

UNIVERSAL HEALTHCARE FOR ALL

Universal health coverage means that all people have access to the health services they need, when and where they need them, without financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.

Currently in Australia more than 7 million people do not have adequate access to basic health care because they live in rural and remote areas. This needs to change.

To make health for all a reality, we need: individuals and communities who have access to high quality health services so that they take care of their own health and the health of their families; skilled health workers providing quality, people-centred care; and policy-makers committed to investing in universal health coverage.

Universal health coverage should be based on strong, people-centred primary health care.

Good health systems are rooted in the communities they serve. They focus not only on preventing and treating disease and illness, but also on helping to improve well-being and quality of life.

Universal Health Care does not mean free access to every possible health service for every person. Some people can afford to pay to access health care, but this is not true for all Australians, particularly those in rural and remote areas.

Rural and remote communities are also in some of the lowest socioeconomic areas on the SEIFA scale which means that fee-based health care is a hard barrier to achieving universal access.

In developing policy responses, governments

need to recognise the unique circumstances of rural and remote people. The decline in rural medical workforce and bulk-billing in Australia has a significantly greater impact on the health and well-being of rural and remote people because they are more likely to be living with one or more chronic diseases and are the least able to afford a co-payment or to travel long distances to access care.

There is a critical need for an equity lens to be applied to access to health care. At present, the Australian and State governments can claim that all Australians have equal access to Medicare and the PBS, but not all Australian are equally able to exercise their right to health care. This needs to be addressed.

The problems of medical workforce maldistribution were not caused by rural and remote people. Rural and remote communities have been affected by the centralisation of public services, the loss of local employment and the cascade impact this has on local services and access.

If Australia is to return to the principle established in 1972 of universal access to healthcare, it must adopt an equity approach to the allocation of scarce resources to address the needs of disadvantaged communities.