National Rural Health Alliance

The equitable, healthy and sustainable access for rural, regional and remote communities across Australia

# Review of the National Agreement on Closing the Gap 2026


## Abstract

The National Rural Health Alliance (the Alliance) welcomes the opportunity to contribute to the National Review of Closing the Gap. This review provides an important opportunity to assess progress against the Closing the Gap targets and consider whether national efforts are translating into improved outcomes for Aboriginal and Torres Strait Islander people across Australia.

As the peak advocacy body for rural health, representing 56 member organisations, the Alliance emphasises the importance of considering the experiences of Aboriginal and Torres Strait Islander people living in rural, regional and remote communities. The Alliance recognises that it is not within its remit to speak on behalf of Aboriginal and Torres Strait Islander people and their experiences of the healthcare system, therefore, this response aims to highlight the intersectionality between rurality, access to healthcare and Closing the Gap outcomes in support of Aboriginal and Torres Strait Islander people and Aboriginal and Torres Strait Islander-led organisations.

While Aboriginal and Torres Strait Islander people are more likely to live in Regional Areas (44%) and Major Cities (41%), the proportion of the total population who are First Nations increases with remoteness, from 2.2% in Major Cities to 30% in Remote and Very Remote areas (AIHW 2026; AIHW 2025). Rurality can influence access to health care and other essential services and compound the impact of social determinants of health (NRHA 2024). However, a focus on social determinants alone can reinforce deficit-based understandings of Aboriginal and Torres Strait Islander health and wellbeing.

Drawing on the Lowitja Institute's report: *Culture is Key: Towards cultural determinants-driven health policy* (2021), the Alliance supports a strengths-based approach that recognises the cultural determinants of health, including connection to culture, Country, family and community, identity and resilience. Grounded in Aboriginal and Torres Strait Islander ways of knowing, being and doing, this approach provides an important complement to the consideration of the social determinants of health. It also reinforces the importance of self-determination, leadership and cultural continuity in approaches to health and wellbeing.

The Alliance believes it is important to apply a more nuanced rural lens to Closing the Gap, recognising the diversity of rural communities and that approaches and outcomes can differ significantly from metropolitan areas. This includes recognising and building upon the strengths of Aboriginal and Torres Strait Islander-led and locally responsive programs that contribute to improved health and wellbeing outcomes. Identifying and amplifying what is working locally is essential to ensuring national approaches support community strengths and priorities.



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The review must also consider the role and contribution of the Aboriginal and Torres Strait Islander health workforce. Strengthening, valuing and recognising this workforce is critical to culturally safe, appropriate and locally responsive care and Aboriginal and Torres Strait Islander leadership in health and wellbeing.

Most importantly, the findings of the review must be translated into action. Appropriate investment, accountability and a shared understanding across government, education and industry is necessary to ensure that Closing the Gap is not only measured nationally but experienced locally by Aboriginal and Torres Strait Islander people and communities. The National Health Reform Agreement 2026–2031 provides an important opportunity to translate commitments to Aboriginal and Torres Strait Islander health equity, culturally safe care and rural and remote health equity into practical action.

## Overview of Findings from Volume 1 Study Report Review of the National Agreement on Closing the Gap and the Coalition of Peaks Review of Closing the Gap

The 2024 Review of the National Agreement on Closing the Gap and the Review of Closing the Gap undertaken by the Coalition of Peaks in 2025 both identified structural issues within the implementation of the Closing the Gap Priority Reform areas (Productivity Commission 2024; Coalition of Peaks 2025). Both reports identify limited power-sharing, business-as-usual approaches, inadequate government transformation, and insufficient recognition of Aboriginal and Torres Strait Islander leadership and expertise as barriers to securing outcomes for Closing the Gap. The Productivity Commission particularly highlights the challenges of government approaches to be responsive to diverse regional and cultural needs and governance structures.

Both reviews call for genuine, shared decision-making, stronger community-controlled organisations, systemic government transformation, Indigenous Data Sovereignty and stronger accountability, rather than additional initiatives layered onto existing systems. These findings demonstrate that, while Closing the Gap provides a sound framework for addressing inequity, translating its intentions into outcomes remains a challenge.

