
# CPCE Health Conference 2026

# Universal Health Coverage Challenges Across the Region: An Australian Primary Care Case Study

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# Strengthening Primary in a Mature Universal Health System – *Australia as a case study*

## The core question:

what happens after universal coverage is achieved?

## Outline

- Australia's strengths
- Australia's structural pressures
- Who is most affected
- What Australia shows the Asia Pacific region about the next phase of UHC

# Why UHC is no longer just about coverage?

- **Universal health coverage ≠**
  Insurance alone


- **The real challenge:**
  performance after entitlement

- **In mature systems,**
  equity and access depend on
  how care is organised and delivered

- **Primary care is where**
  UHC succeeds—or fails—in practice


UHC is not the end point. It is the foundation.
**The goal is better health, for everyone, every time.**

# Australia: A High Performing UHC System (On Paper)

- Medicare as a long-standing guarantor of access
- Primary care as the backbone
- Trust and legitimacy
- International positioning - strong access and financial protection

☞ **Universal health coverage is no longer Australia's hardest problem, making it work equitably in practice is !**

# The Four Pressures on Australia's Universal Healthcare Coverage

1 AFFORDABILITY PRESSURES

2 WORKFORCE CAPACITY AND DISTRIBUTION

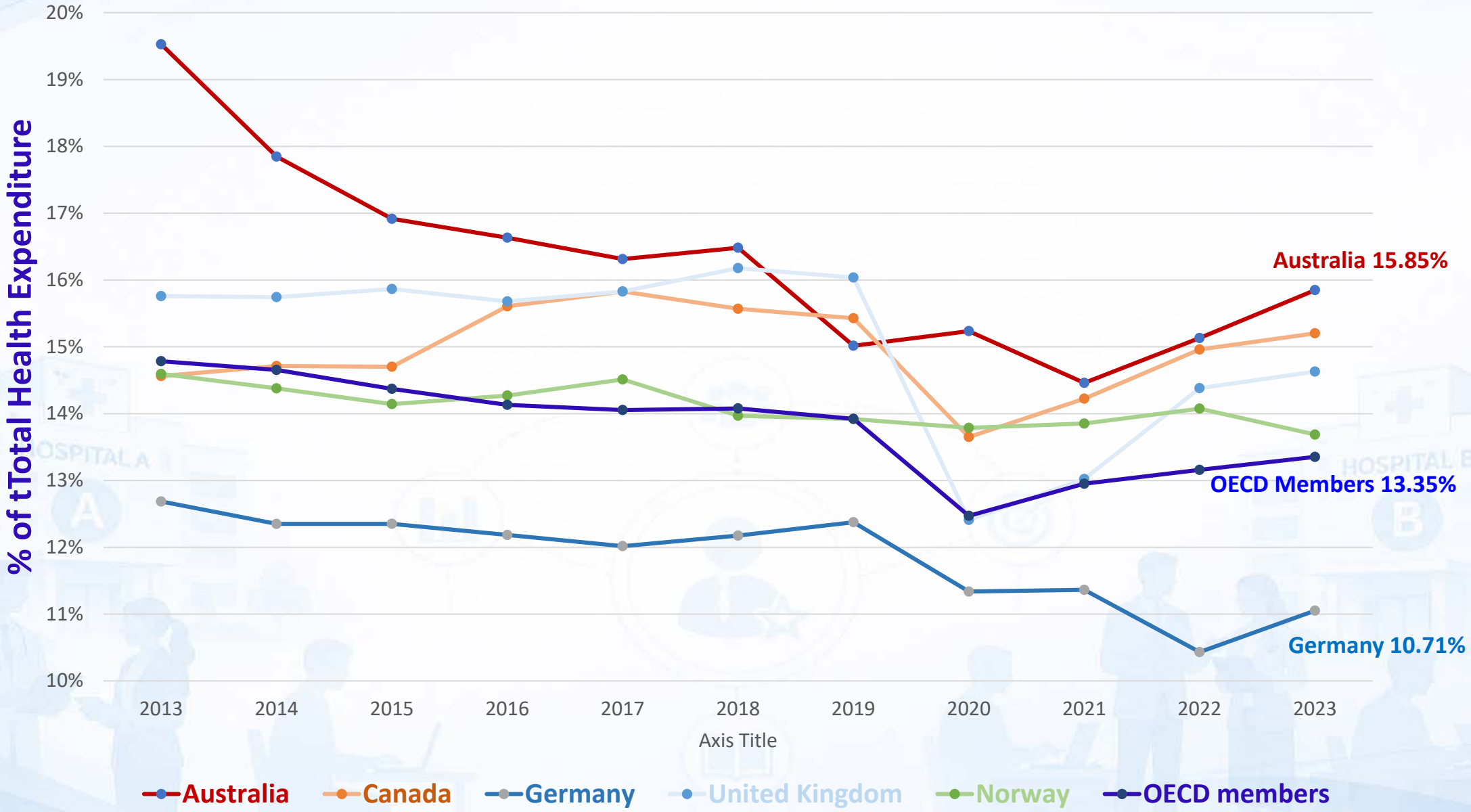
3 FRAGMENTATION AND GOVERNANCE

4 AN EPISODIC, BIOMEDICAL CARE MODEL

**Strong Universal Health Coverage**

Healthy people.
Stronger communities.
A fairer Australia.

