



*Better treatment
Better care
Healthier societies*

Pre-Budget Submission 2020–21



Overview

There are economic benefits investing in medical research. In 2018, KPMG calculated that for every \$1 invested in medical research, \$3.90 is returned to the broader economy.

The Australian economy is now entering its 28th year of uninterrupted annual economic growth. The Budget is forecast to return to surplus for the first time in 12 years. We note there are economic headwinds facing the economy, such as lower household consumption, lower wage growth, the impact of drought, and the devastating bushfires.

The George Institute for Global Health's 2020–21 Pre-Budget Submission outlines our key priorities in numerous policy areas, from investing in health and medical research, improving the food environment and promoting stability in the Indo-Pacific region. This advocacy aligns with our mission – to improve the health of millions of people worldwide. We do this by investigating the biggest burden of death and disability – chronic disease and injury.

The George Institute is a leading independent global medical research institute established 20 years ago and headquartered in Sydney. We have an international network of over 700 staff with major centres in China, India and the United Kingdom. We are affiliated with leading universities, the University of Oxford, UNSW Sydney, and Peking University Health Science Center.

We have developed a 2025 Strategy that focuses on key research goals:

- **Better Treatments:** *Finding better treatments for the world's biggest health problems.*
- **Better Care:** *Transforming primary health care to support better health for more people.*
- **Healthier Societies:** *Harnessing the power of governments, markets and communities to improve health.*

Our Australia program includes a special focus on Australia's First Nations peoples, Aboriginal and Torres Strait Islanders. The health and medical research sector can be a key source for improving the lives of individuals, strengthening the Australian economy and boosting overall productivity.

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Acknowledgement of Country

The George Institute for Global Health acknowledges the Gadigal People of the Eora Nation as the Traditional Custodians of the land on which our Australian office is built and this submission is written. We pay our respect to Elders past, present and emerging.

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All currency is in Australian dollars unless otherwise indicated.



Key recommendations

Aboriginal and Torres Strait Islander peoples health

- ✓ Fund the strategies and recommendations of the Indigenous Voice Advisory Group.
- ✓ Commit funding from the Medical Research Future Fund and the National Health and Medical Research Council to support Aboriginal and Torres Strait Islander health research relative to need.
- ✓ Support the recommendations laid out within the Uluru Statement from the Heart and enact constitutional reform to give Aboriginal and Torres Strait Islander people control over decisions that affect their lives.

Stopping Sepsis: A National Action Plan

- ✓ Fund the Australian Sepsis Network to implement the recommendations of the Stopping Sepsis National Action Plan in collaboration with its collaborating state and territory partners.

Funding the National Health and Medical Research Council

- ✓ Increase funding to the Medical Research Endowment Account in the National Health and Medical Research Council to levels above the Consumer Price Index forecasting.

Medical Research Future Fund: \$20 billion investment by 2020–21

- ✓ Invest \$2.5 billion to the Medical Research Future Fund for it to reach \$20 billion in 2020–21.

Ending the stigma of mental health and supporting wellbeing

- ✓ Consider and enact the recommendations from the Mental Health Commission's annual 'National Report 2019'.
- ✓ Continue to Invest \$125 million over 10 years to the Million Minds Mental Health Research Mission awarded from the MRFF.
- ✓ Continue the implementation of the National Disability Insurance Scheme and Primary Health Networks.

Supporting women's health

- ✓ Consult, draft and launch the next NHMRC's Gender Equality Strategy that builds on the 2018-21 strategy.
- ✓ Support targeted research funding to encourage the embedment of sex and gender sensitive research and policy into practice.

Reducing cardiovascular disease

- ✓ Continue to invest \$220 million over 10 years to the Mission for Cardiovascular Health awarded from the Medical Research Future Fund.
- ✓ Continue to fund the Medicare item for heart health checks, as recommended by Medicare Benefits Schedule Review Taskforce.
- ✓ Continue to invest in developing a vaccine to combat rheumatic heart disease.
- ✓ Continue to invest \$4 million to support the priorities outlined in the National Strategic Action Plan for Heart Disease and Stroke.

