

The Ian Webster Oration

Health for all



International Centre for Future Health Systems
The University of New South Wales



UNSW
SYDNEY

What's inside

Background	04
Introducing this year's Ian Webster Oration	05
Words from Emeritus Professor Ian Webster AO	06
Past Orators & Reflections on Emeritus Professor Ian Webster AO	08
Ian Webster Orators 2006-2025	27

Introducing this year's Ian Webster Oration

Background

Professor Ian Webster AO is Emeritus Professor of Public Health and Community Medicine at the University of New South Wales (UNSW Sydney), acknowledged for his contributions over many years to health and medical research, clinical practice and education, including research on the health of priority populations, including homeless people, and the education of generations of undergraduate and postgraduate students on health inequality.

Ian joined UNSW in 1975 as one of the foundation Professors of Community Medicine and General Practice funded in all medical schools by the Australian Government. Ian also worked as a general practitioner providing care to homeless people over many decades at the Mathew Talbot Hostel and The Exodus Foundation in Sydney.

The Ian Webster Oration was established in 2006, by the then UNSW Centre for Primary Health Care and Equity, to recognise Ian's many contributions by exploring primary health care and health equity issues relating to challenges faced by Australia's health and social care systems. The Oration's enduring theme of "Health for All" was a goal pronounced in the 1978 Alma-Ata Declaration of the World Health Organization (WHO) which focused on providing improvements in health care especially to the populations of low and middle income countries. However, this goal has been increasingly applied in high income countries, with the recognition that health improvement requires action across many sectors of society including greater emphasis on prevention and primary health care.

Over the past 20 years, the Ian Webster Oration has been delivered by experts with a deep understanding of health equity challenges, based on their own careers in research and, in many cases, clinical practice. In this booklet, we have encouraged past orators to reflect on what led them to embark on their work, and the lessons learnt throughout their careers. As orators, they have challenged us to think and act differently in our approaches to health system challenges. Many of the issues raised over the past two decades remain relevant today. All our past orators have provided inspiration for us to "choose to do the hard thing" and keep pursuing "health for all", no matter where people live in the world.

The UNSW Centre for Primary Health Care and Equity was incorporated into the new UNSW International Centre for Future Health Systems in 2024. In 2025, the International Centre for Future Health Systems is proud to host its inaugural Ian Webster Oration, with an enhanced focus on the role of health systems around the world in delivering "Health for All", while also acknowledging the legacy of the past 20 years through the publication of this booklet.

The International Centre for Future Health Systems has been established with support from The Ian Potter Foundation.



Heroes of Australian Health Care: What the Future Holds for Rural and Remote Australia and the Royal Flying Doctor Service

By Dr Shannon Nott, Chief Medical Officer, Royal Flying Doctor Service

It has been 20 years since the first Ian Webster Oration on health equity in Australia. This year, I will be speaking about healthcare in rural and remote communities - where care is best characterised by resilience and innovation yet continues to be tested by persistent inequalities in access, workforce, and health outcomes.

Despite Australia ranking among the world's best health systems, universal healthcare access remains out of reach for many in rural and remote regions. These disparities are most stark when comparing health access and outcomes in rural, remote, and First Nations communities with those in metropolitan areas.

For almost a century, the Royal Flying Doctor Service has played a pivotal role in bridging these gaps. What began as an ambitious idea - flying doctors into remote regions - has become a national symbol of equity and care for people in the bush. Yet today, to meet both current and future challenges, this proud legacy must be matched by transformation.

The next frontier of rural and remote healthcare lies in recognising global megatrends and responding to their impact on health delivery. It requires translating evidence-based models of care into evolving funding arrangements that promote value-based health care. Technology will remain central to this transformation, through hybrid models that blend digital tools with face-to-face care, and using data and artificial intelligence to personalise and improve services. Equally, it must be anchored in patient-centred care - listening to, engaging with, and collaborating alongside communities to co-design solutions that meet their needs.

Just as vital is building a fit-for-purpose workforce. Investment in top-of-scope rural generalist teams, not only doctors, supported by strong and sustainable training pipelines, will ensure that rural and remote communities can continue to access high-quality care.

But no single organisation can achieve this alone. Addressing long-standing inequities demands a whole-of-sector response—governments, universities, healthcare providers, and communities working side by side.

