

# Prevention Focused Primary Health Care

## Policy Position Statement

**Key messages:**

Primary Health Care (PHC) is a whole-of-society approach founded on the fundamental premise that all people, everywhere, have the right to achieve the highest attainable level of health. PHC is grounded in a commitment to the interconnecting principles of equity, access, empowerment, community self-determination and intersectoral collaboration. Prevention focused PHC involves understanding the social, environmental, political, commercial, cultural, and economic determinants of health, to support population health through a range of approaches including health promotion, prevention, and rehabilitation.

**Key policy positions:**

1. Models of PHC should seek to comprehensively address population health needs, with the focus of care expanding from a reactive to a planned approach.
2. Prevention focused PHC requires a multi- sectoral, partnership approach involving all members of society, both collectively and individually, who have the capacity to promote health and wellbeing.
3. Approaches to PHC should be equitable across the population; address local health needs; embed community participation into decision-making; and be sustainable and culturally competent.
4. Greater political effort is needed to develop and implement sustainable prevention-focused PHC. This includes approaches to develop and retain the PHC workforce, particularly in regional, rural and remote areas; embed intersectoral and multidisciplinary collaborations across the health care sector; prioritise action on social, environmental, commercial and political determinants of health; promote preventive approaches, including health promotion, prevention, screening and early intervention; and enhance efficiencies in systems and processes to support better care delivery.

**Audience:**

Individuals, communities and consumer advocacy groups involved in PHC; Governments, policymakers and program managers; health professionals and their representative organisations; Aboriginal community-controlled health organisations; PHC non-government organisations; general practices; PHAA members; non-health agencies strengthening the health system; and the media.

**Responsibility:**

PHAA Primary Health Care Special Interest Group

**Date adopted:**

September 2025 Pending

**Contacts:**

PHAA Primary Health Care Special Interest Group: Mary O'Loughlin: [mary.oloughlin@jcu.edu.au](mailto:mary.oloughlin@jcu.edu.au) and Carrie Wong: [ckwong@swin.edu.au](mailto:ckwong@swin.edu.au)

**Citation:**

Prevention Focused Primary Health Care: Policy Position Statement [Internet].  
Canberra: Public Health Association of Australia; 1992 [updated 2025] Available from:  
URL

# Prevention Focused Primary Health Care

## Policy position statement

### PHAA affirms the following principles:

1. The foundation for this policy, is the vision of the World Health Organization's (WHO's) Alma Ata (now Almaty) Declaration which recognises that Primary Health Care (PHC) is essential, community-based health care and is fundamental to the attainment of health for all. The delivery of health care must meet immediate and longer-term population health needs through prevention, health promotion, curative and rehabilitation approaches.<sup>1</sup>
2. A comprehensive PHC approach, that is based on a broader socio-economic and environmental understanding of health, should be the foundation of a universal coordinated health system. The social, environmental, cultural, political, legislative/regulatory, and economic context; alongside the capacity for individual and community participation in all areas of PHC decision-making, underpins universality, quality, equity, efficiency, and sustainability in PHC.<sup>1,2</sup>
3. Prevention-focused PHC emphasises illness prevention and health promotion approaches, to prevent the onset of disease or injury before it occurs; or enhance the wellbeing of those already experiencing health conditions.
4. A person-centred approach is fundamental to prevention-focused PHC. PHC service provision should be equitable, accessible, evidence-informed, culturally responsive, culturally competent, safe, and person-centred.
5. Individual and intersectoral collaboration is necessary for effective action in prevention-focused PHC with a health for all policies approach.
6. A health system that is committed to continuous investment in prevention-focused PHC training, research and evaluation is needed. This is fundamental to ensure that the health workforce can deliver preventive approaches; and that prevention measures are appropriate, effective and evidence-informed, whilst also being sustainable. Strong leadership and political will for health policy that aligns with prevention-focused PHC principles is requisite to enable the necessary allocation of resources.<sup>3</sup>