Improving the food environment

- ✓ Fund an implementation plan for actions related to the National Obesity Strategy and the National Preventive Health Strategy.
- ✓ Establish a Productivity Commission inquiry into obesity and its impact on the economy to neutralise debate in Australia between vested interests in the food and nutrition debate.
- ✓ Provide funding necessary to continue uptake of the Health Star Rating system and implement improvements emanating from the five year review.
- ✓ Commission the development of a National Food and Nutrition Strategy.
- ✓ Support advertising restrictions in government properties utilised by children, e.g. transport, schools and sports stadiums.
- ✓ Implement a levy on sugar sweetened beverages.
- ✓ Implement and enforce food reformulation targets.

Funding health in the Australian aid budget

- ✓ Continue to invest in health in the Australian aid budget, at levels higher than 2019–20.

Injury: Australia's biggest burden

- ✓ Fund tracking and reporting of progress as well as an implementation plan for actions related to the National Injury Prevention Strategy.
- ✓ Fund evaluation support for community based injury prevention programs.
- ✓ Fund a centralised knowledge bank of effective injury prevention interventions across all injury areas.
- ✓ Commit regular National Health and Medical Research Council funding to injury prevention focussing on: (i) current gaps in knowledge for effective interventions; (ii) how to implement what we know is effective; and, (iii) targeting priority population groups.

Prevention: An investment in saving lives

- ✓ Commit 5% of health spending to preventative health by 2025.
- ✓ Fund an implementation plan for actions related to the National Obesity Strategy and the National Preventive Health Strategy.



Aboriginal and Torres Strait Islander peoples health

Challenge

Aboriginal and Torres Strait Islander people have an enduring humanity as evidenced through living and thriving in this country for over 60,000 years. The nature of colonisation has had dramatic impact on the oldest, continuous living culture in the world. In comparison to other similarly colonised countries, Aboriginal and Torres Strait Islander peoples are not afforded the same comprehensive legal framework nor treaty that enshrines particular rights for self-determination and control over decisions that affect First Peoples. In Australia, there remains a gap in solutions that seek to better understand and redress the systemic issues that continue to impact upon the significant health and social inequities faced by Aboriginal and Torres Strait Islander peoples.

Social and cultural determinants are important when considering the health of Aboriginal and Torres Strait Islander peoples, particularly when we consider that 39% of the gap between the Aboriginal and Torres Strait Islander community and the non-Aboriginal and Torres Strait Islander community is attributable to social determinants.

Current status

The George Institute is committed to developing and implementing a program of research and engagement conducted by Aboriginal and Torres Strait Islander peoples, and within Aboriginal and Torres Strait Islander ways of knowing, being and doing. The program aims to maintain an Aboriginal and Torres Strait Islander paradigm of health and healing (physical, emotional, social, cultural and spiritual) and have genuine community engagement and governance of projects. The George Institute conducts research in areas including food policy, injury, social determinants, health systems and sepsis, relating to Aboriginal and Torres Strait Islander health. The George Institute supports the recommendations laid out within the Uluru Statement from the Heart in May 2017. We support enacting constitutional reform to give Aboriginal and Torres Strait Islander people control over decisions that affect their lives.

In November 2019, the Federal Government announced the establishment of the Indigenous Voice Advisory Group. The George Institute is in strong support of the establishment of this group and its commitment to genuine co-design (as opposed to consultation). The George Institute will, as and where appropriate, look to contribute to the objectives of the Indigenous Voice Advisory Group and provide insight on Aboriginal and Torres Strait Islander health.

The George Institute supports the current development of the Productivity Commission's Indigenous Evaluation Strategy in order to provide better evidence about what works and why to improve policies and programs affecting Aboriginal and Torres Strait Islander peoples.

The Federal Government has many policies affecting Aboriginal and Torres Strait Islander peoples. The George Institute supports fundamental principles to be reflected within these and enacted upon in line with the United Nations Declaration on the Rights of Indigenous Peoples. This includes the right to determine and develop priorities and strategies, to self-determine governance, and respecting indigenous knowledge, culture and traditional practices.