We now have a chance to build on Ian Webster AO's legacy and to ensure that, in 20 years' time, rural and remote Australians are no longer facing the same challenges.



Words from Emeritus Professor Ian Webster AO



When I joined UNSW in 1975 there had been a review of community-based health services and preventive health programs by the National Hospitals and Health Services Commission under the chairmanship of Dr Sidney Sax. The focus was primary health services. It was a period of ferment. Drug problems were emerging in Kings Cross and Aboriginal people had recently been recognised in the Australian Constitution.

In response to the Commission's report, the Commonwealth Government provided funds to medical schools to set up departments of community practice. In 1975, Charles Bridges-Webb was appointed professor of community medicine at Sydney University, and I was appointed in the same year to UNSW. The new departments focussed on general practice as well as community medicine.

The focus of medical teaching and research at the time was on biomedicine. Psychiatry had gained a foothold. Hard-line medical teachers dismissed public health as a discipline concerned with bureaucracy, sanitation, tuberculosis campaigns and infant welfare centres. The heart and soul of the medical curriculum was clinical medicine. Social, structural and cultural issues underpinning society's health and welfare were missing. A re-alignment to the social and physical environment of health was needed.

Community medicine was an elusive idea for policy makers, but help came when WHO and United Nations Children's Fund (UNICEF) at the Alma-Ata Conference made their famous statement of "Health for All" in 1978:

"The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector."

The conference defined three pillars for primary health care: participation, intersectoral collaboration, and equity. That bridged government policy, public health, and front-line primary health care.

In 2001 the Centre for Primary Health Care and Equity was set up at UNSW with its strong focus on primary health care and its abiding emphasis on equity. To my mind, the Centre was preeminent in research and policy for primary health care in Australia and other countries.

More recently, in 2024, UNSW established the International Centre for Future Health Systems with the aim to improve health systems' capacity to deliver equitable, sustainable, and person-centred health care for all people. Its eight work themes - health equity, strengthening primary care, transforming hospital care, digital health, health workforce, preparedness for climate change, ageing and growing populations, and future epidemics and pandemic - are redolent of the Alma-Ata "Health for All".

For 20 years the orators have advocated for the place of primary health care in health systems. The ability to reach populations of priority populations people, our First Nation's people, and diverse multicultural populations. They have showed how primary health care can contribute to the better management of chronic disease and be the pivot for integration of disparate health services and professional groups. The orators explored how social inequalities are bound to inequity in health and illness. That great idea of "Health for All" informed their perspectives.

Much changed in 20 years – new arrivals to Australia, growing health system complexity, population ageing, increased survival from serious disease and injury, new technologies and treatments, changing health worker roles, the ability to explore large sets of data, and the emerging risks from psychoactive substances and mutant viruses. Each oration showed how location, distance, culture, urban planning, language, education, poverty, criminal justice, alcohol and drugs, disability and income inequality create the need for well-planned primary health care. All based on research - epidemiology, case studies, intervention studies, economics, and in-place descriptions of how people cope in their daily lives with their health problems.

As a former editor of the Lancet, Theodore Fox, said in 1965, "Our purpose is to enlarge human freedom - to set people free, so far as we can, from the disability and suffering that so easily mars their lives and hampers their fulfilment"

Past Orators & Reflections on Emeritus Professor Ian Webster AO



2006 Oration

General practice and community health work in disadvantaged communities

By Dr Di O'Halloran AO, Chair, NSW General Practice Advisory Council

Dr Di O'Halloran has long championed equity in primary health care. In her oration she emphasised addressing social determinants of health, stronger integration between general practice and community health, and workforce training in disadvantaged settings. Dr O'Halloran highlighted the limitations of fee-for-service funding and advocated reforms to better support prevention, chronic disease management, and patient-centred care. Through her leadership, she advanced models placing equity and integration at the heart of health reform.

2007 Oration

Nurse led chronic disease management in primary health care

By Professor Bonnie Sibbald, National Primary Care, Research and Development Centre, Manchester University

Professor Bonnie Sibbald presented the results of research on nurse led chronic disease management in primary health care. Nurses are becoming more involved in chronic disease management because of the rising demand for care, increasing costs, variability in quality and GP workforce shortages. The hope is that expanding the role of nurses can reduce the demand for doctors, contain costs and improve or at least maintain quality. Nurses can supplement doctors by providing skills that complement those of the doctor to improve quality, or substitute for them, working as an alternative to the doctor in order to address a medical workforce shortage.