### PHAA notes the following evidence:

7. Australia has well established PHC services and multi-disciplinary teams that exist in a range of healthcare settings. These include (but are not limited to) regional and community-based healthcare services, Aboriginal-Controlled Health Care Organisations, and general practices. However, the focus of healthcare activity in these settings is often on reactive, episodic care due to current funding models, rather than on health promotion and illness prevention.<sup>4</sup> Additionally, health professionals - particularly those in the nursing and allied health workforce - face a range of challenges that prevent them from working to their full scope of practice, which is essential for effective, preventative health care.<sup>5</sup>
8. Australian PHC policy is largely concentrated on treating disease rather than early prevention, in a reactive approach to care, and this focus drives decision-making on the range and scope of PHC activities.<sup>6</sup> The need for a preventive approach is widely acknowledged, and an opportunity to reorient health care services towards a proactive, preventative, and integrated approach. This shift can lead to reduced morbidity and mortality, as well as lower potentially avoidable costs in secondary and tertiary care. However, there is an inadequate commitment to health promotion and preventative approaches to address the underlying

determinants of health and wellbeing, with limited priority and funding for prevention.<sup>2,7</sup> Healthcare funding in Australia is focused on treatment-based approaches, with less than 2% of health expenditure used to fund public health activities.<sup>8</sup> Building capacity for promotion, prevention, and early intervention across the life course is essential for effective and sustainable health service delivery.<sup>9,10</sup>

9. Systemic structural barriers impede the realisation of prevention-focused PHC in Australia. These include:
  - a. Lack of longstanding leadership and political commitment to prevention. The Australian Federal Government has a National Preventative Health Strategy 2021-2030, which outlines actions to bolster Australian's preventative health efforts such as increased prioritisation and investment in prevention, however, there is insufficient active implementation of this strategy.
  - b. Current funding does not support the longitudinal care required for prevention activities. Inconsistent federal and state/territory involvement in funding for prevention-based activities has led to cost-shifting between the jurisdictions and uncoordinated systems and processes. Constant start-stop or ad hoc funding of prevention-focused health projects are both disruptive and lead to lack of long-term outcomes.<sup>11</sup>
  - c. Challenges experienced by the PHC workforce have led to difficulties in undertaking prevention-focused activities. These include being overburdened, especially in rural and remote areas, due to health workforce shortages and increasing healthcare demands;<sup>12</sup> competition instead of collaboration between some health professional groups; barriers that prevent health professionals from working to their full scope of practice; and insufficient investment in research and workforce development.<sup>5,7</sup>
10. Recognising and addressing the underlying social determinants of health is essential to the comprehensive PHC approach. Access to affordable, functional and safe housing and transport; secure employment; reliable food security; and efforts to reduce social exclusion and promote inclusion are necessary to address the current inequities in the population's health.<sup>2,13</sup>
11. Service users should be at the centre of all health-promoting initiatives, actively participating in service design, planning, and evaluation. At local, national, and international levels this involves people and communities; consumer advocacy groups; health professionals and their collective representative organisations; governments, including policymakers and health service providers; Primary Health Networks and other government funded, independent health organisations; Aboriginal community-controlled health organisations; PHC non-government organisations, including general practices; the media; and the non-health sector.<sup>3,14</sup>
12. Embedding the lived experiences of consumers in the development and reform of PHC, in partnership with health practitioners, service providers, and funding entities, is central to the delivery of person-centred care.<sup>3,14,15</sup> Efforts to enhance health literacy within the PHC setting are integral to promoting healthcare understanding, accessibility, safety and trust, which can lead to better health outcomes for PHC service users.<sup>16,17</sup>
13. Oral healthcare focused on oral disease prevention is integral to overall health and well-being. Evidence informed public health measures including community water fluoridation; healthy public policies including tobacco and nutrition policies; and behavioural approaches to mitigate risk factors can prevent poor oral health. Government subsidised oral healthcare is limited to a small proportion of the population, with a range of priority populations having limited access to preventive and reactive dental care. The general population is reliant on out-of-pocket payments, either directly to the provider or through private health insurance premiums. The provision of oral health services, both preventive and reactive, is an essential component of service delivery.<sup>18</sup>