# Out of Pocket Expenditure (% of Total Health Expenditure)




Global Health Expenditure Database, updated December 12th, 2025, World Health Organization ( WHO ), uri: apps.who.int/nha/database

# Affordability: when universal coverage isn't free

- **Growing gap payments in general practice**
- **Financial barriers persist despite Medicare**

| 9% | A$39 | A$45 |
|---|---|---|
| Delayed GP due to cost | Average GP gap fee | Average out-of-pocket GP cost |

Australia is not a failing system, but a mature UHC under strain

- **Affordability barriers are concentrated among those with the greatest health needs and the least financial capacity.**

☞**Universal entitlement does not mean universal affordability.**

**Out of pocket costs quietly stratify access.**


Australian Bureau of Statistics. Access to Health Services, 2023–24. [abs.gov.au]
Royal Australian College of General Practitioners (RACGP). Health of the Nation 2025. [racgp.org.au]
Australian Institute of Health and Welfare. Medicare Funding of General Practitioner Services Over Time. [aihw.gov.au]

# GP workforce: capacity, distribution and sustainability risks

| | |
|---|---|
| **GP shortages and declining capacity** | o In 2021: 120.9 FTE per 100,000 people<br>o In 2024: 110.2 FTE per 100,000 people |
| **Ageing workforce** | o In 2024, 26.4% of GP FTEs were aged 60 or older, only 1.5% under age 30.<br>o The average age of employed GPs was 51.3 years |
| **Rural and remote maldistribution** | In 2024, GP supply varied sharply by location:<br>o MM3 large rural towns had the highest rate at 130 FTE GPs per 100,000 people<br>o MM6 remote communities had only 68. The MM6 rate fell from 78 in 2019 |
| **Burnout and workload pressure** | o 69% of GPs reported burnout in 2025<br>o 47% said they maintained a good work–life balance<br>o 77% were dissatisfied with administrative demands and 52% with remuneration |
| **Future sustainability** | o 33% of GPs intended to stop practising within five years<br>o 63% were considering reducing their hours.<br>o Only 9.4% of medical students preferred general practice as their specialty in 2024. |

Jobs and Skills Australia; Productivity Commission; Australian Government workforce data; RACGP, Health of the Nation 2025

# GP workforce: capacity, distribution and sustainability risks

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**Rural and remote maldistribution**

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- 47% said they maintained a good work–life balance
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**Future sustainability**

33% of GPs intended to stop practising within five years
63% were considering reducing their hours.
Only 9.4% of medical students preferred general practice as their specialty in 2024.

**☞Training more professionals alone does not solve maldistribution.**

**Workforce strategy must align with care model reform.**

Jobs and Skills Australia; Productivity Commission; Australian Government workforce data; RACGP, Health of the Nation 2025

# Fragmentation and System Design

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**Four** funding systems

**Three** levels of government

**Fragmented** policies and processes

**Disconnected** data and systems


**👉UHC alone does not guarantee integrated care**

**Australian Government Department of Health and Aged Care (2022)**
*Primary Health Care 10 Year Plan 2022–2032;* **Productivity Commission (2023).**

# An episodic model for chronic needs

- Primary care remains organized around episodes of care
- Chronic disease is changing the nature of demand
- Complexity requires greater coordinator

☞Future UHC performance will depend on strengthening coordinated, team-based and preventive care.

# Equity: who feels these pressures most?

- **Aboriginal and Torres Strait Islander peoples:**
- **Culturally and linguistically diverse communities:**
- **People with chronic and complex conditions:**
- **Rural and remote populations:**

**☞Equity gaps reveal system weaknesses early.**

**Community controlled and culturally safe models are effective—but constrained.**

**UHC systems must be judged by outcomes for those at the margins.**

# Rethinking the Next Phase of UHC

- From coverage → care quality
- From entitlement → lived equity
- From episodic care → integrated primary care

☞The future of UHC lies in primary care reform.

Financing, workforce, and governance must align with population needs.

This is a shared challenge across the region.

# Australia's Key Lesson for Health System Leaders

**Universal coverage is not the end point.**

The goal is better health, for everyone, every time.

**The next phase of UHC is strengthening primary care**

to deliver equitable care in practice.

## Four Policy Priorities

1. Protect affordability
2. Build workforce sustainability
3. Integrate services around patient needs
4. Invest in system resilience

# Universal health coverage succeeds not when everyone is covered,

but when everyone can access **affordable, timely, coordinated, culturally safe**, and **equitable care.**

Better health for everyone

Equitable care in practice

Stronger systems for the future

A healthier Australia