2008 Oration

Inequity and complexity

By Associate Professor Elizabeth Kalucy OAM, Director, Primary Health Care Research and Information Service

Associate Professor Elizabeth Kalucy OAM highlighted inequity as a major challenge in Australia's health care system, with disadvantaged communities experiencing the worst outcomes. She described health systems as complex, adaptive systems requiring flexible, evolving approaches. Drawing on Paul Plsek's principles, she urged creating conditions for growth, setting simple rules, and fostering a broad vision to enable local creativity. Inspired by Emeritus Professor Ian Webster AO's advocacy, she called for community-based solutions, cross-sector collaboration, and a cultural shift in attitudes toward disadvantaged groups to achieve a fairer, more equitable health system.

Reflection on the Ian Webster Oration from Associate Professor Elizabeth Kalucy OAM:

In composing the Oration in 2008 I drew on lessons from my varied career to this point. In the late 1960s I was an army entomologist in Sydney, in the 1970s a psychiatric research assistant in London. I am a mother to three children; in the 1980s when they were all at school, I taught maths and science in poor Adelaide high schools, until I escaped to primary health care research for the rest of my career. By 2008 I was immersed in general practice and primary health care research through running the Primary Health Care Research and Information Service which held annual GP and primary health care research conferences. Re-reading my Oration from 17 years ago revealed my ideas and optimism of that time. While aware of many inequities with very negative effects, we were expecting a national Primary Health Care Strategy to be developed, which hopefully would explicitly address inequity. I mentioned a flood of ideas and initiatives to reform the health system and address some of its most critical problems. I am less optimistic 17 years later, partly for personal reason as I age. Now that I confront the realities of dementia as a carer, I am most aware of the difficulties of navigating the 'system' largely due to the endless digital impediments blocking so many aspects of the aged care labyrinth. My remaining optimism endures because of the character and skills of the people I encounter in the health care system, and because of the community networks of generous people who provide the support and know-how to overcome the impediments to care.

2009 Oration

Harm minimisation

Dr Alex Wodak AM, Director of the Alcohol and Drug Service, St. Vincent's Hospital

Dr Alex Wodak is a pioneer of harm reduction in Australia. He was instrumental in establishing needle and syringe programs and Sydney's supervised injecting centre- both internationally recognised successes. In his 2009 Oration, Dr Wodak argued drug use should be treated primarily as a health and human rights issue, not a crime. He advocated evidence-based policies, showing harm minimisation saves lives and resources compared with punitive "war on drugs" approaches.



2010 Oration

Health system reform: beyond hopes and dreams

By Professor John McCallum, University of Western Sydney

Professor John McCallum addressed the gap between visionary health system reform and practical implementation. In his 2010 Oration, he highlighted the need for evidence-based strategies, stakeholder engagement, and integrated services to improve efficiency, equity, and quality of care. Emphasising the needs of older Australians, he called for reforms that balance aspiration with achievable steps, ensuring accessibility, affordability, and patient-centered care across the health system.



2011 Oration

Indigenous primary health care

By Associate Professor Noel Hayman, University of Queensland (Queensland's Australian of the Year for 2011)

In the 2011 Oration, Associate Professor Noel Hayman highlighted the critical need to improve Indigenous primary health care in Australia. He discussed systemic barriers, health inequities, and the importance of culturally appropriate care. Drawing on his experience in community health, Associate Professor Hayman emphasised locally driven solutions, strong partnerships, and policy support. His address reinforced the need for equity-focused reform to ensure Indigenous Australians access timely, effective, and respectful primary health services.



2012 Oration

Health equity

By Professor Fran Baum AO,
Flinders University,
South Australia

Professor Fran Baum AO, in the 2012 Oration emphasised that health disparities are largely driven by social and economic factors. She advocated for comprehensive policy interventions to address these inequities. Professor Baum highlighted the importance of a whole-of-society approach, integrating health considerations into all policies, to create a more equitable and sustainable health system for all Australians.