**PHAA seeks the following actions:**

14. *A greater focus on prevention* - Governments should mandate and provide funding for the identification, implementation and evaluation of strategies that promote health equity, including the underlying determinants of health. Active support and implementation of activities and policies outlined in the National Preventive Health Strategy 2021-2030 is required.
15. *Comprehensive approach to primary health care* - Governments have both the responsibility and authority to advance preventive PHC by developing holistic public health policies that implement structural changes to address the commercial and social determinants of health—including education, transport, food, housing, and employment. These policies should also support equitable health resourcing, access, and service delivery. Furthermore, governments should facilitate and encourage intersectoral collaboration between health and non-health sectors to promote structural change.
16. *Leadership and political commitment* - Strong leadership is integral to develop and sustain prevention initiatives and programs in PHC. This starts with leadership and political commitment at all governmental levels (federal, state, local) embedding a preventive health approach in policy; and expands to include service planners, providers, users, and communities. Engagement and coordination between stakeholders, using a collaborative approach, is necessary to create a robust, comprehensive, and fiscally responsible health care system and ensure all health providers are working to their full potential to address health needs.<sup>5,19</sup> Prevention and health promoting initiatives should be formulated in collaboration with local community members, enabling them to be empowered to take collective action in relation to their health and the health of their community.
17. *Funding* – Prevention-focused PHC requires extended and flexible funding models to support prevention approaches in service delivery to improve equity, allocative efficiency, and distributional justice. Government and stakeholder, including industry, action includes:
  - increasing prevention-focused health expenditure to at least 5% of total health expenditure.
  - increasing core business funding (that is, an ongoing funding stream) to universally embed access to preventative health care (including oral health care) into PHC service delivery.
  - exploring flexible funding arrangements to develop person-centred, prevention-focused PHC models, services and resources -including support for multidisciplinary care.
  - providing funding to support health promoting initiatives that include community participation in decision-making about prevention-focused PHC activities and their design.
  - investment to upskill the PHC workforce and build their capacity and capability to develop and deliver prevention activities tailored to the needs of the local communities.
18. *Research and evaluation* - Strengthen prevention-focused PHC research capacity and funding. Government and stakeholder, including researcher, action includes:
  - providing resources to support innovation with respect to collaborative, intersectoral and community-informed models of prevention-focused PHC practice.
  - increasing funding for research and evaluation of prevention-focused initiatives in PHC, which contributes to the evidence-base and allows for evidence-informed decision making.
  - further developing evaluation methodology that measures person-centred outcomes; and
  - ensuring that robust, appropriate, and timely evaluation methods are requisite as part of all PHC service and activity funding agreements.

## PHAA resolves to:

19. Advocate for the above steps to be taken based on the principles in this position statement.
20. Actively promote the principles of prevention-focused PHC.
21. Actively support collaboration amongst PHC stakeholders to achieve better outcomes for all.
22. Advocate to strengthen community participation in the design, implementation, and evaluation of prevention-focused PHC services.

