zealand health system. The core functions describe the different ways public health contributes to health outcomes in NZ, and provide a framework for ensuring services are comprehensive and robust. Alongside the update of the NZ Health Strategy, PHCN developed advice on system improvements to deliver the core public health functions effectively and equitably to all populations in NZ, with particular focus on strengthening and co-ordinating Crown-owned national, regional and local agencies.

Results: The core functions have been published, and included in national contract specifications. Some local services are actively increasing local inter-sectoral work and regional service co-ordination. The Ministry of Health has been substantially restructured, and is engaging with PHCN and others on public health systems development.

Lessons: The scope, value and requirements of effective public health work must be articulated, but face many competing demands within health systems focused on individuals, and often remain poorly understood.

Main messages: It is important to the whole health sector that public health services are delivered effectively and efficiently at local, regional and national levels so that they achieve the greatest impact on health outcomes.
Sustainable Development Goals: Achieving them through an Health in All Policies approach

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The Sustainable Development Goals (SDGs) are a new set of goals that UN member states will use to frame their agendas and political policies over the next 15 years. They are the next step on from the Millennium Development Goals (MDGs). They are universal meaning all countries (including New Zealand!) are responsible for achieving them and measuring their progress. For the goals to be reached, everyone needs to do their part: governments, the private sector, and civil society, all of us.

This presentation explores the SDGs and what they mean for us as public health practitioners. It will explore the opportunities that a structured, systematic and collaborative approach like Health in All Policies brings to meeting and achieving the SDGs.

The SDGs provide a focal point for HiAP action, they demonstrate the very tangible connections between health outcomes and the development goals. The interaction between the Goals is broad and extensive and without some of the tools the HiAP brings it would be difficult to see some of the less obvious intersects between goals and how to identify solutions that have multi benefits.

The presentation will explore the connection between HiAP and the SDGs and their importance for public health. There will be practical examples of how the SDGs provide the goals for action and HiAP provides a credible approach to achieve these shared goals.
The Living Wage: Raising Expectations, Raising Wages

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Since its establishment in 2013 Living Wage Movement Aotearoa has made significant impact with New Zealand working people, communities, employers and local councils.

The Living Wage is now part of the broader equality debate and is recognised as a standard upon which to compare the adequacy of wages in New Zealand. Nearly 100 organisations are members of Living Wage Aotearoa. Sixty six businesses are accredited Living Wage employers with the numbers steadily growing. The official Living Wage rate is calculated on the income necessary for a typical family to cover their basic weekly expenditure and to participate as active citizens in society. The rate is updated yearly. The 2017 Living Wage rate is $20.20 per hour.

Small and medium size employers tend to become accredited Living Wage employers for ethical reasons and a desire to see their staff on adequate wages. To get traction from larger organisations to become Living Wage accredited employers the Living Wage Movement has focussed its attention on Councils and other organisations in which employment is funded by public money. Wellington City Council will be the first local Council to support Living Wage accreditation in its draft annual plan. Several other local and city councils are in different stages of embracing the Living Wage concept.

Three partners work collaboratively in local communities to embed the Living Wage concept: faith–based groups, community organisations and unions promote the Living Wage through strategic relationships, lobbying, public meetings and submissions. The Living Wage groups work together to advocate and achieve better lives and standards of living for working people, families and local communities.

This presentation examines the impact on businesses and people who are being paid the Living Wage. It captures the views of leaders from the three partners and other community leaders about the barriers and opportunities in extending the Living Wage and how and why the Living Wage is raising not only wages but hopes and expectations too.
The international tax regime as a health determinant: promoting health through fair international taxation

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Introduction: The international taxation regime is a major social and health determinant. We focus on the implications of current international taxation regimes for public health, review ethical implications, and identify options for public health advocacy and action.

Methods
We draw on official and NGO reports, and interviews with 15 experts to identify specific public health implications of international taxation and options which may be feasibly be picked up by public health communities.

Results: Current global taxation regimes, including law, policy and practice, allow significant proportions of taxable income to escape taxation from revenue agencies. This contributes, along with other economic arrangements, to global poverty and inequalities, impacting on all countries, and of particular relevance to poorer countries. Estimates vary on the losses incurred by developing countries but can be quantified to some extent.

The revenue losses due to tax dodging put in jeopardy the ability of some countries to operate basic health and social infrastructure. Current global taxation regimes are unethical on grounds of global justice, distributive justice, and human rights.

Practical solutions and strategies to address some of the issues posed by international taxation systems have been developed. Proposals include, for example, the greater alignment of taxation regimes; and reforms for shell companies, preventing corporate profit shifting, limitations around tax havens, and disclosure requirements.

Conclusions: Public health needs to act on taxation through advocacy and research. Failure on the part of global institutions and public health bodies to respond to present arrangements is in itself an ethical issue.