The 2020–21 Budget should...

- Fund the strategies and recommendations of the Indigenous Voice Advisory Group.
- Commit funding from the Medical Research Future Fund and the National Health and Medical Research Council to support Aboriginal and Torres Strait Islander health research relative to need.
- Support the recommendations laid out within the Uluru Statement from the Heart and enact constitutional reform to give Aboriginal and Torres Strait Islander people control over decisions that affect their lives.

Stopping Sepsis: A National Action Plan

Challenge

Sepsis is the leading cause of death from infection around the world. It is a life-threatening condition that arises when the body's response to an infection damages its own tissues and organs. It can lead to shock, failure of multiple organs, and death, particularly if sepsis is not recognised and treated promptly.

In Australia, it is estimated that close to 100,000 people every year suffer sepsis, 18,000 cases are treated in intensive care units (ICUs), and 5,000 of those cases result in death. Of those who survive, long-term complications often cause physical and cognitive disabilities that have long lasting effects on survivors and their families.

Sepsis costs an estimated \$846 million to treat in Australian ICUs annually. When longer-term care is included, the total cost is estimated to exceed \$1.5 billion.

Current status

In 2014, The George Institute established the Australian Sepsis Network (ASN), a collaborative of individuals and organisations whose objective is to improve outcomes for sepsis patients and their families.

In 2017, sepsis was classified as a global threat, and in response the World Health Organization (WHO) adopted a resolution on sepsis that was co-sponsored by Australia. The resolution calls for specific actions, most notably that member states adopt national action plans for sepsis. In response to the resolution, The George Institute and the ASN published the "Stopping Sepsis National Action Plan", which aligns with the WHO resolution and included four key recommendations to tackle sepsis in Australia:

1. Establish a nationally coordinated sepsis body to facilitate the action plan.
2. Invest in prevention and awareness campaigns to spur action within the community.
3. Establish and implement a nationally recognised clinical standard for sepsis detection and treatment.
4. Invest in community and peer support services for sepsis survivors and their families.

In 2019, the Federal Government announced a \$1.5 million investment to reduce the burden of sepsis in Australia. Key deliverables include the development of a national clinical guideline to improve and standardise care, and a national awareness campaign to increase early recognition of sepsis in the community. The George Institute commends this initial investment towards supporting implementation of the 'Stopping Sepsis National Action Plan' by the ASN and its collaborating national, state and territory agencies, clinical colleges and professional societies.

While the Government leads on an effective antimicrobial stewardship and antimicrobial resistance program of work, currently there is no comprehensive national strategy specific to reducing the burden of sepsis. However, local sepsis initiatives are being progressed by ASN collaborating partners including:

- Queensland Excellence Commission Sepsis Steering Committee and Collaborative.
- NSW Clinical Excellence Commission Sepsis Kills Program.
- VIC Health Better Care – "Think Sepsis – Act Fast" Scaling Collaborative.

The strong local leadership and advocacy by clinicians and consumers is evident. A priority for these groups is greater national coordination to leverage these strengths to efficiently and effectively implement the Stopping Sepsis National Action Plan.

**The
2020–21
Budget
should...**

- **Fund the Australian Sepsis Network to implement the recommendations of the Stopping Sepsis National Action Plan in collaboration with its collaborating state and territory partners.**



Funding the National Health and Medical Research Council

Challenge

The National Health and Medical Research Council (NHMRC) traces back to the establishment of the Federal Health Council in 1926. Since then it has evolved, becoming an independent statutory agency within the Health and Ageing portfolio on 1 July 2006.

The purpose of the NHMRC is to make funding investments in research to improve the health of Australians, as well as to promote and develop the highest research standards and evidence-based health advice.

Current status

The George Institute commends the Federal Government for investing \$842.77 million in 2019–20 for the Medical Research Endowment Account (MREA) in the NHMRC.

