Background – previous national rural health strategies and plans

1993 The Australian Health Ministers’ Advisory Council (AHMAC) developed a discussion paper to advance development from discussion of A National Rural Health Strategy to planning for “The National Rural Health Strategy”. The first National Rural Health Strategy was endorsed by the Australian Health Ministers’ Conference (AHMC) in March 1994.

1996 In 1995, AHMAC resolved to review the Strategy, and AHMC signed off the revised Strategy in 1996. The recommendations of the 1995 National Rural Health Conference (ie hosted by NRHA) were among the developments considered in revising the Strategy.

1997 AHMAC announced a mid-term review to be undertaken over 1997/98. In a submission to the review, the Alliance argued for the inclusion of the non-Government sector and mental health in the Strategy and establishment of three year Strategic Plans to sit under the overarching Strategy.

1999 The Healthy Horizons Framework 1999-2003, prepared by Federal and State and Territory Governments, saw the Alliance as an active participant and co-signatory in the development of the Framework, which was endorsed by AHMC. The Framework is the first integrated plan bringing together primary health care, public health and community involvement.

2003 AHMC endorsed the revised Healthy Horizons with the Alliance as a co-signatory and active participant in its development.

2011 After many years, a new National Strategic Framework for Rural and Remote Health was released. Unlike previous strategies, this was undated and had no specified end date. It linked to the broader health reform underway. While the Alliance called for a National Rural and Remote Health Plan to be developed to operationalise the goals set out in the Framework, this did not eventuate. There has been no report on progress against the Framework and it has not been reviewed.

Since that time, the Rural Health Standing Committee of AHMAC has been abolished and by mid-2016, the Australian Department of Health’s structural resources dedicated to rural health was reduced to a single section positioned within the Health Workforce Division.