2013 Oration

The \$5.5 million 22-year-old: how we have created complex needs and what to do about it

By Professor Eileen Baldry AO,
Deputy Vice-Chancellor Equity,
Diversity and Inclusion, University
of NSW

Professor Eileen Baldry AO presented a compelling case study of a young woman who, by age 22, had cost the Australian government over \$5.5 million due to compounded service failures across health, housing, justice, and welfare systems. Professor Baldry argued that fragmented, siloed services perpetuate disadvantage. She advocated instead for integrated, person-centred approaches to prevent such costly cycles.

Reflection on the Ian Webster Oration from Professor Eileen Baldry AO:

The 2013 Ian Webster Oration focused on results of an ARC Research Project I led and on which Emeritus Professor Ian Webster AO was an Investigator. The Project was 'People with Mental Health Disorders and Cognitive Disability (MHCD) in the Criminal Justice System'. The resultant data bank is still being updated and used.

The linked and merged data gathered whole of life events from all NSW criminal legal agencies, health and social services for 2,731 individuals who had been in prison. It revealed stories of tragedies and compounding and cumulative disadvantages created in the lives of individuals and communities by inequities, disability, disadvantage, discrimination, racism, lack of education and employment opportunities, policy disasters and service siloing, refusal and neglect. But the oration pointed to the potential for resilience, of greater equity and the creating of virtuous cycles of family and community support and shared and integrated human and social services.

A deidentified case study from the data, of a young Aboriginal woman, exemplified the negative cumulative and compounding effects of these factors, as well as the positive potential outcomes when trauma informed, Aboriginal controlled services were made available. 'Casey' has intellectual disability, poor physical health, psychosis, experienced abuse and homelessness as a child, has been in out-of-home care, with little schooling and many episodes in juvenile justice. By the time she was 22 she had cost the state \$5.5 million dollars mainly in criminal, legal, emergency health and social services events. Had she and her mother been properly supported early in life, the costs would have more than halved and she and her mother would have had significantly better health and wellbeing outcomes.

A significant shift in the way agency budgets are organised and services arranged is required.

Ian was crucial in identifying the cumulative and compounding effects of the negative factors and the social justice implications and it was most fitting that this was given as an Ian Webster Oration.



2014 Oration

A global perspective on the contributions of primary care to health equity

By Professor Michael Kidd AO, Chief Medical Officer of Australia, and Foundation Director of the UNSW International Centre for Future Health Systems

The 2014 Oration was presented by then President of the World Organization of Family Doctors (WONCA), Professor Michael Kidd AO, and paid tribute to Professor Ian Webster AO's lifelong commitment to primary health care, equity, and service to vulnerable populations. Michael reflected on Ian's humanitarian work and their shared dedication to improving care for disadvantaged groups through initiatives such as harm reduction, mental health services, and academic primary care. Drawing on Professor Kidd's global health experience role as President of WONCA, he highlighted how strong primary care systems are essential to achieving health equity, universal health coverage, and cost-effective health outcomes. Global case studies from China, India, Indonesia, Japan, and Brazil were shared and illustrated both the challenges and successes of building resilient, community-focused family medicine systems, particularly in rural and underserved areas. Professor Kidd also emphasised the social accountability responsibilities of medical schools to train doctors who meet community needs, the importance of integrating mental health into primary care, and the critical role of family doctors in addressing global crises and inequalities. Ultimately, Professor Kidd reinforced that family medicine is a force for good worldwide, combining scientific expertise with compassion to advance human rights, dignity, and health equity.

Reflection on the Ian Webster Oration from Professor Michael Kidd AO:

I was honoured to be invited to deliver the 2014 Ian Webster Oration. In the Oration, I was able to highlight not only the extraordinary contributions that Ian has made throughout his career, but also the broader importance of primary care in advancing health equity worldwide.

In preparing the Oration, what resonated most with me was the way Ian's career has embodied the integration of compassion with scientific expertise; his commitment to being "a friend to those in need" is both inspiring and instructive. Ian's lifelong dedication to marginalized communities reminds us that medicine is not just about curing illness, but about listening, respecting, and standing beside those who are often excluded from care.

In the Oration I was also able to emphasise the responsibility of medical schools and health systems to be socially accountable. Training doctors is not only about teaching clinical skills but also about shaping professionals who will respond to the real and pressing health needs of the communities they serve. The identification of values, such as relevance, quality, equity, and cost-effectiveness, reminded me that progress in health care is not defined solely by technological advances but by ensuring that care is accessible and fair.