As outlined in the table (below), although the 2019–20 MREA budget is an increase from 2018–19 funding levels worth \$13.45 million (1.59%), the forward budget estimates represent a decline in real terms when factoring in the Consumer Price Index (CPI). Over the twelve months to the September 2019 quarter, the CPI is 1.7%. The increase each year to the MREA in the NHMRC is 1.57%.

Budget for the Medical Research Endowment Account for the NHMRC research programs, 2018-19 to 2022-23

Year	NHMRC MREA Budget (\$ million)	Increase from previous year
2022-23	883.87	1.57%
2021-22	869.95	1.57%
2020–21	856.25	1.57%
2019–20	842.77	1.59%
2018-19	829.32	N/A

Source: <https://www.health.gov.au/sites/default/files/health-portfolio-budget-statements-2019-20.pdf>

In the overall context of the Federal Budget, The George Institute notes and commends the Federal Government's commitment and support of the Medical Research Future Fund to complement the NHMRC.

The George Institute has benefited from the NHMRC over the past six years with 73 projects worth over \$100 million from grants, fellowships, scholarships and infrastructure (including equipment). In particular, the \$24 million grant in 2017 to addresses the main causes of poor cardiovascular health, with a particular focus on the practicalities of prevention. We look forward to the outcomes of our NHMRC funded projects over the coming five years to improve the health of millions of people worldwide.

The
2020–21
Budget
should...

- Increase funding to the Medical Research Endowment Account in the National Health and Medical Research Council to levels above the Consumer Price Index forecasting.

Medical Research Future Fund: \$20 billion investment by 2020–21

Challenge

In 2013, 16.9% of grant applications to the National Health and Medical Research Council (NHMRC) received financial support. This needed to be increased.

In 2014, the Government announced it would establish the largest medical research endowment fund in the world by establishing the Medical Research Future Fund (MRFF) to be worth \$20 billion by 2020–21.

The inaugural chair of the MRFF, Professor Ian Frazer AC, on his appointment in 2016 said the MRFF “is a significant and needed government investment in the health of Australia and our region, and in Australia’s future economic prosperity.”

The MRFF complements the annual funding to the NHMRC.

Current status

In July 2019, the MRFF reached \$17.5 billion, with a \$7.8 billion investment. This is the largest single investment made to Australian medical research. The outstanding balance of reaching \$20 billion by 2020–21 is \$2.5 billion.

The expenditure of MRFF over 10 years is worth \$5 billion. This is to include expenditure of:

- \$1.3 billion to Patients;
- \$0.8 billion to Researchers;
- \$1.3 billion to eight Research Missions; and
- \$1.5 billion to Research Translation.

The George Institute has benefited from the MRFF since 2015 with over \$6.8 million in grants:

- 2018 - \$2,840,704 for “ACHIEVE Study” (Aldosterone bloCkade for Health Improvement EValuation in End-stage renal disease).
- 2018 - \$2,191,749 for “Beat Calci”.
- 2018 - \$902,752 for “The SAHaRA Trial”.
- 2017 - \$274,946 for “Sepsis Outcomes Research”.
- 2017 - \$476,728 for “Understanding and optimising the delivery of chronic disease care for better cardiovascular outcomes”.
- 2017 - \$179,118 for “Reducing the burden of dialysis catheter complications - a national approach”.

The
2020–21
Budget
should...

- Invest \$2.5 billion to the Medical Research Future Fund for it to reach \$20 billion in 2020–21.



Ending the stigma of mental health and supporting wellbeing

Challenge

Mental health is stigmatised in Australia. This stigma impacts all of us – about how we seek advice and / or treatment for ourselves and / or our families and friends.

All the available statistics about mental health in Australia make it a major policy challenge and a national priority. The statistics outline:

- 45.5% of the total population experienced a mental disorder at some point in their life (National Survey of Mental Health and Wellbeing, 2007).
- 3,128 people died by suicide in Australia in 2017 – an increase of 9% from the previous year (Australian Bureau of Statistics, 2018).
- 54% of people with a mental illness do not access any treatment (Australian Institute of Health and Welfare, 2014).

More than the statistics, many of us in our lifetime will personally feel and / or see the effects of mental health in ourselves and in others in our home, our workplaces and educational centres, and in the streets.