A shift towards an outcomes-focused approach requires strengths-based policy informed by place-based contexts and a move from cultural recognition to cultural responsiveness. The Lowitja Institute's work on the cultural determinants of health provides an important foundation for this shift, reinforcing the need to recognise Aboriginal and Torres Strait Islander knowledge, leadership, cultural expression and connection to Country, family and community, alongside the social determinants of health. These considerations should inform how governments design, implement and evaluate Closing the Gap commitments, rather than being treated as additional considerations.

The Alliance notes that a rural health context provides important insight into how Closing the Gap can be achieved in practice. Geographic isolation can compound health needs and create additional challenges in accessing services, infrastructure and workforce (NRHA 2025). Despite these challenges, rural communities have a strong history of innovation, local leadership and genuine partnership, demonstrating that effective responses are often developed through understanding local strengths, priorities and circumstances. Rural health is therefore an important case study for demonstrating the value of place-based solutions and the need for Closing the Gap approaches to recognise that what works in one community or region may not work in another.

The National Health Reform Agreement 2026–2031 provides a practical opportunity to support this approach within the health system. Its inclusion of Schedule B – Better health outcomes for Aboriginal and Torres Strait Islander people and Schedule F – Better health equity for rural and remote communities creates an opportunity to connect commitments to Aboriginal and Torres Strait Islander health equity with the need for locally responsive rural health services (FFR 2026). These commitments will need to be supported by implementation, appropriate investment, genuine partnerships and accountability to deliver meaningful improvements in health outcomes.

## Priority Reform 1 – Formal partnerships and shared decision-making

### Aligning Cultural Determinants Focus: Self-determination and leadership; Connection to Country.

In a health and wellbeing context, self-determination through shared decision-making and genuine partnerships are cornerstones of health and wellbeing outcomes for Aboriginal and Torres Strait Islander people. This is supported by a holistic cultural model of care that responds to Aboriginal and Torres Strait Islander views that health also encompasses the cultural, social and emotional wellbeing of communities (Wilkes et al. 2026).

The Lowitja Institute's Culture is Key framework reinforces the importance of self-determination and leadership in recognising and supporting the cultural determinants of health. Genuine partnerships must therefore extend beyond consultation to support Aboriginal and Torres Strait Islander leadership in the design, delivery and evaluation of health services and policies. This includes recognising the expertise of Aboriginal and Torres Strait Islander health professionals and ensuring that their roles and contributions are valued.

In the health research landscape, there has been a historic lack of genuine inclusion in community research partnerships, resulting in communities providing information yet receiving no tangible benefits or translation of research findings (Snijder et al. 2020). In a study of community based participatory research (CBPR) partnerships in rural Aboriginal communities, it was found that investing in building trust between researchers and communities was an essential element of engaging in an ethical research partnership with Aboriginal communities (Snijder et al. 2020).

The study showed that co-learning between research professionals and rural Aboriginal community partners was facilitated through regular interactions. This was supported by a mutual sentiment from both sides that the others' knowledge and skills were important. CBPR partnerships therefore provide a means to integrate Indigenous knowledge into the research processes and valuing Aboriginal community partners' expertise to the same extent as research partners' expertise. This example demonstrates that CBPR partnerships are an important contribution to decolonisation in research and health outcomes (Snijder et al. 2020).

The Alliance notes that the recently released 2026 – 2036 National Health and Medical Research Strategy (The Strategy) has a strong commitment to improving the field of health and medical research. The Strategy aligns itself with the Priority Reform Areas of Closing the Gap and calls for the prioritisation of Aboriginal and Torres Strait Islander design, leadership and governance in research activities (NHMRC 2026). Focus Area 2 in the Strategy aims to embed Aboriginal and Torres Strait Islander knowledge systems and improve health outcomes through strengthening Aboriginal and Torres Strait Islander community partnerships (NHMRC 2026).

While the Strategy provides a strong outcomes-focused orientation of the research sector for the next decade, there is no commitment from government to pursue the recommendations of this Strategy. Accountability and strong support will be foundational to enabling these outcomes intended by the Strategy.

