‘Killer Budget’ attacks prevention and primary health care

The Public Health Association of Australia (PHAA) has renewed its attack on the Federal Budget in an editorial published today in the Australian and New Zealand Journal of Public Health. PHAA’s article focuses on cuts to funding for prevention and primary health care - which it describes as both regressive and short-sighted - while articles by other key experts reinforce that disadvantaged Australians will be hardest hit by cost-cutting measures.

“Rather than a quick death, this is a budget that is so inequitable it will invariably mean those who are less well-off will be even worse off. Nowhere will this have more impact than on the poor,” said Michael Moore, Chief Executive Officer (CEO) of the PHAA.

“The Abbott government’s first budget focused on dollars rather than economics. A headlong drive for a surplus was applied, when the alternative framework using Australia’s Triple A credit rating could have benefited the whole community. Almost $8.6 billion was proposed to be cut from the Health Budget over four years. This budget diminished further the investment in public health and prevention, already a poor 2.2% of the total health budget.

“The attacks on prevention and primary health care may not be deliberate but simply fit into a part of a broader process of cost-shifting, and responsibility to the States and Territories. While the Federal Government’s bottom line might look better in a few years through such cost shifting, taxpayers will still be paying the bills – just paying different taxes to State and Territory governments.

“The recent comments of the Treasurer echo a budget reflecting the current worldwide reactionary political philosophy with its emphasis on small government, less intervention and more personal responsibility. However, the greatest advances in health for all in the community have come through prevention. And prevention has been most successful when government faces the issues squarely, understands the extent to which health is socially determined and invests in efforts to improve health across the community.

“Conversely, this Budget saw cuts to Indigenous Affairs programs (exceeding $121 million over four years), dental health programs ($635 million over four years), the National Partnership Agreement on Preventive Health (exceeding $367 million over four years) and the Partners in Recovery mental health initiative ($54 million over two years).

“The $7 co-payment for GP visits, out-of-hospital pathology and diagnostic imaging services was a regressive measure, creating barriers to primary care access for disadvantaged Australians and increasing burdens on hospitals. Also undermining good primary health care in the long term is a $5 co-payment for PBS-listed medicines, the abolition of the National Preventive Health Agency, General Practice Education and Training Limited and the Australian Medicare Local Alliance. These were preventive health and primary health care agencies focussing on reducing pressure and costs in hospital and acute settings. National agencies with an emphasis on primary health care and preventive health are vitally important.

“The Federal Budget was a ‘killer’ in multiple ways and will be for many years to come. And this is only considering the health cuts. Cuts in social welfare, Indigenous programs, education funding and the environment portfolio will have major ramifications for health outcomes into the future,” concluded Mr Moore.

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