



PRIMARY HEALTH CARE POLICY

The Public Health Association of Australia recognises that:

1. Universal access to primary health care based on need and not on the ability to pay, is a fundamental human right.ⁱ
2. Clean water, adequate nutrition, sanitation, satisfying employment, adequate housing, safety and social support, and access to appropriate primary health care are essential for good health.ⁱ
3. Universal access to primary health care contributes to improving the health of disadvantaged and vulnerable groups and is an essential responsibility of governments.ⁱⁱ
4. Violence, war and conflict impact negatively on health and reduce opportunities for good health. Peace and cooperation are essential to maintain and promote good health.
5. Maintaining good health is an individual and collective responsibility.
6. Investment in primary health care promotes social justice and equity that protects and enhances the public's health. A healthy well-informed population contributes to social and economic development.ⁱⁱⁱ
7. The social, cultural, political, legislative/regulatory, economic and physical context, and the characteristics of particular populations plus the population's ability to participate, underpins the efficiency and effectiveness of primary health care.
8. Key principles of a primary health care policy model are as follows:
 - Primary health care policy supports the provision of primary health care services that are equitable and fair and not provided on the basis of people's ability to pay;
 - Primary health care policy recognises that comprehensive primary health care is based on a social and economic understanding of health, and should be the foundation of a coordinated health system;
 - Primary health care policy addresses contextual factors that promote and sustain good health, as well as the delivery of primary, secondary and tertiary health care;
 - Primary health care policy supports collaborations between health agencies, all levels of government, citizens and non-health sectors at local, state, national and international levels;

- Primary health care policy supports informed citizens and community involvement in health care system decisions;
- Primary health care policy ensures that health care priorities meet immediate and longer term population health needs; and
- Primary health care policy promotes accountability by investing in research, training and evaluation of inputs, outputs and outcomes.

The Public Health Association of Australia believes that:

8. Comprehensive primary health care services include:
 - a multidisciplinary range of services and programs that are accessible, equitable, culturally respectful, safe, effective and efficient;
 - prevention and health promotion processes;
 - services which empower the population to prevent risk behaviours and better self-manage chronic conditions;
 - local participation of the community in the planning, organisation, and operation of primary health care services;
 - strategies to address the health needs of individuals and communities by improving their health literacy; and
 - evidence-based services and programs delivered by qualified practitioners.
9. The prevention and management of disease is only one component of comprehensive primary health care.^{iv}
10. There is insufficient investment in research and workforce development in primary health care in Australia.
11. Overcoming barriers to universal access to primary health care services, and improved access to affordable housing, meaningful employment and social inclusion, will help to redress the current inequities in the population's health.
12. Insufficient primary health care resources impact on the present unsustainable cost of secondary and tertiary treatment and care.
13. Strengthening health promotion and disease prevention in primary health care would improve functioning, resilience and health of individuals and population health and wellness.^v
15. There are systemic structural barriers to realisation of the principles of primary health care in Australia and the realisation of their potential contribution to more effective health outcomes. These include:
 - parallel and inconsistent federal and state/territory involvements in program administration and cost-shifting between the jurisdictions;
 - dominance of short-term project grants in funding of models to improve health outcomes for primary care;
 - parallel and uncoordinated systems of primary health care service and delivery;
 - differences of opinion about the meaning and proper practice of primary health care, health promotion and disease prevention;

- undue pressure on primary health care services to meet the needs of post-acute care at the expense of comprehensive primary health care;
 - primary medical services as a driver for decision making about primary health care; and
 - insufficient funding for research into determinants of health and well-being.
16. A national primary health care framework is essential as a driver to recognise and integrate community primary health care sectors and general practice.^{vi}
17. A National Primary Health Care Strategy would support and drive health services to put greater emphasis on the social determinants of health, health promotion and early intervention.
18. The current system lacks robust outcome indicators.^{vii}
19. A new policy and planning framework for comprehensive primary health care would incorporate:
- the strengthening of policy and strategic planning capacity in health promotion, public health and primary health care within health departments in all jurisdictions, to support arrangements for local and regional coordinating and planning activities;
 - reform of Australian Health Care Agreements to promote policy harmonisation, the potential for financial reform in resource allocation for primary care, and the potential for key health issues to be addressed collaboratively both locally and nationally;
 - the establishing of Key Performance Indicators for state health departments around primary health care;
 - the encouragement of local government involvement in population-based health planning particularly in the achievement of greater intersectoral coordination at the local level;
 - the development of information and resources to improve both the quality of and access to timely information, and channels of access to it to support informed and organised citizen and community involvement in health care decisions;
 - strengthening the capacity and funding of research into primary health care, at the same time strengthening the institutional base for advocacy of primary health care principles and models of practice;
 - provision of support for primary health care agencies to engage in integrated service delivery and interdisciplinary learning opportunities, giving priority to interpersonal and team skills, social determinants of health and the rationale and scope for community-level initiatives in health promotion;
 - provision of resources to support innovation and evaluation with respect to collaborative, intersectoral and community wide models of practice in primary health care;
 - flexible funding arrangements for developing primary health care resources in accordance with existing local assets and needs; and
 - the involvement of consumers and citizens in the development and implementation of the National Primary Health Care Strategy – see also the PHAA Consumer, Community and Public Participation policy.

The Public Health Association of Australia recommends that:

20. The federal government develops a National Primary Health Care Strategy in conjunction with the States and Territories and based on a wide consultative process.
21. Funds be available to the primary health care sector to:
 - support local and regional level arrangements for primary health care coordination including support for citizen and community involvement, both at the local, agency and regional levels;
 - increase centrally based funding for organisations that support self-management and community participation, without limitation being placed on their exercise of advocacy;
 - strengthen local government's involvement in public health to achieve intersectoral collaboration;
 - support education and training initiatives that lead to wider implementation of primary health care principles;
 - provide increased funding for research and evaluation of comprehensive primary health care in every state and territory, open to community health services, local government and a range of primary health care practitioner groups;
 - plan extension of community health services as a key component of the primary health care sector, with provision for long-term funding for primary health care to avoid the costs and discontinuities associated with dependence on short term project funding; and
 - flexible funding arrangements to support enhancement of the primary health care sector, in accordance with local strengths and needs and covering all relevant community-based agencies and practitioners.

The Public Health Association of Australia resolves that:

22. The Board, Branches and Special Interest Groups will encourage promotion of a wider understanding of the applicability of the principles of primary health care, and will promote collaboration among primary health care providers to achieve implementation of the above recommendations.
23. The National Secretariat, with advice and help from the Primary Health Care SIG will write to the Ministers for Health at Commonwealth and State/Territory levels and the Local Government Association seeking discussion on the development of a national Primary Health Care Strategy.
24. The Primary Health Care SIG will advocate for relevant issues to be addressed in a national Primary Health Care Strategy.

ADOPTED 1992, REVISED AND RE-ENDORSED IN 2004 AND 2008

First adopted at the 1992 Annual General Meeting of the Public Health Association of Australia. First revised at the IUHPE PHAA Policy forum in April 2004 and adopted at the PHAA AGM on 9 October 2004. Most recently revised and re-endorsed as part of the 2008 policy review process.

References:

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- ^{vi} Baum, F. (2003) Primary Health Care: can the dream be revived? *Development in Practice*, 13, 5, 515-519.
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