**Case Study: Wilya Janta (Standing Strong) Housing Collaboration.**

Wilya Janta (Standing Strong) Housing Collaboration demonstrates the value of community-led research partnerships in translating evidence into tangible health outcomes. Based in Tennant Creek in the Northern Territory, the Aboriginal-led organisation brings together community knowledge, scientific and technical expertise, and industry partnerships to design culturally appropriate and climate-safe housing (Hohmann 2025). The approach combines Wumpurrarni (Indigenous) knowledge with contemporary design techniques, ensuring research and evaluation are community-led, locally relevant and directed towards meaningful change (Wilya Janta 2026).

Beyond individual housing projects, Wilya Janta seeks to influence policy, funding and accountability, while developing Local Design Experts to build community capability for future housing design. This model highlights the importance of research partnerships that recognise community knowledge, support self-determination and translate evidence into tangible benefits, with lessons for rural and remote health research and place-based solutions.

## Priority Reform 2 – Building the community-controlled sector

### Aligning cultural determinants focus: Indigenous beliefs and knowledge; Indigenous language; cultural expression and continuity; self-determination.

The Alliance recognises the importance of building the capacity of the Aboriginal and Torres Strait Islander community-controlled sector to support self-determination and improved long-term health outcomes. The 2024–25 Annual Report, the Coalition of Peaks discusses the importance of strengthening community-controlled organisations through increased capacity and workforce. There is a strong body of evidence that adequately resourced, community-controlled services providing culturally safe care yield better health outcomes for Aboriginal and Torres Strait Islander people (Pearson et al. 2020).

The Lowitja Institute's cultural determinants framework reinforces the importance of Indigenous beliefs and knowledge, language, cultural expression and continuity, and self-determination (Lowitja 2021). Community-controlled organisations are important to supporting these determinants through services that respond to the priorities, knowledge and circumstances of the communities they serve. This is particularly important in rural and remote communities, where workforce and service availability can create additional barriers to accessing care. Strengthening the community-controlled sector requires sustained capacity and workforce support, alongside genuine partnerships with governments and other health services. National approaches must recognise the diversity of local contexts and support community-controlled organisations to determine the services and models of care that best meet their communities' needs.

**Attract Connect Stay: The Importance of Place-based approaches**

Research in rural communities demonstrates the importance of building a sense of belonging and local connection as critical for retention, enhancing job satisfaction and overall workplace performance (ACS 2026). The multidisciplinary collaborative approach of the Aboriginal and Torres Strait Islander community-controlled sector creates belonging and can successfully grow a stable, more sustainable health workforce when adequately resourced.

Aboriginal Community Controlled Health Organisations (ACCHOs) often require greater resourcing to support a healthcare delivery model that gives patients more time and often involves a multidisciplinary team (NACCHO 2025). National Aboriginal Community Controlled Health Organisation (NACCHO) notes that longer term funding models could include relational-based targeted contracting of ACCOs to provide programs in areas of identified need. Additionally, NACCHO recommended that a separate funding stream for programs run in ACCOs are funded through relational contracting or block funding (NACCHO 2025). The Forgotten Health Spend: A Report on the Expenditure Deficit in Rural Australia 2026 (also known as The Forgotten Health Spend Report 2026) notes that work is currently underway to develop and validate a funding formula that better reflects local population need, service complexity and the costs of delivering this care in rural and remote communities. This approach aims to recognise the fixed costs of maintaining access, enable multidisciplinary models and allow communities and services to direct resources towards locally identified priorities (NRHA Nous 2026).

**Findings from the Forgotten Health Spend**

The National Rural Health Alliance's Forgotten Health Spend Report, undertaken in partnership with Nous Group, examines government-funded healthcare, pharmaceuticals, aged care and NDIS expenditure across rural, regional and remote Australia. The first report, released in 2023, established a benchmark for understanding rural health funding disparities, estimating a **$6.55 billion expenditure gap in 2020–21**, equivalent to $848.02 per person (age-standardised). In 2025, the analysis expanded to include additional funding categories and greater detail across Modified Monash Model (MMM) areas and states and territories, finding that the expenditure gap had widened by $110 per person since the 2023 estimates, after adjusting for inflation to a **total gap in expenditure of $8.35 billion**. The 2026 report estimates an annual health **expenditure gap of $9.23 billion in 2024–25**, equivalent to $1,218 per person, with the deficit most pronounced in small rural towns (MM5), reaching $6,605 per person (age-standardised) (NRHA Nous 2026).

