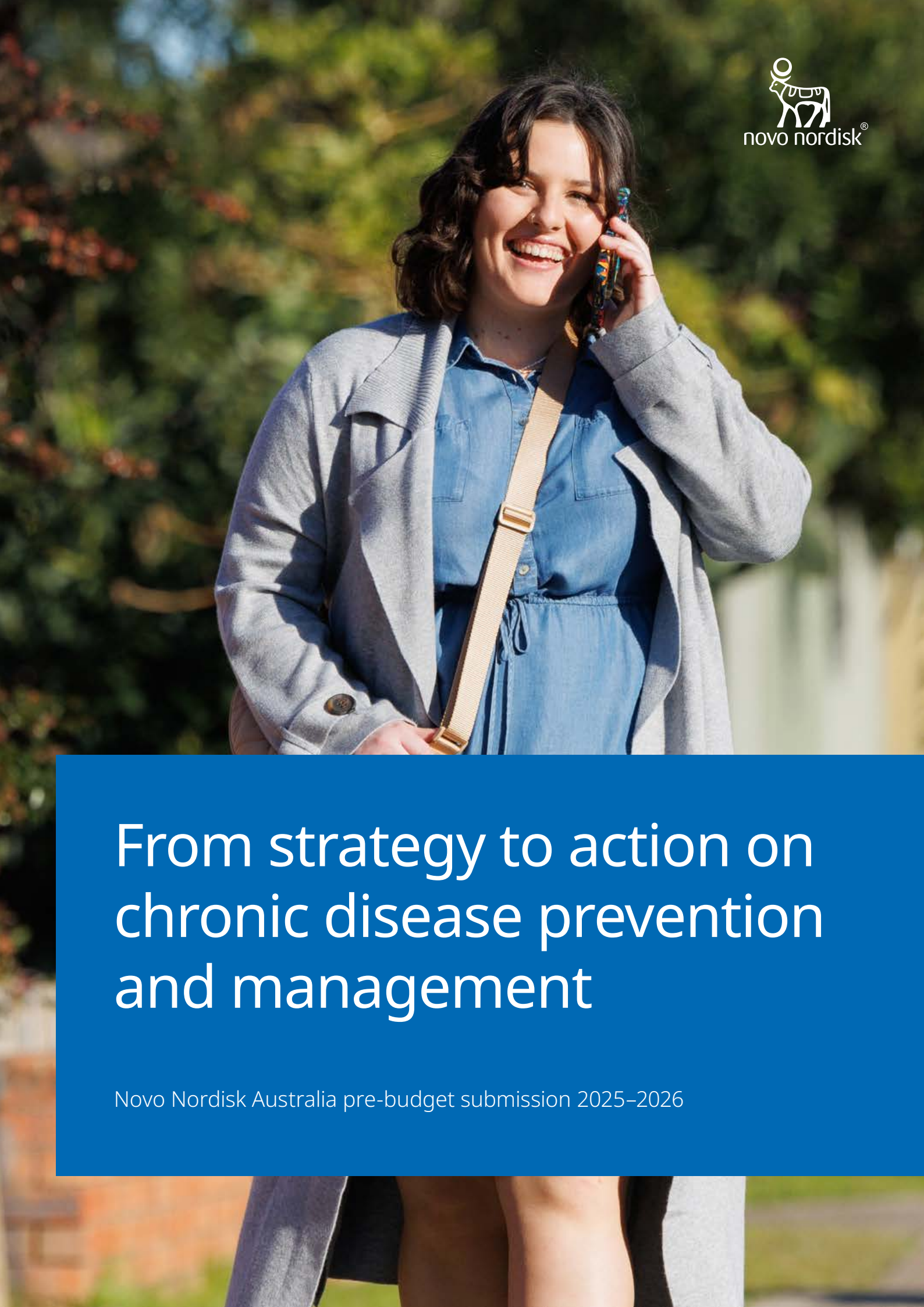


From strategy to action on chronic disease prevention and management

Novo Nordisk Australia pre-budget submission 2025–2026

Executive summary

Chronic diseases are Australia's greatest health challenge, with 61% of Australians (15.4 million people) living with at least one chronic condition and 38% (9.7 million people) living with multiple chronic conditions. These diseases account for 91% of preventable deaths and 85% of years lost due to ill health, placing unprecedented pressure on Australia's healthcare system and economy. Many chronic diseases share underlying risk factors and causal pathways, creating complex multimorbidity patterns requiring coordinated care.