In the Oration, I was able to share stories from around the world, from rural communities in China and Indonesia, to people living in the favelas of Brazil, to communities affected by the Fukushima nuclear disaster in Japan. These examples demonstrate the transformative power of family medicine when it is strongly engaged with the local community. They also demonstrated that challenges in health equity are universal, and solutions often come from collaboration, innovation, and a strong commitment to primary care.

Ultimately, in this Oration I was able to reinforce that health care is a moral endeavour as much as a technical one. Following Ian Webster's example, as health professionals we must all strive to blend knowledge with humanity, always working to be "a friend to those in need."





2015 Oration

Consumers in health care reform

By Leanne Wells, CEO of Consumers Health Forum of Australia

In the 2015 Oration Leanne Wells spoke about the role of partnership with communities and health literacy in better health. She mentioned there were many pressures that should have led to change: community expectations; rising stakeholder advocacy; worrying statistics about the impact of chronic conditions and ageing; and researchers raising the alarm about sustainability. She said that leaders saw primary care as the main game to combatting unsustainable costs and major inequities and were working on a 10 Year Primary Health Care Plan. She was hopeful of a major primary care overhaul whilst retaining its hallmark strength: the universalism of Medicare.

16

Reflection on the Ian Webster Oration from Professor Leanne Wells:

A decade on are we any further ahead? Calls for better access and affordability have been heard. The Bulk Billing Practice Incentive Program, cheaper medicines policy and Urgent Care Centres are designed to meet these needs. But what of quality and innovation in primary health care and efforts to tackle the inequities that still exist, often among those who don't typically access mainstream services or are at the margins in society? We've had dalliances with pilot programs which faltered such as Health Care Homes. Transformational change still eludes us due to factors such as the way care is funded and the models of care that enables.

The lesson from the last decade is that health reform is a journey and system inertia is a drag on change. Consumer involvement remains one of the most powerful drivers of change and can transcend the many vested interests in healthcare. It is time to fully realise this asset by investing in consumer leadership.



17



2016 Oration

Socioeconomic disadvantage and health

By Dr Cassandra Goldie AO, CEO, Australian Council of Social Service

Dr Cassandra Goldie AO has been a leading advocate for social justice and equity in Australia. In her 2016 Oration, Dr Goldie highlighted the profound impact of socioeconomic disadvantage on health outcomes, emphasising that poverty and inequality are significant barriers to accessing quality healthcare. She called for comprehensive policy reforms to address these disparities, advocating for systemic changes to ensure equitable health opportunities for all Australians.



2018 Oration

Health education, health promotion, and health literacy – a personal journey

By Professor Don Nutbeam AO, Professor of Public Health, University of Sydney

Professor Don Nutbeam AO drew his experience in public health roles in the United Kingdom and Australia for the 2018 Oration, offering personal reflections across a career spanning four decades. Drawing on his lived experience, Professor Nutbeam highlighted the extent to which social, economic and environmental conditions significantly shape our lives and life chances. He emphasised the transformative impact of education and of positive role models on his life and career. Addressing health inequity is hard and complex. Health promotion strategies offer the most complete response to this entrenched and complex problem. He cautioned against focusing only on the social determinants as it runs the risk of alienating those we seek to benefit. He stressed the importance of improving health literacy as the basis for meaningful, empowering engagement in health. Addressing the root-cause social determinants of health whilst also working with people to improve their health literacy offers the best combination of approaches to achieve "Health for All".