Current status

Mental health in Australia is a bipartisan policy and political issue. The George Institute believes this is of great national importance and interest.

The Government is undertaking several measures in mental health and suicide prevention, including:

- Establishing the Mental Health Commission in 2012 that produces an annual report with key recommendations. In 2019 the National Report 2019 outlined 30 recommendations to Government.
- Publishing the “Fifth National Mental Health and Suicide Prevention Plan” in 2018.
- The National Disability Insurance Scheme (NDIS), which is estimated to include 14% of people with a psychosocial disability when completely implemented.
- The implementation of the Primary Health Networks (PHNs).
- Supporting 37 mental health programs to build the capacity of the mental health care system.
- Research funding through the Medical Research Future Fund (MRFF) of \$125 million over 10 years through the Million Minds Mental Health Research Mission (more information under MRFF).
- Funding preventative health (more information under Preventative Health), including suicide prevention through several programs, including Indigenous suicide prevention, the national headspace network, the national suicide information initiative and the Suicide Prevention Research Fund.

The 2020–21 Budget should...

- Consider and enact the recommendations from the Mental Health Commission’s annual ‘National Report 2019’.
- Invest \$125 million over 10 years to the Million Minds Mental Health Research Mission awarded from the Medical Research Future Fund.
- Continue the implementation of the National Disability Insurance Scheme and Primary Health Networks.
- Commit regular National Health and Medical Research Council funding to mental health.

Supporting women's health

Challenge

Over the past few decades, global efforts to improve the health of women and girls have largely focused on reducing the unacceptably high levels of maternal mortality and morbidity. These efforts have led to a shift in the global burden of disease for women. In almost every country, non-communicable diseases (NCDs) and injuries are now the leading causes of mortality and morbidity for women – causing two of every three deaths each year.

Current status

In 2018, The George Institute established a Global Women's Health Program. The overarching principle is to promote a life-course approach to addressing the burden of NCDs and injury, as well as focussing on other important, women-specific health issues. We have a bold vision, consistent with the UN Sustainable Development Goals, to improve the health of women worldwide, as well as achieve gender equality and empower all women, by 2030.

In November 2019, The George Institute partnered with leading research institutions and universities to warn that Australian medical research is in danger of falling behind its global competitors when it comes to sex and gender analysis in medical research. As reported in the Medical Journal of Australia, researchers point out that higher healthcare costs are due to unnecessary tests and treatments, and poorer quality of care are other unwelcome consequences of failing to account for differences in the way men and women experience common diseases and respond to therapy. Since 1 July 2016, all Australian Government departments and agencies are required to align their business practices with guidelines on the recognition of sex and gender. In Australia eight of the top ten research funding agencies, and four of the top ten journals, still did not have policies on the collection, analysis and reporting of sex and gender specific health data.

In relation to the National Health and Medical Research Council (NHMRC), The George Institute commends the policy and procedure requirements to meet gender equality. This will ensure there are women at senior levels in health and medical research in Australia. Furthermore, we endorse the NHMRC's Gender Equality Strategy 2018-21 that aims to achieve a gender-equal health and medical research workforce by increasing the retention and progression of women. We welcome the Maternal Health and First 2000 Days/Women's Health consolidated into the \$260.4 million Preventive and Public Health Research initiative over 10 years in the Medical Research Future Fund.

In relation to the National Women's Health Strategy 2020-2030, The George Institute supports \$50 million in funding to improve women's health that includes NCDs. We commend \$20 million for research to help Australian women in their fight against ovarian cancer, and over \$10 million for endometriosis.

The George Institute has a strong presence in China and India that focuses on women's health. In India, we are undertaking a trial of helping community health workers identify and manage women at high risk of heart disease, stroke and diabetes. A low-cost, smartphone-based system is used to support clinical decision making and improves the screening, detection and management of chronic diseases, with the aim of reducing the complications associated with high blood pressure and diabetes during pregnancy, for both mothers and their babies. In China, we are undertaking a digital health project to support women and their children in the crucial first thousand days from conception, as well as medical staff. Through the use of a mobile application, health workers are able to improve pregnant women's access to health services, and provide individualised health education information and tools that can support pregnant women to better manage complications such as gestational diabetes.