At the heart of this challenge is obesity, which acts as a gateway to numerous other chronic diseases. The number of people living with obesity has increased by 60% over the past decade, contributing to 55% of type 2 diabetes cases and 51% of cardiovascular disease cases. Currently, 6.3 million Australian adults are living with this condition. It is projected that by 2035, nearly half (47%) of Australian adults will be living with obesity, up from 32% in 2022.

The economic impact of chronic diseases is substantial. Obesity alone costs 11.8 billion Australian dollars annually, with projections reaching $234.54 billion (3.5% of GDP) by 2060. The burden extends across the healthcare system, with chronic diseases accounting for more than half of all hospitalisations and nearly three-quarters of all bed days.

Australia has established comprehensive strategic frameworks, including the National Strategic Framework for Chronic Conditions, National Preventive Health Strategy, National Diabetes Strategy and National Obesity Strategy. However, implementation remains challenging. Current investment in prevention and public health represents only 1.7% of total health expenditure, which is well below comparable countries.

A generational challenge with latsing impact

Rising obesity rates pose a serious threat to future generations. Health and Wellbeing Queensland (2022) warns that without action, a child born in Queensland in 2023 could lose up to five years of life expectancy. This highlights the urgent need for stronger prevention strategies to safeguard long-term health and wellbeing.

Note: In this document, all references to $ indicate amounts in Australian dollars, unless stated otherwise.

"Up to five years could be lost from the life expectancy for a Queensland child born in 2023 if obesity rates are not turned around."

Health and Wellbeing Queensland, 2022

Novo Nordisk recommendations for action

Building on established national frameworks, Australia must now move beyond planning to decisive action. The evidence for effective interventions exists – what is needed now is the political will and resources to implement them at scale. Success requires sustained bipartisan commitment and coordinated implementation across all levels of government, in collaboration with the private sector and civil society. While significant upfront investment is needed, the cost of inaction far exceeds the cost of intervention.

Evidence-based implementation priorities are:

1. **Strengthen investment in population-level health promotion and primary prevention:** Implement comprehensive societal responses across multiple sectors, including agriculture, urban planning, education and commerce.

2. **Shift health systems towards more integrated disease prevention and care:** Transform healthcare delivery through integrated care models that ensure seamless coordination, with strengthened primary care services as the cornerstone.

3. **Expand access to pharmacotherapy for effective disease management and secondary prevention:** Prioritise access to evidence-based treatments for high-risk populations, including expanding Pharmaceutical Benefits Scheme (PBS) access to effective pharmacotherapies, such as GLP-1 receptor agonists (RAs) for chronic weight management.

Contents

About Novo Nordisk

Novo Nordisk is a leading global healthcare company founded in 1923 and headquartered in Denmark. Our purpose is to drive change to defeat serious chronic diseases, built upon our heritage in diabetes. We do so by pioneering scientific breakthroughs, expanding access to our medicines, and working to prevent and ultimately cure chronic disease.

Novo Nordisk recognises the significant value of working in partnership with patients, policymakers, healthcare professionals and non-governmental organisations to understand priority areas and provide help where it is needed most. Our message to government and policymaker stakeholders is clear: your success is our success, and we share a common ambition to improve the lives of people living with chronic diseases and limit the impact on national health systems.

Novo Nordisk has been operating in Australia since 1976 and employs more than 300 people. To date, we have delivered our medicines to more than 1.4 million patients in Australia for the treatment of diabetes, obesity, rare diseases and other serious chronic diseases.

Learn more: novonordisk.com.au ⟶

Introduction

Chronic diseases, which are often preventable, are Australia's leading health challenge, accounting for the majority of illness and death. Rising rates of obesity – a major risk factor – fuel the burden of diseases such as type 2 diabetes (T2D) and cardiovascular disease (CVD). Addressing these interconnected health crises offers an opportunity to enhance well-being, reduce inequities and alleviate pressure on health systems.