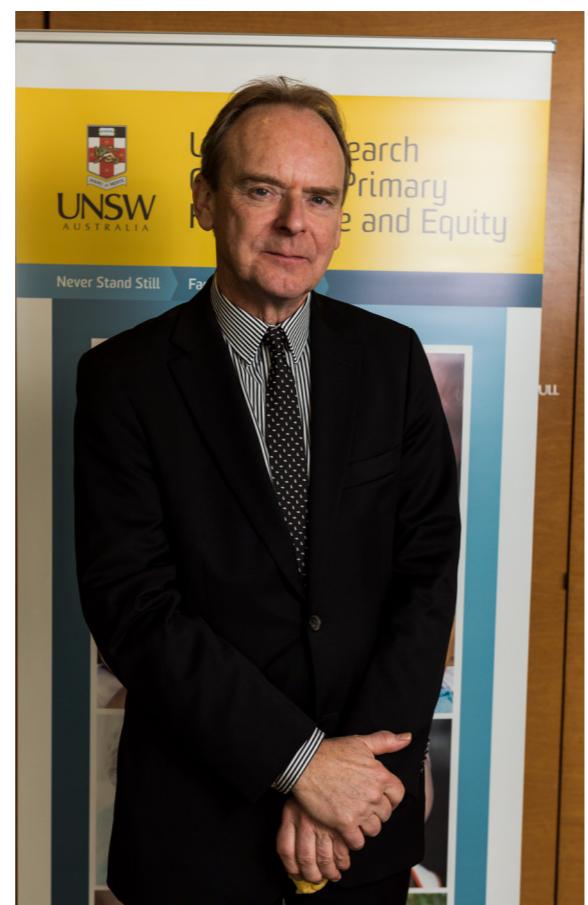
2017 Oration

Health environments: links between public health and urban planning

By Professor Bill Randolph, Director, City Futures Research Centre, UNSW

Professor Bill Randolph's presentation emphasised Australia's "suburbanisation of disadvantage," where rising inequality pushes lower-income groups to outer suburbs. Driven largely by the private rental market, this shift limits access to jobs, services, healthy food, and transport, contributing to poorer health outcomes such as obesity and alcohol-related harm.

Professor Randolph noted that climate change's heat island effect will hit these suburbs hardest, with many residents in deep poverty and an emerging "Generation Rent" locked out of home ownership. Spatial segregation also hampers service delivery, particularly for women facing mobility constraints. He criticised urban planning's inner-city focus and called for health equity to be embedded in planning, alongside a realistic settlement strategy reflecting the diversity of disadvantaged communities.



2019 Oration

Data, theories and metaphors: primary healthcare research through art, relationships and science

By Dr Jean-Frederic Levesque, Agency for Clinical Innovation, NSW Health

Dr Jean-Frédéric Levesque explored the integration of data, theoretical frameworks, and metaphors in primary healthcare research in his 2019 Oration. Emphasising the importance of interdisciplinary approaches, Dr Levesque highlighted how art, relationships, and scientific inquiry can collectively inform and enhance healthcare practices. His Oration underscored the need for innovative methodologies to address complex health challenges.





Reflection on the Ian Webster Oration from Dr Jean-Frederic Levesque:

The Ian Webster Oration is a significant opportunity for researchers and academics to reflect on their careers, the contribution they have made to science or policy, and to explore their work from a different perspective. For me, it was the opportunity to explore why conceptual frameworks have been such a significant part of my academic outputs. What were the drivers leading me in the direction of adding a conceptual contribution to the empirical work I was realising? Having the opportunity to gather your thoughts and reflect on influences also provided for me an impetus into future work and re-ignited my interest into conceptualisation.

After a few years of listening to prior orators, being inspired by their reflections on careers or significant contributions, being asked to provide the Oration enabled me to better understand an important aspect of my career development. Taking the time, stopping, looking back. Once the production anxiety stage had gone, preparing the Oration also became a creative act on its own. Receiving carte blanche to take the Oration in the direction I wanted was daunting at first, but then very fulfilling. I took to the task with humility, knowing that I would reveal to my peers and colleagues from the sector some aspects of myself that have driven me in my work.

Six years on, I still vividly remember the event and I am grateful to have had the chance to honour Emeritus Professor Ian Webster through a glimpse into data, theories and metaphors.

2020 Oration

Health equity: a personal journey

By Dr Greg Stewart, Director of Primary, Integrated and Community Health at South Eastern Sydney Local Health District

In the 2020 Oration, Dr Greg Stewart drew on his extensive experience in public health, shared personal insights into the challenges and opportunities in advancing health equity. Dr Stewart emphasised the importance of integrating social determinants of health into policy and practice to achieve equitable health outcomes for all Australians.



Reflection on the Ian Webster Oration from Dr Greg Stewart:

In 1990, Ian Webster appointed me to my first job in public health – Director of the South Western Sydney Public Health Unit. I well recall Ian's response to my comment at the interview that, as a new Director of a new Unit, I would be very careful not to transgress into others' territory. He said something like "No need to worry about that, Greg, there is more than enough demand out here for everyone to have a place in improving the health of our population". That so well summarised the mission that Ian personified throughout his career - an inclusive and communitarian approach to system change and health improvement.