The National Health Reform Agreement provides an important commitment to take action to improve Aboriginal and Torres Strait Islander health equity with practical action to support community-controlled services. Schedule B's focus on partnerships and governance, health equity and culturally safe healthcare will inform implementation and support meaningful partnerships with Aboriginal Community Controlled Health Organisations, including through local governance arrangements. Schedule F's commitments to better health equity for rural and remote communities provide a complementary opportunity to support flexible service models that respond to local need.

These commitments must translate into appropriate investment, workforce support and sustained organisational capacity. Strengthening the community-controlled sector is not simply an additional service-delivery measure; it is central to supporting self-determination, cultural safety and improved health and wellbeing outcomes.

**Case Study: Mob Pod**

Mob Pod, delivered by the North Coast Aboriginal Corporation for Community Health, demonstrates the role of Aboriginal Community Controlled Health Organisations in developing innovative, culturally appropriate health services that respond to community needs.

Supported through the Australian Government's Innovative Models of Care (IMOC) program, Mob Pod aims to improve access to health care for Aboriginal and Torres Strait Islander people by addressing geographical barriers and bringing services closer to communities. Mob Pod delivers culturally appropriate health services to Aboriginal and Torres Strait Islander communities across the Gympie and Noosa regions via a health bus that provides in-person and telehealth care. Services include health education, GP services, allied health, child health, aged and elder care services, chronic disease management, mental and emotional health (NCACCH 2026).

The program's anticipated outcomes include a 20% increase in mental health service use, a 15% improvement in access to specialised health care, and a 30% reduction in reported geographical barriers to services. It also aims to increase community participation in health events and workshops, improve access to health resources and strengthen disaster preparedness. These targets demonstrate the potential for community-led models to improve health outcomes while strengthening social connections and mental wellbeing (DoHDA 2025).

Mob Pod illustrates the importance of investing in the capacity of community-controlled organisations to design and deliver locally responsive models of care. This aligns with Closing the Gap Priority Reform 2, which calls for strengthening the community-controlled sector. Sustained investment in ACCHOs, alongside greater support, recognition and development opportunities for Aboriginal and Torres Strait Islander Health Workers, is essential to building a strong, culturally safe workforce and enabling community-controlled services to respond to local health priorities.

## Priority Reform 3 – Transforming government organisations

### Aligning cultural determinants focus: Indigenous beliefs and knowledge; self-determination; family, kinship and community

The Alliance emphasises that transforming government organisations requires systemic change to ensure mainstream health services are culturally safe, responsive to local needs and accountable for the services they fund. In rural and remote communities, where access to health services can be limited, place-based and culturally safe care, in conjunction with meaningful partnerships with Aboriginal and Torres Strait Islander communities, are essential to improving health outcomes.

The Unleashing the Potential of our Health Workforce – Scope of Practice Review (the Review) highlights the importance of recognising the expertise of Aboriginal and Torres Strait Islander health professionals and addressing racism and a lack of interprofessional understanding that can restrict their scope of practice (DoHDA 2024). The Review reinforces that cultural safety is not the sole responsibility of Aboriginal and Torres Strait Islander health professionals, but a shared responsibility across the health workforce (DoHDA 2024). Recommendation 16 calls for a shared definition of cultural safety across primary care and its inclusion as a foundational capability in the National Skills and Capability Framework and Matrix (DoHDA 2024).

The Alliance supports efforts to embed cultural safety and accountability across systems that influence health service delivery, including through workforce education, professional accreditation and continuing professional development. This is important for ensuring that frameworks and systems are robust and support the cultivation of the Aboriginal and Torres Strait Islander Health workforce. Supporting this workforce is a key element to removing barriers to care for Aboriginal and Torres Strait Islander people and ensuring broader health safety and wellbeing targets are met.

In 2026, the National Association of Aboriginal and Torres Strait Islander Health Wokers and Practitioners (NAATSIHWP) made a Submission to the Inquiry into racism, hate and violence directed at Aboriginal and Torres Strait Islander people outlining the adverse experiences of the Aboriginal and Torres Strait Islander workforce as individuals and members of a culturally defined workforce (NAATSIHWP 2026). These experiences included restricted scopes of practice, disregard of cultural knowledge and authority, exclusion from decision making processes, inequitable access to professional development and career progression, under utilisation and under valuing of skills, and limited opportunities for leadership progression (NAATSIHWP 2026).