Though largely preventable, chronic diseases are the leading cause of illness, disability and death in Australia.[1-3] They already account for 91% of the non-fatal and 78% of the fatal disease burden, and their prevalence is increasing.[3]

This rising tide of chronic diseases poses a profound threat to individual well-being, risks overwhelming already strained health systems, and has far-reaching socioeconomic consequences for individuals and societies at large, including reduced productivity, increased healthcare expenditures and widening health inequities.[1,3-6] The Australian Institute for Health and Welfare considers chronic diseases "Australia's greatest health challenge".[7]

Adapting health systems to our current health challenges could preserve many years of healthy life and significantly reduce the broader impact of chronic diseases.[1,7-9] The World Health Organization (WHO) estimates that 80% of all CVD and T2D could be prevented.[10,11] This highlights both the scale of the challenge and the significant opportunity for prevention and effective chronic disease management. Failure to address this challenge could mean poorer health and even greater pressure on governments' budgets in the future.[1,12]

What are chronic diseases?

Chronic diseases are long-lasting, progressive conditions that often lead to serious complications if not managed appropriately.[4] These diseases include a wide range of conditions, such as cardiometabolic diseases, chronic respiratory diseases, cancers and mental health disorders. Many chronic diseases are also classified as non-communicable diseases (NCDs), as they are not transmitted from person to person, and the terms are often used interchangeably.

Cardiometabolic diseases are a subgroup of closely interconnected chronic diseases that affect the body's heart, blood vessels and metabolic processes. These conditions include CVDs, such as heart disease and stroke, and metabolic disorders, such as T2D, obesity and metabolic dysfunction-associated steatohepatitis (MASH). Collectively, they are the leading cause of morbidity and mortality in Australia and worldwide.[13,14]

Chronic diseases tend to cluster in multimorbidity

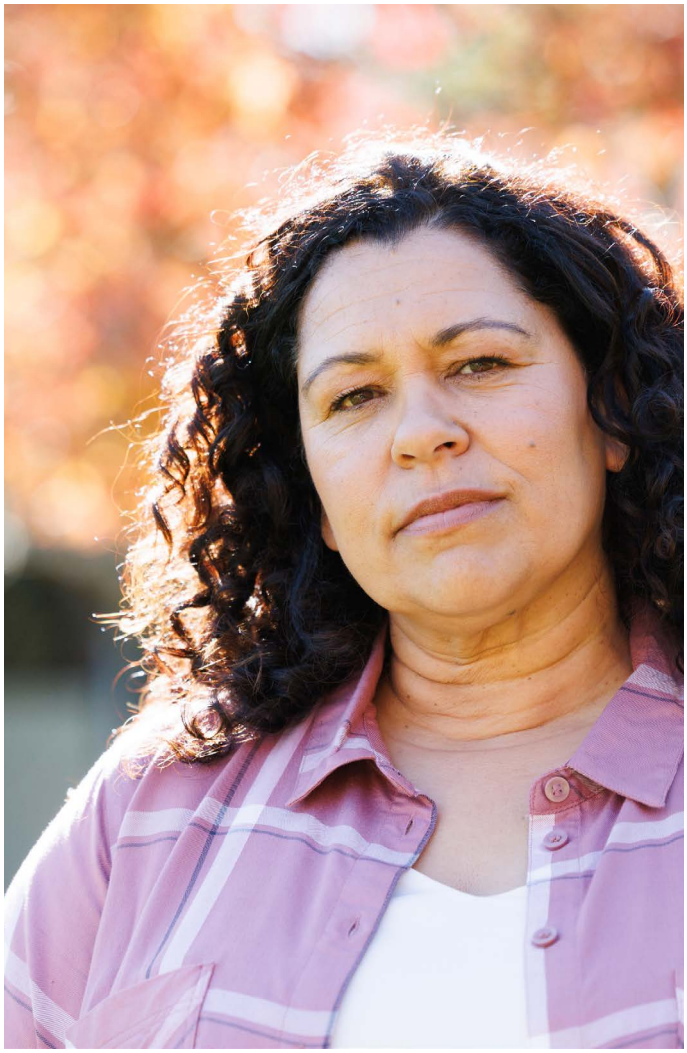
Many chronic diseases share underlying determinants, risk factors and causal pathways. The complex interactions between impaired insulin signalling, metabolic dysfunction and chronic inflammation link T2D, obesity and CVD, creating a vicious cycle of disease causation and progression.[15] People living with one chronic disease are, therefore, at increased risk of developing other chronic diseases.[16-19] As a result, chronic diseases tend to cluster in multimorbidity patterns.[19,20]

