Public Health Association of Australia:

Policy-at-a-glance – Primary Health Care Policy

Key message:

1. Comprehensive primary health care is a holistic approach to health and well-being that encompasses all services that can impact on health and wellbeing and are delivered in partnerships by an interdisciplinary team through a range of services and programs that are accessible, equitable, on-going, culturally appropriate, safe, effective and efficient.

2. The prevention and management of disease is only one component of comprehensive primary health care.

3. Insufficient primary health care resources and inadequate primary health care services can increase morbidity and mortality, and so add to the cost of secondary and tertiary treatment and care.

4. Strengthening health promotion and disease prevention in primary health care would improve functioning, resilience and health of individuals and population health and wellness.

5. Australia’s National Primary Health Care Strategy and National Primary Health Care Strategic Framework must support actions and provide incentives to health services with direction to prioritise attention to the social determinants of health, public and primary health, health promotion and early intervention.

Summary: PHAA will: actively promote a wider understanding within the community of the meaning and intent of the principles of comprehensive primary health care; and will seek to ensure that Australia effectively implements the a National Primary Health Care Strategy and the National Primary Health Care Strategic Framework based on the aforementioned principles.

Audience: Australian, State and Territory Governments, policy makers and program managers.

Responsibility: PHAA’s Primary Health Care Special Interest Group (SIG)

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Contact: Joanne Walker and Jacqui Allen, Co-Convenors, Primary Health Care SIG – jojowalker@bigpond.com and jacqui.allen@deakin.edu.au
PRIMARY HEALTH CARE POLICY

The Public Health Association of Australia notes:

Primary Health Care is founded on the interconnecting principles of equity, access, empowerment, community self-determination and intersectoral collaboration. It encompasses an understanding of the social, environmental, economic, cultural and political determinants of health.\(^1\) It incorporates health promotion, the prevention of illness, and strategies to enhance individual and community control over health and wellbeing through a person-centred approach in addition to clinical care.

The Public Health Association of Australia recognises that:

1. The World Health Organisation (WHO) Alma Ata Charter on Primary Health Care and the World Health Report on Primary Health Care are the foundations for this policy.\(^2\)
2. Universal access to primary health care based on need and not on the ability to pay and is a fundamental human right.\(^2\)
3. Clean air and water, adequate nutrition, sanitation, meaningful employment, adequate housing, safety and social support, and access to appropriate primary health care are essential for good health.\(^5\)
4. Universal access to primary health care contributes to improving the health of disadvantaged and vulnerable groups and is an essential responsibility of governments.\(^3\)
5. Conflict, violence and war impact negatively on health and reduce opportunities for good health. Peace and cooperation are essential to maintain and promote good health.
6. Maintaining good health is a collective as well as an individual responsibility.
7. 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.\(^3\)
8. The social, environmental, cultural, political, legislative/regulatory, economic and physical context, and the characteristics of particular populations including the population’s ability to participate, underpins the efficiency and effectiveness of primary health care.\(^5\)
9. Environmental health, in both natural and built environments, is inextricably linked to human health and wellbeing.
10. Key principles of a primary health care policy model are as follows:
    • Primary health care policy supports the provision of comprehensive 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 broader socio-economic and environmental understanding of health, and should be the foundation of a coordinated health system; 

Primary health care policy addresses societal and 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, jurisdictional, national and international levels; 

Primary health care policy supports informed citizens and community involvement in health care system decisions and is delivered in a person centred approach; 

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, process, outputs and outcomes.

The Public Health Association of Australia believes that:

11. Comprehensive primary health care includes:
   - services and programs that are of an interdisciplinary nature in which accessibility, equity, sustainability, culturally appropriate, safety, effectiveness and efficiency are enshrined; 
   - person-centred services which empower individuals and the community to prevent and reduce risk behaviours and better self-manage their health and wellbeing, particularly for those with long term illness and/or chronic conditions; 
   - illness prevention, health promotion and advocacy activities; 
   - oral health; 
   - local participation of the community in planning, organisation, operation and evaluation of services; 
   - strategies to address the health needs of individuals and communities by improving health literacy; and 
   - evidence-informed services and programs delivered by qualified practitioners.