The
2020–21
Budget
should...

- Consult, draft and launch the next NHMRC's Gender Equality Strategy that builds on the 2018-21 strategy.
- Support targeted research funding to encourage the embedment of sex and gender sensitive research and policy into practice.



Reducing cardiovascular disease

Challenge

In 2017, over 100,000 Australians suffered a heart attack or stroke, resulting in 43,500 cardiovascular related deaths, according to the Australian Institute of Health and Welfare (2019). This equates to an average of one Australian dying of cardiovascular disease every 12 minutes, and one Australian experiencing a heart attack or stroke every five minutes.

Cardiovascular disease is the collective term for diseases of the heart and blood vessels. This includes coronary heart disease, heart failure, cardiomyopathy, congenital heart disease, peripheral vascular disease and stroke.

Current status

The George Institute supports the development of new strategies for the prevention of cardiovascular diseases by targeting their primary risk factors such as high blood pressure, cholesterol and smoking. We believe there needs to be changes in clinical practice, and a clear and transparent government policy to reverse the growing impact of cardiovascular disease.

In 2017, The George Institute received a National Health and Medical Research Council grant of \$24 million to address the main causes of poor cardiovascular health, with a particular focus on the practicalities of prevention.

In February 2019, the Australian Government announced a *Mission for Cardiovascular Health* in the Medical Research Future Fund. Its purpose is to improve health outcomes through prevention strategies, earlier detection and improved outcomes for patients suffering a heart attack or stroke. This includes reducing hospitalisations, developing clinical trials and new drug therapies, using the unique DNA of a patient to develop new therapies, and looking into why people do not lead a healthy lifestyle or have a genetic cause suffer heart attacks. The George Institute is a strong supporter and contributor to the *Mission for Cardiovascular Health* Roadmap.

Other strategies and programs the Government has in relation to cardiovascular disease:

- Supporting the National Strategic Action Plan for Heart Disease and Stroke: \$4 million of funding and grants to organisations with expertise; updating the 2012 Absolute Cardiovascular Disease Risk Assessment Guidelines; and activities to support Australians following an event of heart disease or stroke.
- Medicare item for heart health checks: from 1 April 2019 a new dedicated Medical Benefits Schedule (MBS) item, to be reviewed by MBS Review Taskforce.
- Vaccine to combat rheumatic heart disease: rheumatic heart disease (RHD) disproportionately affects Aboriginal and Torres Strait Islander peoples. If no further action is taken to address RHD, a further 10,212 Aboriginal and Torres Strait Islander people are projected to develop the disease by 2031. The Government has committed \$35 million to develop a vaccine.
- Centralised Stroke Telehealth Service: \$9.4 million in partnership with the NSW Government for 24/7 access to specialist clinical advice for rural and regional patients over three years.

The 2020–21 Budget should...

- Continue to invest \$220 million over 10 years to the Mission for Cardiovascular Health awarded from the Medical Research Future Fund.
- Continue to invest \$4 million to support the priorities outlined in the National Strategic Action Plan for Heart Disease and Stroke.
- Continue to fund the Medicare item for heart health checks, as recommended by the Medical Benefits Schedule Review Taskforce.
- Continue to invest in developing a vaccine to combat rheumatic heart disease.

Improving the food environment

Challenge

Unhealthy diets are a leading contributor to poor health in Australia. People are leading busier lives and looking for more convenient meal options, often including packaged and processed foods.

But these foods can be full of salt, saturated fat and sugar – fuelling epidemics of chronic disease across Australia. Limited consumption of homemade and fresh food exacerbates risks associated with chronic diseases such as diabetes, cardiovascular disease, kidney disease and obesity. According to the Australian Bureau of Statistics in 2017-18, two-thirds of Australians aged 18 years and over were overweight or obese. Less than one-third were considered to be in a healthy weight range.