Obesity is a gateway disease to many other chronic diseases

Obesity is one of the most significant health challenges facing Australia today.[18,21,22] Obesity rates have increased by more than 60% in the past decade, and obesity is now prevalent in 6.3 million Australian adults.[23] The prevalence of obesity among children also increased from 4.9% in 1995 to 8.3% in 2022.[24] The World Obesity Federation predicts that by 2035, 47% of Australian adults will be living with obesity,[25] up from 32% in 2022.[24]

While it is a chronic disease on its own,[26] it is also the leading risk factor for many other chronic conditions.[27,28] Obesity is associated with more than 200 metabolic, functional and psychosocial complications.[29]

Addressing the obesity crisis is, therefore, essential for developing sustainable healthcare solutions and managing public budgets effectively.[27] Overweight and obesity contribute to around 8.4% of the total disease burden.[30]



Beyond its direct health impacts, obesity is linked to:[24,30,31]

55%
of T2D cases

51%
of CVD cases, specifically, hypertensive heart disease

42%
of chronic kidney disease (CKD) cases

7%
of cancers attributable to individual risk factors

A paradigm shift is needed

Confronting this formidable challenge necessitates a paradigm shift in our chronic disease prevention and management approach.

The overlap between these diseases allows for joint prevention efforts and integrated care.[20,32] Key metabolic risk factors – high blood pressure, elevated blood sugar, high cholesterol and obesity – are leading contributors to global mortality and morbidity.[17] These factors are interconnected and influenced by genetics, behaviour and environment, highlighting that there is no single cause for chronic diseases.[33]

Traditional, disease-specific models are inadequate for managing the complex nature of these conditions.[1] We must embrace integrated, proactive and person-centred strategies that focus on prevention, early detection and coordinated care throughout life. By doing so, we can increase healthy years lived, lessen the impact of chronic illnesses and create more resilient and equitable health systems.

"There are two critical aspects we must consider and act upon immediately. Firstly, the prevention of chronic diseases that are caused by clinical obesity, such as diabetes, heart disease, and many cancers. These conditions represent major health challenges and contribute substantially to the burden of preventable chronic disease. Secondly, it is essential to address the stigma associated with weight, as this stems from the erroneous assumption that individuals are entirely responsible for their condition. The scientific evidence does not support this view."

Professor John Dixon, Vice President, National Association of Clinical Obesity Services (NACOS)

Burden of overweight and obesity

A 2018 burden of disease study by the Australian Institute of Health and Welfare on overweight and obesity found that overweight (including obesity) was the second leading risk factor (after tobacco use) contributing to ill health and death in 2018.[30] The 2024 follow-up study found that overweight had surpassed tobacco use as the leading risk factor.[34] Given the central role of obesity in the development of various complications, interventions that reduce the burden of obesity will have knock-on effects on closely linked disease areas such as T2D and CVD, creating a multiplier effect.

Addressing chronic diseases improves health and economic outcomes

The Australian Institute for Health and Welfare considers chronic diseases "Australia's greatest health challenge".[7] This rising tide of chronic diseases poses a profound threat to individual well-being, risks overwhelming already strained health systems and has far-reaching economic consequences for societies at large.[1,3-6]

Chronic diseases are Australia's greatest health challenge

Six out of 10 Australians (61%, or 15.4 million people) live with at least one chronic condition, and four out of 10 (38%, or 9.7 million people) live with multiple chronic conditions.[35] Nearly all Australian adults have at least one risk factor for chronic disease, and half have two or three.[36]

Chronic diseases are responsible for nine out of every 10 preventable deaths[3] and account for 85% of years lost due to ill health.[13] Over the past 20 years, years of life lost due to chronic diseases has increased from 1.7 million to 1.9 million.[3] While life expectancy in Australia has risen to 81.3 years for men and 85.1 years for women, many of these additional years are spent in ill health.[3,14] In 2023, years lived with disability due to chronic diseases increased from 1.6 million to 2.5 million.[3] Men gained 3.2 years in life expectancy but only 2.2 years in health-adjusted life expectancy (HALE), while women gained 2.2 years in life expectancy but only 0.8 years in HALE. This indicates a growing gap between life expectancy and healthy years lived.[3]