So, when Emeritus Professor Mark Harris AO asked me to be the 2020 Ian Webster Orator, I was greatly honoured, both because it was named in Ian's honour and because of the eminent company of former orators that I would be joining. I had just retired from NSW Health after 40 years and Mark asked me to speak on embedding health equity in the health system. As I remarked during the Oration "Such an easy topic to talk about and such a difficult agenda to put into effect".

Mark then made the brilliant suggestion that I approach the topic in the context of my personal journey into public health medicine and as a senior manager of health services. That unlocked a narrative that included my upbringing in a political Labor Party family, the influence of the Catholic Church and the reactionary nature of Australian politics until (and then after) the brief flourishing of the Whitlam era.

I cited Catholic Social Teaching, particularly the influential 1891 encyclical of Pope Leo XII *Rerum Novarum* (On Revolutionary Things) that took a stand against both rampant laissez-faire capitalism and communism and argued for a world view that could be best described as social democracy. It is fascinating that the new Pope Leo XIV has chosen that name partly to make the point that the sentiments of *Rerum Novarum* remain a guiding star for social justice in the world.

I am glad to see that two of my examples of embedding health equity – building healthy neighbourhoods and Health Justice Australia's development of Health Justice Partnerships - continue to flourish. Regrettably, my third example – implementing the recommendations of the Uluru Statement - has not.



Reflection on the Ian Webster Oration from Dr Mitchell Smith:

It was an honour to be invited to give an oration under the name of Emeritus Professor Ian Webster AO, who I had worked under when I first came to South Western Sydney in the mid 1990s. He headed Population Health in South West Sydney at the time, spanning when the NSW Refugee Health Service was created in 1999. He's been a community health pioneer, an advocate for mental health and suicide prevention reform, a leader in drug and alcohol care, a supporter of the homeless & other disadvantaged people. Supposedly retired but still busy.

For the 2022 Oration I spoke about my journey working in refugee health, both here and overseas. The themes of access and equity were very much passionate areas for Professor Webster (and continue to be). I finished with a reminder that health professionals and academics can be powerful advocates for change, especially when they join together.

2021 Oration

Co design: the innovation challenge in the co-design of health services

By Professor Victoria Palmer, The University of Melbourne

Professor Victoria Palmer delivered the 2021 online Oration "If you want something new, you have to stop doing something old" – the innovation challenge in the co-design of health services. She emphasised that genuine innovation in healthcare requires moving beyond traditional practices and embracing co-design methodologies. By integrating lived experiences into service design, Professor Palmer advocated for transformative, patient-centred approaches to healthcare improvement.

2022 Oration

Refugee and immigrant health

By Dr Mitchell Smith, Director, NSW Refugee Health Service & Sundus Yousif, Bi-Lingual Community Educator, South Western Sydney Local Health District

The 2022 Oration on Refugee and Immigrant Health delivered online by Dr Mitchell Smith and Sundus Yousif drew on their professional and community perspectives, showcasing the value of lived experience alongside clinical expertise in shaping refugee health services. The session also acknowledged the continuing relevance of access, equity, and advocacy in advancing community health.



2023 Oration

Primary health care and equity: a journey

By Emeritus Professor Mark Harris AO, Former Director, Centre for Primary Health Care and Equity, University of NSW

Emeritus Professor Mark Harris AO reflected on his journey in primary health care, emphasising its role in promoting health equity in the 2023 Oration. Drawing on experiences from Australia, Indonesia, Vanuatu, and Borneo, he highlighted systemic challenges and the importance of access, comprehensiveness, continuity, coordination, and participation. He advocated for culturally responsive care, multidisciplinary teamwork, and community involvement. He said that despite progress, fragmentation and workforce pressures persist. Strengthening core functions and inclusive strategies remain key to achieving equitable, sustainable health care.

Reflection on the Ian Webster Oration from Emeritus Professor Mark Harris AO

I am pleased to contribute some reflections to this booklet commemorating the 20th Ian Webster Health-For-All Oration. It was a privilege to give the annual Oration in 2023 especially considering my debt to Ian Webster's years of mentoring and inspiration.