NAATSIHWP report that workforce members have reported the psychological harm, reduced job satisfaction, burnout and attrition because of these experiences. In turn, these adverse experiences also impact the delivery of culturally safe delivery of care (NAATSIHWP 2026). This is particularly prevalent when cultural expertise and knowledge is not recognised or supported, compromising care delivery, reinforce power imbalances, and contributing to culturally unsafe environments (NAATSIHWP 2026).

NAATSIHWP have identified that enabling Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners to work to their full cultural and clinical scope is critical for Aboriginal and Torres Strait Islander health outcomes. Progressing a nationally consistent scope of practice was also identified as an important mechanism to enabling the Aboriginal and Torres Strait Islander Health Workforce. Such recognition was identified as an important measure in strengthening access to professional development and career progression pathways (NAATSIHWP 2026).
The employment of Aboriginal and Torres Strait Islander staff within healthcare services is an important enabler of culturally safe healthcare access through relationship-building (AIHW and NIAA 2023). Recognising and supporting the Aboriginal and Torres Strait Islander health workforce, including community-controlled services, is therefore essential to strengthening the sector and supporting locally responsive care.

The Alliance also highlights the importance of ensuring that government funding and workforce policies recognise the demands placed on Aboriginal and Torres Strait Islander Health Workers living and working in rural and remote communities. The Forgotten Health Spend 2026 report identified that Aboriginal and Torres Strait Islander Health workers may support community members experiencing grief, trauma and mental health concerns while navigating these experiences within their own communities (NRHA Nous 2026). Inadequate support, limited opportunities to disengage from work and inequities in housing, allowances and other employment benefits can compound these workforce pressures (NRHA Nous 2026). Government organisations must therefore ensure that rural workforce funding and employment arrangements appropriately recognise local workforce contributions and support retention, wellbeing and career development.

Investment in the Aboriginal and Torres Strait Islander health workforce must be accompanied by measures that enable workers to exercise their full cultural and clinical scope of practice. The Alliance supports nationally consistent approaches to recognising these roles, improving access to professional development and strengthening career progression pathways. This should include investment in on-Country training and education pathways that enable people to develop their skills and progress their careers without leaving their communities (NRHA Nous 2026).

The Alliance considers these measures essential to transforming health service delivery and strengthening the broader rural health system. Government organisations must demonstrate accountability for embedding cultural safety in their policies, workforce practices, funding arrangements and service delivery, in genuine partnership with Aboriginal and Torres Strait Islander communities.

This includes implementing the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* and progressing relevant recommendations from the Scope of Practice Review. These efforts should complement, rather than substitute for, sustained investment in Aboriginal Community Controlled Health Organisations and their role in delivering culturally safe, community-led care.

**Case Study: First Nations COVID-19 Vaccination Program**

The First Nations COVID-19 Vaccination Training Program in rural Queensland expanded the scope of practice of Aboriginal and Torres Strait Islander Health Workers and Practitioners to include COVID-19 vaccination (Cowley et al 2024). The program delivered online training and face-to-face workshops, equipping workers with additional skills to deliver vaccination services within their communities.

Participants were initially reluctant to take on a clinical skill they might not be permitted to continue using after the emergency order ended. The feedback on the training was consistently positive, with 34 of 40 survey respondents reporting they had applied their new skills in practice, helping minimise the impact of COVID-19 outbreaks in their communities. Importantly, 38 of 40 participants supported vaccination becoming a permanent component of their scope of practice (Cowley et al. 2024). In response, the Office of First Nations Health committed to pursuing permanent regulatory change. This was subsequently achieved, with appropriately trained First Nations health workers and practitioners now permitted to administer a range of vaccines in Queensland (Cowley et al 2024).

This case study demonstrates how government action to remove regulatory barriers can translate workforce training into sustained clinical capacity. Aligning with Closing the Gap's Priority Reform 3, this case study highlights the need for the recognition of the expertise of Aboriginal and Torres Strait Islander health workers and practitioners and enable them to work to their full scope of practice. Supported by training, mentoring and career development, this recognition can strengthen culturally safe care and improve the continuity and effectiveness of primary health services.