Our health system is not adapted to the chronic disease challenge

The growing chronic disease burden puts substantial pressure on Australia's healthcare system.[1,3,37] More than half of all hospitalisations and nearly three-quarters of all bed days are now associated with chronic conditions.[3] Overall, 60% of general practitioner visits in the last 12 months involved chronic diseases, and almost one in six Australians (16%, 4.1 million) claimed a Chronic Disease Management service.[3,37]

The rising prevalence of multimorbidity presents particular challenges for service coordination and delivery.[3,38,39] Current healthcare arrangements, designed primarily for acute care, struggle to effectively coordinate patient care across different settings.[1] The system's tendency to focus on sickness rather than wellness, partly driven by activity-based funding models, further compounds these challenges.[1]

Obesity in Australia

Australia has the fifth-highest obesity rates of all OECD countries,[40] with a 60% increase in the number of adults living with obesity over the past decade (rising from 3.9 million to 6.3 million.)[23] Approximately 65% of adults and 30% of children are currently overweight or have obesity.[41] In 2021, high body mass index (BMI) contributed to 7.5% of the disease burden and 8.6% of deaths.[13] The Australian Institute of Health and Welfare indicates that overweight and obesity are responsible for about 10% of all deaths in the country.[30]

T2D in Australia

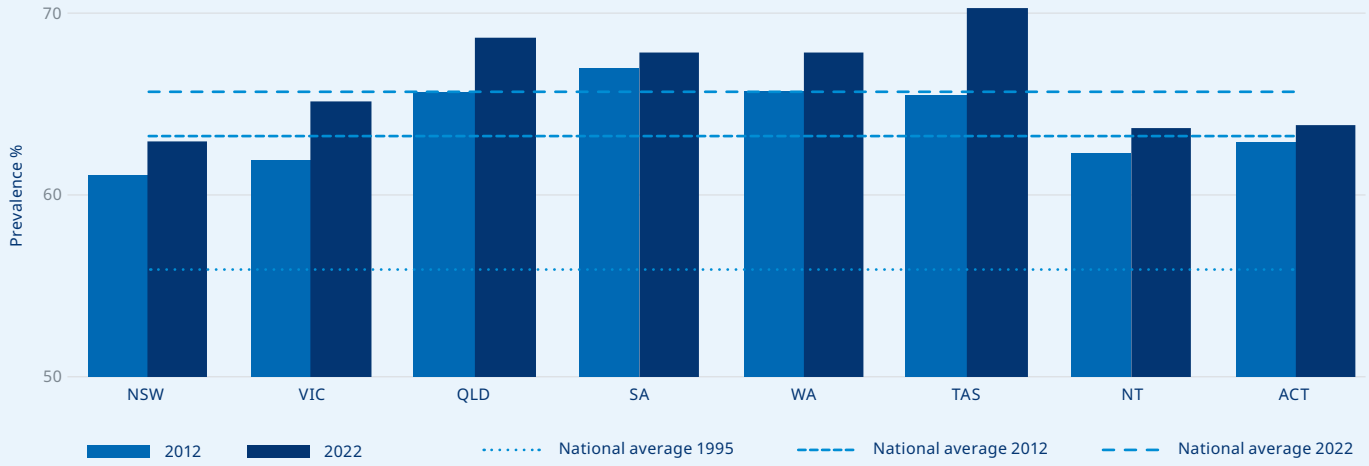
As many as one in 20 Australians (1.3 million people) have been diagnosed with T2D, and many more people are living with undiagnosed diabetes.[35] It is estimated that T2D was responsible for 124,000 years of healthy life lost in 2023.[35] T2D prevalence is projected to increase significantly, from 1.5 million people in 2021 to nearly 2 million by 2045 – a 30% increase.[42]

CVDs in Australia

It is estimated that CVDs directly impact the lives of 3.7 million Australians – approximately one in every 15 adults.[9] CVDs contribute to more than half of all mortality and directly cause nearly one-third of all deaths.[9]

Prevalence of overweight and obesity*

(Adults aged 18 and over; BMI ≥ 25)