The title of my contribution was, "Primary health care and equity: a journey". My commitment to equity and universal access to health care led me to follow a career in primary health care. Although not clear to me at the time, there were many populations that could benefit from improved access and equity, including those in less developed countries, refugees, Indigenous Australians and people living in under-served communities such as in outer Sydney and far west NSW. Over 50 years, I have had the privilege of working with each of these.

The Oration gave me the opportunity to clarify my long-standing commitment to access and equity and the nature of the health needs experienced by these groups. It also helped me to reflect on what, with all those that I worked and collaborated with, I tried to achieve in preventive care, new models of integrated care and multidisciplinary teamwork. Collectively I hope these have made some contribution to reshaping access and equity and addressing some of the challenges of primary health care in Australia.

I also hope that the description of my journey was helpful to others. It has certainly helped me sharpen my focus. Since making this address, I have continued my journey. Of course, there remains so much to be done





Ian Webster Orators 2006-2025

Year	Presenter	Theme
2025	Dr Shannon Nott, Chief Medical Officer, Royal Flying Doctor Service	Heroes of Australian Health Care: What the Future Holds for Rural and Remote Australia and the Royal Flying Doctor Service
2024	Emerita Professor Billie Giles-Corti, RMIT University	Locational disadvantage: can research play a role in tackling locational disadvantage? Reflections with the benefits of hindsight
2023	Emeritus Professor Mark Harris AO, Centre for Primary Health Care and Equity, UNSW	Primary health care and equity: a journey
2022	Dr Mitchell Smith, Director, NSW Refugee Health Service & Sundus Yousif, Bi-Lingual Community Educator, South Western Sydney Local Health District	Refugee and immigrant health
2021	Professor Victoria Palmer, The University of Melbourne	Co design: the innovation challenge in the co-design of health services
2020	Dr Greg Stewart, Integrated and Community Health at South Eastern Sydney Local Health District	Health equity: a personal journey
2019	Dr Jean-Frederic Levesque, Agency for Clinical Innovation, NSW Health	Data, theories and metaphors: primary healthcare research through art, relationships and science
2018	Professor Don Nutbeam AO, School of Public Health, University of Sydney	Health education, health promotion, and health literacy – a personal journey
2017	Professor Bill Randolph, Director, the City Futures Research Centre, UNSW	Health environments: links between public health and urban planning
2016	Dr Cassandra Goldie AO, CEO, Australian Council of Social Service	Socioeconomic disadvantage and health
2015	Leanne Wells, CEO, Consumers Health Forum of Australia	Consumers in health care reform
2014	Professor Michael Kidd AO, President of the World Organization of Family Doctors	A global perspective on the contributions of primary care to health equity
2013	Professor Eileen Baldry AO, Deputy Vice-Chancellor Equity, Diversity and Inclusion, UNSW	The \$5.5 million 22-year-old: how we have created complex needs and what to do about it
2012	Professor Fran Baum AO, Flinders University, South Australia	Health equity
2011	Associate Professor Noel Hayman, Queensland University	Indigenous primary health care
2010	Professor John McCallum, University of Western Sydney	Health system reform: beyond hopes and dreams
2009	Dr Alex Wodak AM, Director, Primary Health Care Research and Information Service	Harm minimisation
2008	Associate Professor Elizabeth Kalucy OAM, Director, Primary Health Care Research and Information Service	Inequity and complexity
2007	Professor Bonnie Sibbald, National Primary Care, Research and Development Centre, Manchester University	Nurse led chronic disease management in primary health care.
2006	Dr Di O'Halloran AO, Chair, NSW General Practice Advisory Council	General practice and community health work in disadvantaged communities

2024 Oration

Locational disadvantage: can research play a role in tackling locational disadvantage? Reflections with the benefits of hindsight

By Emerita Professor Billie Giles-Corti, Royal Melbourne Institute of Technology (RMIT) University

Emerita Professor Billie Giles-Corti delivered the 2024 Oration on the theme of "Locational Disadvantage." Drawing from her extensive research on the built environment's impact on health, she reflected on how spatial factors contribute to health inequities. Emerita Professor Giles-Corti emphasised the importance of evidence-based urban planning and policy interventions to address locational disadvantage and promote equitable health outcomes for all communities.

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