

An Overview of Public Health Down Under



How is it organized?

- Public health is shared across the Australian Government, state and territory governments, and local governments, so it is not managed by only one agency (Australian Government Department of Health, Disability and Ageing, 2026)
- Coordination also happens at the regional level through 31 Primary Health Networks. PHNs are funded to streamline services and improve coordination, especially for people at higher risk of poor health outcomes (Australian Government Department of Health, Disability and Ageing, 2025a)

How is it Integrated?

- Public health is integrated into routine health care through national programs and eligibility rules. The National Immunization Program provides routine vaccines free to eligible people, and eligibility is linked to having or being eligible for a Medicare card. This connects a major public health function directly with the broader Medicare based system (Australian Government Department of Health, Disability and Ageing, 2025b)
- Integration also happens through coordination structures. Primary Health Networks are designed to coordinate primary health care in regions and support better links across services, which helps public health goals like prevention and early support fit into the everyday delivery system (Australian Government Department of Health, Disability and Ageing, 2025a).



What's included?

- Public health focuses on prevention, health promotion, and protection at the population level, not just individual treatment (Australian Institute of Health and Welfare, 2025)
- Government public health activity areas include things like communicable disease control, organized immunization, selected health promotion, environmental health, food standards and hygiene, screening programs, harmful drug use prevention, and public health research (Australian Institute of Health and Welfare, 2025)
- These activities show up as real programs and rules in communities, such as immunization services and environmental health work like food inspection and food safety monitoring, with local government involved in some areas (Australian Institute of Health and Welfare, 2016)



The Fine Print and Side Effects (because no health system is perfect)

Inequity and Inefficiency

- Medicare does not cover dental care or physical therapy, pushing Australians to purchase private health insurance to obtain coverage (Fisher, 2020)
- A lack of regulations in the distribution of primary care providers has caused them to be centered in urban areas, making access to Medicare covered providers difficult for residents of rural areas (Fisher, 2020)
- Aboriginal and Torres Strait Islander people wait longer on average for elective surgeries when compared to other Australians (Berardi, 2023)
- Private health insurance cannot cover primary care, specialist consultations, or diagnostic testing which causes inefficiencies when the Medicare and private health insurance systems interact (Berardi, 2023)



Made by Soyeon Ku, Maryanne Pelpola, and Max Goss

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THERE'S BETTER HEALTH IN AUSTRALIA MATE!



Where "Medicare for All" isn't just a slogan, it's a requirement!



Crikey! Behind the Scenes



Who's responsible?

- The Australian Government funds and supports major national programs, including Medicare for medical services and the Pharmaceutical Benefits Scheme for medicines, and it jointly funds public hospital services with states and territories (Australian Institute of Health and Welfare, 2016)
- State and territory governments run public hospitals and deliver many community based services, and they lead many public health actions within their jurisdictions (Australian Institute of Health and Welfare, 2016)
- Local government roles vary by area, but they can contribute through public health, health promotion, and environmental health services (Australian Institute of Health and Welfare, 2016; Australian Government Department of Health, Disability and Ageing, 2026)

Who pays for all of this?

- Public health activities are mainly funded through government budgets. In 2023 to 24, total government expenditure on public health activities was 5.4 billion Australian dollars, about 201 dollars per person (Australian Institute of Health and Welfare, 2025)
- Public health spending was 2.9 percent of total government health expenditure in 2023 to 24 (Australian Institute of Health and Welfare, 2025)
- Funding shares in 2023 to 24 were about 63.3 percent from the Australian Government and 36.7 percent from state and territory governments (Australian Institute of Health and Welfare, 2025)
- The largest spending category was organized immunization, followed by communicable disease control (Australian Institute of Health and Welfare, 2025)



Global Leaders Healthcare



Equity

- Compared with 9 other high-income countries, people in Australia with below average income and above average income experience only small differences in healthcare access and care experiences, second only to Germany (Blumenthal, 2024)
- The Medicare system provides all Australians with insurance that covers all or part of primary care physician costs, specialist consultations, and diagnostic testing. The system also includes some subsidies for private hospital care (Blumenthal, 2024)
- All public hospitals offer free care to all Australians (Blumenthal, 2024)
- The Pharmaceutical Benefits Scheme sets up a maximum out-of-pocket price that any Australian will need to pay to purchase the medication (Callander, 2023)



Efficiency

- Australia's electronic claims processing system "ensures instantaneous payments from public and private payers" (Blumenthal, 2024)
- Australian Competition and Consumer Commission prohibits anticompetitive practices and regulates private health insurance to maintain proper standards (Berardi, 2023)
- Australian state New South Wales uses a centralized efficiency improvement system that sets targets each fiscal year for cost reduction while improving patient outcomes and experience (Walters, 2023)
- Medicare is universal and tax-financed without an opt-out option. Private health insurance is voluntary so concepts such as "free riding" virtually non-existent in the Australian healthcare system (Berardi, 2023)
- Medicare acts as a monopoly that purchases services from providers on behalf of Australians that it covers. This helps control costs for consumers (Fisher, 2020)
- The Pharmaceutical Benefits Scheme helps keep medications affordable through subsidies and regulation (Blumenthal, 2024)



Lessons for the Yanks (USA, we love you but you can do better)

- Medicare provides universal, tax-funded coverage that reduces income-based access disparities (Blumenthal, 2024), showing that a universal baseline in the U.S. could reduce inequities in care.
- Australia provides free public hospital care for public patients (Blumenthal, 2024), suggesting zero-cost essential hospital services in the U.S. could reduce medical debt and delayed care.
- Through the Pharmaceutical Benefits Scheme (PBS), Australia negotiates national drug prices and caps out-of-pocket costs (Callander, 2023; Blumenthal, 2024), demonstrating that centralized negotiation in the U.S. could lower spending and improve affordability.
- Australia's Medicare acts as a single national purchaser using standardized payments to control costs (Fisher, 2020), indicating that payment standardization in the U.S. could reduce administrative spending.
- Primary Health Networks coordinate regional care and population health planning (Australian Government Department of Health, 2025), suggesting similar U.S. regional bodies could better integrate care systems.
- Australia uses streamlined electronic claims processing under Medicare to reduce administrative burden (Blumenthal, 2024), showing that national claims standardization could lower U.S. administrative costs.
- Australia treats healthcare as a public good, with Medicare as the universal foundation and private insurance supplemental, demonstrating that the U.S. could adopt a blended model anchored in public coverage.



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