12. A national primary health care framework is essential as a driver to recognise and integrate community primary health care sectors and general practice. However, Australia’s National Primary Health Care Strategy and National Primary Health Care Strategic Framework do not clearly articulate the definition and understanding of comprehensive primary health care in an Australian health care system and have not had adequate bipartisan support to implement the National Primary Health Care Reform.

13. Australia’s National Primary Health Care Strategy and the National Primary Health Care Strategic Framework should support and drive health services to put greater emphasis on addressing the determinants of health, health promotion, early intervention and person centred care.

14. The prevention and management of disease is only one component of comprehensive primary health care.

15. There is insufficient investment in research and workforce development in primary health care in Australia.

16. Overcoming barriers to universal access to primary health care services, and improved access to affordable and functional, safe housing, meaningful employment and social inclusion, will help to redress the current inequities in the population’s health. Until
governments act to improve socio-economic equality within society, improvements in health will continue to be costly and marginal

17. Insufficient primary health care resourcing increases morbidity and mortality, and gives rise to additional but avoidable costs in secondary and tertiary care.

18. Strengthening health promotion and disease prevention in primary health care would improve resilience and health of individuals, population health and wellness, reducing reliance on and expenditure in secondary and tertiary care through reduced demand, as well as improving economic prosperity.

19. 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;
- differences of opinion about the meaning and proper practice of primary health care, health promotion and disease prevention;
- dominance of short-term project grants in funding of models to improve health outcomes through primary health care and lack of systematic longitudinal evaluations of successful models;
- parallel and uncoordinated systems of primary health care service and delivery;
- undue pressure on primary health care services to meet the needs of hospital avoidance and 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.

20. The current health system lacks robust outcome indicators for primary health care.

21. A national policy and planning framework for comprehensive primary health care should 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 health care, and the potential for key health issues to be addressed collaboratively both locally and nationally;
- the establishment of evidence informed primary health care Key Performance Indicators from governments to health practitioners;
- the encouragement of local government and non-government organisation sector involvement in population-based health planning particularly in the achievement of greater intersectoral cooperation and 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 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 services and resources in accordance with existing local assets and needs; and
• the involvement of consumers and citizens in the implementation and review of the National Primary Health Care Strategies and Frameworks.

The Public Health Association of Australia recommends that:

22. Following a wide consultative process, the federal government implements and reviews the National Primary Health Care Strategy, and the National Primary Health Care Strategic Framework, in conjunction with the States and Territories.

23. 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 core funding (i.e. an ongoing funding stream to support primary health care as part of core business) for organisations that deliver person centred care; 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 and services integration;
• support education and training initiatives that lead to wider implementation of primary health care principles;
• oral health be formally incorporated into the Australian primary health care sector;
• provide increased funding for research and evaluation of comprehensive primary health care in every state and territory that is available 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 enable flexible funding arrangements to support enhancement of the primary health care sector, in accordance with local strengths and needs

The Public Health Association of Australia resolves that:

24. Its 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.

25. They will also seek the opportunity to collaborate not only with other agencies and stakeholders as relevant in order to strengthen awareness, interest in and action to promote primary health care in relevant settings but will actively seek and encourage community partnerships in the shaping, designing, implementing and evaluating of primary health services.

26. The Board, Branches and Special Interest Groups, with support from the National Office, will encourage implementation and review of the National Primary Health Care Strategy and the National Primary Health Care Strategic Framework.

27. The Primary Health Care Special Interest Group, with support from the National Office, will advocate for on-going implementation and evaluation of the National Primary Health Care Strategy and the National Primary Health Care Strategic Framework.

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 2014 policy review process.

References:


3 Rifkin, S Walt, G et al 1986, ‘Special edition on selective or comprehensive primary health care,’ Social Science and Medicine, vol. 26, no.9, pp 877-977.