*Based on data from the Australian Institute of Health and Welfare[24] and the Australian Bureau of Statistics.[43,23]

Chronic diseases have a significant economic toll

Chronic diseases significantly impact Australia's healthcare system and economy. In the 2015/16 Federal Budget, health expenditure was 69.4 billion dollars or nearly 16% of total federal spending.[9] This expenditure has been growing faster than the economy, with the health spending-to-GDP ratio rising from 6.8% in 1986/87 to 9.5% in 2011/12.[36] Direct healthcare costs for chronic diseases totalled 27 billion dollars, or 36% of total health expenditure.[9,36]

> **Obesity is a significant economic challenge in Australia and globally, ranking among the top three human activities that negatively impact the economy.[27,44] The global cost of obesity is approximately $2.0 trillion, or 2.8% of global GDP, which is similar to the impacts of smoking and armed conflicts.[27,44]**

In Australia, the cost of obesity alone was around $11.8 billion in 2018, including $5.4 billion in direct health costs and $6.4 billion in indirect costs.[45,46] These figures are conservative and do not include the considerable effects on quality of life.[46]

Healthcare costs for patients with obesity are 20–40% higher than for those without the condition,[47] with estimates of annual health service costs ranging from $1.5 billion to $4.6 billion.[5] In addition, obesity leads to significant indirect economic burdens, with productivity losses estimated to be between $840 million and $14.9 billion, and foregone tax revenue ranging from $866 million to $3.8 billion annually.[5]

Overall, when factoring in health loss estimates, the annual cost of obesity can reach between $34.5 billion and $59.4 billion.[5]

In comparison, annual productivity losses are estimated at $10.5 billion for tobacco use and between $1.1 billion and $6.8 billion for excess alcohol consumption.[5]

The impact extends to other chronic diseases as well. For diabetes, premature retirement among those aged 45–64 results in approximately $56 million in lost taxation revenue and $4 million in additional welfare payments annually.[48]

These economic impacts are particularly concerning, given their preventable nature. However, it is important to note that these costs should not be framed as an individual burden on the system.[28] Creating healthier environments and better supporting people to manage their weight and health before chronic conditions arise or escalate could help avoid many of these costs.[28]

Costs of chronic diseases are projected to increase

Projections of chronic disease costs are alarming. In Australia, the economic impact of obesity reached $40.03 billion in 2019 (1.9% of GDP) and is projected to rise to $234.54 billion by 2060 (3.5% of GDP), representing a sixfold increase.[49] Per capita, this is projected to escalate from $1,588 to $6,710.[49]

In Western Australia, hospitalisations due to excess body mass are expected to rise by 54% by 2026, with costs increasing by 80%.[50] Similarly, diabetes-related health expenditure is set to grow from 8.87 billion US dollars in 2021 to 10.41 billion dollars by 2045, with total costs reaching $45 billion by 2050.[51] For CVDs, healthcare costs from 2020 to 2029 will exceed $61.89 billion, with productivity losses adding another $78.75 billion.[52]

Effective secondary prevention is vital, as individuals with existing CVD account for 80% of healthcare costs and 65% of productivity losses.[52]

Achieving the WHO target of reducing obesity to 2010 levels (26%), requiring a reduction of 1.6 million people living with obesity in Australia,[6] could save $40.5 million in hospital costs by 2026* in Western Australia alone.[28]

Without immediate action, the rising tide of chronic diseases will continue to strain health systems and impact economic productivity.[1,12,50] Australia is paying a significant health and well-being price for this inaction.[28] Each passing year not only increases the eventual cost of addressing these challenges, but also represents missed opportunities to improve the health and well-being of millions of Australians. For example, during a single election cycle, an additional one million Australians will develop obesity.[46]

** Compared to current trends.*

† One DALY represents the loss of the equivalent of one year of full health. DALYs for a disease or health condition are the sum of the years of life lost due to premature mortality (YLLs) and the years lived with a disability (YLDs) due to prevalent cases of the disease or health condition in a population.

§ The study was set in the UK and uses the WHO's definitions of cost-effectiveness: spending of below one times per capita GDP per DALY saved is very cost-effective, investment of one to three times per capita GDP per DALY saved is cost-effective, and spending of above three times per capita GDP is not cost-effective.