We also know that price influences consumption. The World Health Organization holds that there is reasonable and increasing evidence that appropriately designed taxes on sugar-sweetened beverages (SSB) would result in proportional reductions in consumption, especially if aimed at raising the retail price by 20% or more. Today, more than 40 jurisdictions around the world have adopted health-related taxes on SSBs, including the United Kingdom, Mexico and Fiji.

Current status

Best evidence confirms that salt, saturated fat and sugar have huge impacts on rates of hypertension, cardiovascular disease, obesity, stroke, dental caries, and diabetes. As such, The George Institute supports the development of national strategies and a commitment to fund implementation plans that mitigate the increasing burden of diet-related chronic diseases.

Nationally coordinated approach to the prevention of food-related illness are an essential element in reducing chronic disease in Australia. In particular, it is critical to create public health policies that improve the food environment and facilitate healthier choices for consumers. Examples of such policies include restrictions on advertising to children and limiting the provision of unhealthy foods in government buildings.

In 2018, the Queensland Department of Health began the development of a National Obesity Strategy for Australia on behalf of The Council of Australian Governments (COAG) Health Council. This Strategy includes a framework with a 10-year focus that will address obesity prevention across multiple sectors and demographics. The George Institute is a supporter of a comprehensive, evidence-based and progressive National Obesity Strategy, and is contributing to the consultation process as appropriate.

Additionally, The George Institute supports the drafting of the National Preventive Health Strategy, as announced in July 2018, and the inclusion of obesity as a key pillar of focus in this Strategy.

The 2020–21 Budget should...

- Fund an implementation plan for actions related to the National Obesity Strategy and the National Preventive Health Strategy.
- Establish a Productivity Commission inquiry into obesity and its impact on the economy to neutralise debate in Australia between vested interests in the food and nutrition debate.
- Support the implementation of mandatory Health Star Ratings on all packaged foods.
- Commission the development of a National Food and Nutrition Strategy.
- Support advertising restrictions in government properties e.g. transport, schools and sports stadiums.
- Implement a levy on sugar sweetened beverages.
- Implement and enforce food reformulation targets.



Funding health in the Australian aid budget

Challenge

Australia's national interest lies in promoting stability, peace, economic development and prosperity around the world, particularly in the Indo-Pacific region.

The challenges facing Australian and global foreign policy decision makers are familiar – security, trade, the environment, migration, pandemics and healthcare.

Access and affordability to healthcare is at the centre of this challenge, especially non-communicable disease (NCD) prevention and control in areas. This includes, but not limited to cardiovascular disease, diabetes mellitus, cancers (breast and cervical), rheumatic heart disease and tuberculosis.

Current status

In recognising the importance of healthcare to economic progress and growth, Australia and the global community have signed on to achieving the United Nations Sustainable Development Goals (SDG). In particular:

- Goal 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
- Goal 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
- Goal 5.0: Achieve gender equality and empower all women and girls.

In addition to achieving strategic and humanitarian goals of the SDG, NCD-targeted health aid programs can also help Australian companies and non-government organisations create economic value for Australia. For countries, like Australia, which is involved in aid and trade, this is a strategic opportunity to be seized.

The George Institute commends the Australian Government for investing \$545.8 million in 2019–20 for health in the Australian aid budget. As outlined in the table (below), although the 2019–20 budget represents a 25% funding increase from 2018-19, it is more accurately reflected as a 10% funding increase from 2017–18, due to a funding decrease of 12% in 2018–19.

Australian Aid Budget for Health, 2016-17 to 2019–20

Year	Health Budget (\$ million)	Increase from previous year
2019–20	545.8	25%
2018-19	435.7	-12%
2017-18	495.7	5%
2016-17	473.3	N/A

Source: www.dfat.gov.au/about-us/corporate/portfolio-budget-statements

The exceptional depth and strength of Australia's medical research community offers an opportunity for targeted health aid research internationally. In additional it will allow Australians to identify the most effective and affordable interventions suitable for multilateral funding and public-private-partnerships in development projects.

The
2020–21
Budget
should...

