The Alliance

The National Rural Health Alliance is Australia’s peak non-government organisation for rural and remote health. It brings together disparate voices from around Australia for the common purpose of improving the health of people who live and work in country areas.

The Alliance currently comprises 41 Member Bodies, each of which is a national organisation. They represent health consumers, health care professionals, service providers, health educators, students, and the Indigenous health sector.

The Alliance’s broad representative base places it in a unique position to collect and disseminate information, determine key issues that affect health and wellbeing in rural and remote areas, and provide a breadth of vision on rural health matters to governments, educational and research institutions, and other professional bodies.

Among its regular contributions to rural and remote health is management of the biennial National Rural Health Conference and of the Australian Journal of Rural Health (AJRH). The Alliance produces a range of policy documents on various health issues, makes submissions to government, distributes media releases on topics relating to rural health, and provides information through a range of other means.

Core support for the Alliance is provided by the Australian Government Department of Health. The Alliance’s Member Bodies engage with its work through its Council – the key agency in the credibility and effectiveness of the organisation. Council is supported by Friends of the Alliance and a wide network of contacts and relationships.

Rural health

In aggregate, people who live in rural areas have shorter lives and higher levels of illness and disease risk factors than those in major cities. This can be explained in part because they have poorer access to goods and services and educational and employment opportunities, as well as lower levels of income. Australia-wide evidence shows that:

- the health of rural people is poorer than that of their city counterparts;
- accessing primary care, dental care, allied health and specialist services is more difficult and in many regions requires greater time and expense on travel and accommodation;
- shortages of health professionals, including doctors, allied health professionals, pharmacists and dentists, become more pronounced with remoteness;
- the health of Indigenous people living in rural and remote areas is significantly worse than that of their non-Indigenous counterparts;
- the viability of many rural hospitals is uncertain and there has been a serious loss of capacity for maternity services and other procedural care in rural areas;
- it is difficult to attract and retain health professionals in rural and remote areas, particularly those who study and train in metropolitan areas; and
- infrastructure in rural and remote areas for health services and health-related activity is limited and being further eroded by a lack of ongoing investment.
NRHA Member Bodies

The Alliance will work with its Member Bodies to:

• identify priority needs in rural and remote health and promote appropriate actions;
• research key issues in rural and remote health and develop knowledge about them;
• disseminate relevant information and knowledge to those with an interest in rural and remote health;
• provide feedback to governments on the health impacts of their policies and services in rural, regional and remote communities;
• encourage stronger organisations and population groups to recognise and support those which are vulnerable;
• develop strategic alliances with other groups that have the potential to improve rural and remote health outcomes; and
• undertake resourced project and contract work that supports its vision.

Organisational structure

The Alliance Council is made up of one delegate from each Member Body, plus the Chair of Friends of the Alliance and up to three co-opted individuals. Council provides Member Bodies with the opportunity to engage on an equal footing in selecting the issues on which the Alliance’s information and policy work focuses, in developing the organisation’s views, and in providing advice to the Board regarding strategic planning and project matters.

Board members are elected and appointed from within Council membership. The Board has up to ten members, normally a Chairperson, Deputy Chairperson, Treasurer, Secretary, three Ordinary Members, two Moderators and the Immediate Past Chairperson. The Board is responsible for governing the affairs and property of the Alliance and for monitoring its direction and sustainability.

The Alliance has a Secretariat in Canberra.