Preventive and treatment interventions promise significant returns on investment

The rising costs associated with chronic diseases present significant opportunities for cost-effective interventions. The ACE Prevention study (2010) evaluated 150 preventive and treatment interventions in Australia, finding 94 cost-effective at a threshold of $50,000 per Disability Adjusted Life Year (DALY)†.[53] Of these, 53 were cost-saving or very cost-effective (less than $10,000 per DALY).[53]

For example, a McKinsey Global Institute study of 44 obesity interventions found 95% to be highly cost-effective§, suggesting that implementing them could help 20% of overweight individuals achieve a normal weight.[44] In addition, a 10-year cost–benefit analysis projected that pharmaceutical treatments would yield a benefit–cost ratio of 2.7 and save $24.8 million per year for each cohort completing these interventions.[6]

The 2020 ACE Obesity study found 16 out of 16 assessed interventions to be cost-effective (at $50,000 per DALY), with 11 being both health-promoting and cost-saving. Primary care interventions in underserved communities could save between $3.95 and $11.75 in hospital costs for every dollar invested.[54,55]

Though significant upfront investment is needed, implementing these interventions could save $2.1 billion over 10 years, with breakeven occurring after six years.[6] Of the savings, 76% would benefit the government.[6] Some policies would also generate additional tax revenue. For example, implementing a 20% tax on sugary drinks could generate more than $600 million annually, while improving productivity would further enhance economic returns.[55,56]

Australia committed to addressing the chronic disease crisis

The Australian government has made multiple commitments at both international and national level. These commitments reflect a growing awareness of the need for coordinated action to prevent and manage chronic conditions, particularly the cardiometabolic disease syndemic. While these frameworks and strategies provide comprehensive blueprints for action, their effectiveness ultimately depends on successful implementation supported by adequate resources and sustained political commitment.

World Health Organization targets

Australia, as a signatory to the ***WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases***, has committed to ambitious targets for chronic disease prevention and management.[6,57]

Key commitments include:[57,58]

- Halting the rise in obesity and returning to 2010 prevalence levels (26%)
- Reducing premature mortality from NCDs by 25% by 2025
- Building health system capacity for early intervention and prevention
- Addressing social determinants of health

National strategic frameworks

Australia has developed a series of interconnected national frameworks demonstrating increasing recognition of the need for coordinated action on chronic disease prevention and management.

The ***National Strategic Framework for Chronic Conditions (2017–2025)*** provides the overarching architecture for Australia's response to chronic disease.[39] It moves away from a disease-specific approach to guide the development and implementation of policies, strategies and actions to address chronic conditions.[39] The Framework emphasises prevention and risk reduction, providing efficient and appropriate care, and targeting priority populations.[39]

Building on this, the ***National Preventive Health Strategy (2021–2030)*** establishes concrete commitments to rebalance the health system towards prevention.[59] It commits to increasing preventive health investment to 5% of total health expenditure by 2030.[59] The Strategy emphasises strengthening prevention system infrastructure, workforce capability and partnerships across sectors.[59]

More recently, disease-specific strategies have been developed to provide detailed guidance in priority areas. The ***National Diabetes Strategy (2021–2030)*** expands on the early intervention and healthcare aspects of chronic disease management through commitments to integrated care pathways and reducing complications while maintaining a strong focus on prevention and early detection.[60]

The ***National Obesity Strategy (2022–2032)*** represents the government's most recent and comprehensive commitment to addressing obesity as a gateway chronic disease.[61] It sets ambitious targets, including halting and reversing obesity trends in adults by 2030 and reducing childhood overweight and obesity by at least 5% by 2030 through three core ambitions:[61]

1. **Creating supportive, sustainable and healthy environments** – focusing on systemic changes to make healthier choices easier, including reforms to food systems, urban planning, and institutional settings.
2. **Empowering people to stay healthy** – building knowledge, skills and community connections to support healthy eating and physical activity.
3. **Improving access to early intervention and care** – ensuring appropriate healthcare support for people across the prevention–treatment spectrum.

Implementation status

Australia has established strategic frameworks for chronic disease prevention and management, but there are significant opportunities for improvement in their implementation through better funding and coordination.