## Priority Reform 4 – Shared access to data and information at a regional level

*Aligning cultural determinants focus: Indigenous beliefs and knowledge; cultural expression and continuity; self-determination.*

The Alliance supports for self-determination and governance in the context of digital systems and data collection. The Lowitja Institute's Discussion Paper, titled Taking Control of Our Data examines the important historical context and future implications surrounding data sovereignty and governance. Data sovereignty refers to the Aboriginal and Torres Strait Islander ownership and use of data, in any format, about Aboriginal and Torres Strait Islander lives at either a collective or individual level (Lowitja 2024).

The sharing of data related to Aboriginal and Torres Strait Islander people has carried significant risk (Watego et al 2024). Historically, incorrect utilisation of data has perpetuated stereotypes and reinforced negative health outcomes for Aboriginal and Torres Strait Islander people (Lowitja 2024). As health technology continues to develop, particularly in the emerging context of AI, the Alliance has advocated for data sovereignty principles to inform all new and updated health policy frameworks to support self-determination and health outcomes for Aboriginal and Torres Strait Islander people.

The Alliance notes that the National Health Reform Agreement has committed to Aboriginal and Torres Strait Islander Data Sovereignty in the Addendum 2026-2031. In sections B36 – B43, the National Health Reform Agreement states that it will strengthen Aboriginal and Torres Strait Islander data governance by supporting Indigenous Data Sovereignty, increasing Aboriginal and Torres Strait Islander leadership and control over data, building workforce and digital capability, and improving accountability to ensure data are ethical, accessible and aligned with community priorities. While there has been no measurable action for this commitment, the Alliance notes that this commitment is foundational to enabling broader reform and supporting wider outcomes for Aboriginal and Torres Strait Islander self-determination and health and wellbeing outcomes in the future.

**Case Study: Evaluation of Gurriny Yealamucka community-controlled health service in Yarrabah**

Data sovereignty principles informed the research methodology of a recent evaluation of the transition of primary health care delivery from Queensland Health to Gurriny Yealamucka Health Service, an Aboriginal Community Controlled Health Organisation in Yarrabah, Queensland (MM5) (McCalman et al 2021). The study applied Indigenous data sovereignty principles of ownership, control, access and possession (OCAP). The research placed Gurriny at the centre of the process, with control over research funding and governance, leadership of the research steering committee, access to findings through plain English reports and presentations, and ownership of the final report (McCalman et al 2021).

Through utilising Indigenous data sovereignty principles and ownership of data, the research was able to demonstrate the nuances of implementing community control in Australia and highlights the challenges and enablers of securing outcomes across community organisation, government health and the broader policy environment. This case study aligns with Closing the Gap Priority Reform 4 by highlighting the importance of Aboriginal and Torres Strait Islander organisations having meaningful access to, and control over, data to inform local decision-making.

**Conclusion:**

The National Rural Health Alliance thanks the Productivity Commission for the opportunity to provide feedback to the Review of the National Agreement on Closing the Gap 2026.The National Review of Closing the Gap presents an opportunity to move beyond identifying systemic barriers and strengthen the implementation, accountability and investment needed to achieve meaningful change. Utilising a Cultural Determinants of Health framework across all four Priority Reforms can help ensure that government responses are culturally responsive, locally informed and grounded in genuine partnership.

Rural and remote Australia provides an important context for understanding both the challenges and opportunities in implementing Closing the Gap. While geography and service access can intensify existing inequities, rural communities also demonstrate the value of place-based approaches, Aboriginal and Torres Strait Islander leadership and locally driven innovation. Proximity of services and staff can facilitate collaboration grounded in place and locally-led innovative solutions. These approaches must be supported by:

- sustained investment that recognises the cost of care delivery outside of Major Cities
- recognition of values and strengthened support of the Aboriginal and Torres Strait Islander health workforce, and;
- government systems that enable rather than constrain community-led solutions.

The National Rural Health Alliance emphasises that reform must extend beyond commitments and frameworks to deliver practical, measurable change in communities. National mechanisms, including the National Health Reform Agreement, provide opportunities to embed shared accountability, strengthen Indigenous Data Sovereignty and translate policy commitments into action. Ultimately, progress will depend on governments sharing decision-making power, investing in Aboriginal and Torres Strait Islander-led solutions, and ensuring that implementation reflects the priorities and aspirations of the communities the National Agreement is intended to serve.

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