**First adopted at the 1992, revised in 2004, 2008, 2011, 2014, 2023 and 2025**

## References

1. World Health Organization. Declaration of Alma-Ata, International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. Accessed May 5, 2023, <https://www.who.int/docs/default-source/documents/almaata-declaration-en.pdf>
2. Keleher H, MacDougall C. *Understanding Health*. 4th ed. Oxford; 2016.
3. Khatri RB, Endalamaw A, Erku D, et al. Contribution of health system governance in delivering primary health care services for universal health coverage: A scoping review. *PLOS ONE*. 2025;20(2):e0318244. doi:10.1371/journal.pone.0318244
4. Cornell S, Pickles K, Crosland P, de Wet C, Trevena L, Bonner C. The role of Primary Health Networks in cardiovascular disease prevention: A qualitative interview study. *Health Promotion Journal of Australia*. 2022;33(3):926-936. doi:<https://doi.org/10.1002/hpja.552>
5. Australian Government. Unleashing the Potential of our Health Workforce – Scope of Practice Review Final Report. Commonwealth of Australia; 2024. <https://www.health.gov.au/resources/publications/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-final-report>
6. Fisher M, Freeman T, Mackean T, Friel S, Baum F. Universal Health Coverage for Non-communicable Diseases and Health Equity: Lessons From Australian Primary Healthcare. *International Journal of Health Policy and Management*. 2022;11(5):690-700. doi:10.34172/ijhpm.2020.232
7. Australian Government Productivity Commission. Innovations in Care for Chronic Health Conditions Productivity Reform Case Study. Productivity Commission. Updated March 2021. Accessed May 10, 2023, <https://www.pc.gov.au/research/completed/chronic-care-innovations>
8. Shiell A, Garvey K, Kavanagh S, Loblay V, Hawe P. How do we fund Public Health in Australia? How should we? *Australian and New Zealand Journal of Public Health*. 2024/10/01/ 2024;48(5):100187. doi:<https://doi.org/10.1016/j.anzjph.2024.100187>
9. World Health Organization. Technical Series on Primary Health Care - Integrating health services. Accessed May 24, 2023, <https://www.who.int/docs/default-source/primary-health-care-conference/linkages.pdf>
10. Nagree Y, Camarda VJ, Fatovich DM, Cameeron PA. Quantifying the proportion of general practice and low-acuity patients in the emergency department. *Med J Aust*. 06/2013 2013;198(11):612. doi:10.5694/mja12.1175
11. Roussy V, Riley T, Livingstone C, Russell G. A system dynamic perspective of stop–start prevention interventions in Australia. *Health Promot Int*. 2019;35(5):1015-1025. doi:10.1093/heapro/daz098
12. Playford D, May JA, Ngo H, Puddey IB. Decline in new medical graduates registered as general practitioners. *Med J Aust*. 2020;212(9):421-422. doi:<https://doi.org/10.5694/mja2.50563>
13. Wilkinson R, Marmot M. *Social Determinants of Health - The Solid Facts*. World Health Organization; 2003. <https://iris.who.int/handle/10665/326568>
14. Rai A, Khatri RB, Assefa Y. Primary Health Care Systems and Their Contribution to Universal Health Coverage and Improved Health Status in Seven Countries: An Explanatory Mixed-Methods Review. *Int J Environ Res Public Health*. Nov 30 2024;21(12)doi:10.3390/ijerph21121601
15. Janamian T, Crossland L, Wells L. On the road to value co-creation in health care: the role of consumers in defining the destination, planning the journey and sharing the drive. *Med J Aust*. 2016;204(S7):S12-S14. doi:<https://doi.org/10.5694/mja16.00123>

***PHAA Position Statement on Prevention Focused Primary Health Care***

16. Australian Commission on Safety and Quality in Health Care. Health literacy: Taking action to improve safety and quality. Sydney, Australia: ACSQHC; 2014.
17. World Health Organization. Health Literacy - The mandate for health literacy  
<https://www.who.int/teams/health-promotion/enhanced-wellbeing/ninth-global-conference/health-literacy>
18. Australian Government Department of Health and Aged Care. Healthy mouths, healthy lives – Australia’s National Oral Health Plan 2015–2024. Commonwealth of Australia. Updated May 8, 2023. Accessed May 12, 2023, <https://www.health.gov.au/resources/publications/healthy-mouths-healthy-lives-australias-national-oral-health-plan-2015-2024?language=en>
19. Australian Government Department of Health. Future focused primary health care: Australia’s Primary Health Care 10 Year Plan 2022-2032. Accessed May 11, 2023, <https://www.health.gov.au/sites/default/files/documents/2022/03/australia-s-primary-health-care-10-year-plan-2022-2032-future-focused-primary-health-care-australia-s-primary-health-care-10-year-plan-2022-2032.pdf>