- Continue to invest in health in the Australian aid budget, at levels higher than 2019–20.

Injury: Australia's biggest burden

Challenge

In Australia, injury is the leading cause of death of all people aged between 1 and 44 years. It accounts for 460,000 hospitalisations and 12,000 deaths every year and in 2015-16 cost almost \$9 billion of recurrent health expenditure in that year alone. The associated cost to families and society more broadly is immeasurable. This burden is associated with a wide range of injury types including drowning, falls, burns, homicide and violence, poisoning and road traffic injury.

The burden of injury will continue to grow and increase pressure on the health care system as the population ages, urbanisation increases, and the impacts of climate change are felt. People experiencing socio-economic disadvantage, people living in rural and remote areas and Aboriginal and Torres Strait Islander people all experience a much greater burden of injury compared to other Australians. However, injuries are not accidents and as such are largely preventable.

Current status

In the 2018-19 budget, the Australian Government committed to developing a National Injury Prevention Strategy in recognition of the ongoing and substantial burden of injury in Australia. In March 2019, The George Institute was appointed by the Federal Department of Health as the Project Lead to facilitate and write the Strategy. The George Institute has partnered with the Australasian Injury Prevention Network, Monash University and the Ngaruwan Ngadju First Peoples Health and Wellbeing Research Centre at the University of Wollongong, to develop the Strategy. The George Institute and its partners support the commissioning of this Strategy, however, without ongoing funding support this strategy will have minimal preventative impact.

The substantial reductions seen in road trauma over the last three decades across Australia are testament to the benefit that can be realised through focussed government attention and funding to injury prevention. Similar commitment and co-ordinated action is required to achieve similar reductions in other injury areas but historically there has been little ongoing government focus in this area.

For many injury types there are well-established countermeasures that have proven effectiveness but have not yet been broadly implemented. This is in part due to a lack of access to knowledge about what works to reduce injury among those with the capacity to implement injury prevention programs, as well as lack of resources for broad implementation. The historical lack of funding for injury research, and evaluation of injury prevention programs also means there continue to be substantial gaps in knowledge about how best to address injury burden.

The 2020–21 Budget should...

- Fund tracking and reporting of progress as well as an implementation plan for actions related to the National Injury Prevention Strategy.
- Fund evaluation support for community based injury prevention programs.
- Fund a centralised knowledge bank of effective injury prevention interventions across all injury areas.
- Commit regular National Health and Medical Research Council funding to injury prevention focussing on: (i) current gaps in knowledge for effective interventions; (ii) how to implement what we know is effective; and, (iii) targeting priority population groups.



Prevention: An investment in saving lives

Challenge

Health in Australia is often looked through the lens of hospitals and primary care. While resourcing these essential services is crucial to the health of all Australians, according to the Australian Institute of Health and Welfare, hospitals (39%) and primary health care (35%) account for three-quarters of all health spending. Currently less than 1.5% of health spending is on prevention.

In Australia, many instances of chronic disease and injury are preventable with appropriate social policy intervention, like a healthier diet and regular exercise.

Prevention is the single biggest area of opportunity for improving health and reducing chronic disease and early morbidity.

Current status

In June 2019, the Federal Government announced it would develop a National Preventive Health Strategy, building upon the National Strategic Framework for Chronic Conditions, the National Obesity Strategy and the National Tobacco Strategy as part of Australia's Long Term National Health Plan. The George Institute strongly supports the development of this Strategy as a proactive step in establishing a nationally coordinated focus on prevention.

The George Institute supports the alignment of health policy and prevention into funding provision in Australia. The George Institute supports embedding preventative health across a range of government departments and policies through the development and implementation of the National Preventive Health Strategy. The George Institute also supports a focus and prioritisation of preventative health research.

In addition, the George Institute would support a federal commitment to funding an implementation plan for actions and strategies and associated with National Preventive Health Strategy.

The
2020–21
Budget
should...

- Commit 5% of health spending to preventative health by 2025.
- Fund an implementation plan for actions related to the National Obesity Strategy and the National Preventive Health Strategy.

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