Global family medicine and Australian general practice

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Global health begins at home with the recognition of the need for universal health coverage, ensuring that every person in a country has access to healthcare.

By global standards, Australia is a wealthy country with an enviable system of healthcare and an effective national health insurance scheme. Yet many people still miss out on receiving equitable healthcare in Australia. We all have work to do in addressing gaps in access to healthcare, including for many Aboriginal and Torres Strait Islander peoples; people with intellectual disability or mental health concerns; refugees or people seeking asylum; the homeless; those unable to afford access to healthcare for themselves and their families; those living in rural and remote areas with limited access to healthcare; and those who do not speak English or are housebound and unable to access healthcare services.

Despite the challenges in Australia, things are far worse in many other nations. In 2000, the nations of the world signed up to the United Nations’ Millennium Development Goals1 and agreed to targets for the next 15 years to eradicate extreme poverty and hunger, reduce maternal and child mortality and serious infectious disease, ensure all children have access to education, empower women and girls, and ensure the sustainability of our natural environment. Fifteen years later, there have been substantial improvements in several of these areas in many parts of the world but there is still a long way to go.

The past few months have been an important time in global health with the release by the United Nations of the new Sustainable Development Goals (SDGs).2 There is only one specific health SDG, to ‘ensure healthy lives and promote wellbeing for all at all ages’; in other words, to promote universal health coverage in every nation of the world.

This renewed focus on universal health coverage provides an unprecedented opportunity for general practice because, unless a nation has a strong system of community-based primary care, universal health coverage is not attainable. Some big players in global health, including the World Bank, Bill and Melinda Gates Foundation, and the World Health Organization, are putting their efforts behind strengthening global primary care. These organisations have banded together to form the new Primary Health Care Performance Initiative,3 and are working to assist many countries to strengthen their own primary care health services.

There are some excellent examples of nations that are implementing reforms, based on family medicine, to move towards universal health coverage. The most notable include Brazil, Cuba and Iran. China is also leading the way with plans to train 400,000 new family doctors over the next decade to better meet the healthcare needs of that nation’s vast population in urban and rural settings.

Many countries look to Australia for ideas on how a health system, based on strong general practice delivered by a well-trained and well-supported workforce, can achieve universal health coverage. While we can see the shortcomings of our own system, we still have much to share, especially through our initiatives to improve access to people living in rural and remote areas, and our efforts to improve health outcomes for Aboriginal and Torres Strait Islander peoples.

The Royal Australian College of General Practitioners (RACGP) has a long history of supporting the development of general practice, and especially education and training, in other countries including Singapore, Hong Kong, Malaysia and Fiji. The RACGP has the opportunity and capacity to do much, much more, especially in supporting our colleagues in our nearest neighbours including Papua New Guinea, Timor-Leste, Indonesia, Vietnam, Cambodia and the island nations of the Western Pacific. While many individual RACGP members have been doing wonderful work in many of these countries, it is time for the RACGP to step up our contribution to international general practice. Colleges of family doctors in countries like the UK, Canada and the USA are supporting excellent work in many parts of the world and provide models to inspire us.

Australia has much to offer. We have colleagues around the world who wish to engage with us and seek our support, and through doing so, share with us ideas and reforms that can assist to improve our own health system as well.

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References