Currently, investment in prevention and public health is only 1.7% of total health expenditure, which is well below the 7% in New Zealand and 5.9% in Canada.[36,55] Increasing this investment to 5% by 2030 could align with international best practices. From 2013 to 2022, funding for obesity prevention totalled $778 million, averaging just 0.6% from each major source.[45] This funding gap, combined with the absence of detailed implementation plans, is a major barrier to effective action.[45,62-64]

While various frameworks explicitly commit to developing detailed implementation plans, such plans have yet to materialise.[45] The Australian Obesity Collective, in a recent pre-budget submission, noted that "no lasting comprehensive action flowed from previous and current

strategies and, as a result, Australia is paying a significant health and well-being price".[28] Actual population health trends show that the burden of chronic diseases has continued to increase, contrasting starkly with the strategic ambitions stated in multiple frameworks.[35]

While significant improvements have been made in areas such as physical activity levels, harmful tobacco and alcohol consumption, and mortality rates for cancer, cardiovascular disease and respiratory diseases, other key metrics show concerning trends.[3,65] For example, diabetes mortality has increased by an average of 2.5% annually since 2010,[65§] and obesity prevalence has continued its upward trajectory.[25,34] The WHO's target of halting the rise in obesity and returning to 2010 prevalence levels (26%) would require reducing the number of people living with obesity in Australia by 1.6 million[6] – highlighting both the scale of the implementation challenge and the significant potential benefits of successful intervention.

"Up to five years could be lost from the life expectancy for a Queensland child born in 2023 if obesity rates are not turned around." [72]

Health and Wellbeing Queensland, 2022

[§] Based on a 2022 population-based study analysing age-standardised mortality rates (ASMR) from cause-specific mortality data for Australian adults aged 30–69 (2010–2016).

Joint action is needed to drive change

Current implementation progress suggests an opportunity to accelerate action to match the ambitious targets set out in the strategic frameworks. Success requires effective coordination across all levels of government, with clear delineation of responsibilities and sustained political commitment at all levels.[53-55,66,67]

The Commonwealth holds responsibility for system management, policy and funding of general practitioners and primary healthcare services, and directs key

Good practice example: Health and Wellbeing Queensland

Health and Wellbeing Queensland (HWQld) is a statutory body established by the State Government to tackle the overweight and obesity crisis and the burden of chronic disease it brings to the health system.[68] HWQld partners across the health system to integrate and embed prevention, driving key initiatives to create healthier environments, empower healthy living, and improve access to preventive care and treatment.[68-70]

This includes *Gather + Grow* to improve food security in remote communities, *Pick of the Crop* to promote healthy eating in schools, and enhancing primary care through initiatives such as *Logan Healthy Living*, which provides free multidisciplinary support to prevent and manage T2D, obesity and other chronic diseases in partnership with UQ Health Care.[68,70,71] HWQld also invests in research and evidence to inform strategic priorities.[68-70]

By driving change across communities in primary and secondary prevention, HWQld demonstrates the impact of coordinated action in shifting chronic disease trends for a healthier future.

policy levers through Medicare, the Pharmaceutical Benefits Scheme, and health workforce planning, while providing most general practitioner income through the Medicare payments system.[67,73] States and territories are responsible for public hospitals and ambulance services, while many responsibilities, including hospital funding and policy decisions, are shared between different levels of government, requiring coordination between them.[67,73]

Implementation will require significant upfront investment, yet the returns – in terms of improved health outcomes and reduced healthcare costs – will only materialise over the longer term.[6,46,54,55] This creates a fundamental challenge in that the government making the initial investment may not be in office when the benefits are realised.[46,55] Policy decisions must, therefore, be based on comprehensive modelling of costs and benefits over decades rather than years.[55]

Success depends on sustained bipartisan commitment across all levels of government to maintain required investment through multiple election cycles, setting aside short-term political considerations in favour of long-term population health improvements.[55]

Novo Nordisk recommendations for action

Australia's strategic frameworks provide a strong foundation for action. Building on this foundation would help realise their full potential for improving population health outcomes and supporting healthcare system sustainability. Coordinated action between federal and state governments is needed, supported by ongoing political will and investment to drive large-scale change.

The evidence for effective interventions exists – and we understand the costs of inaction. The search for perfect solutions should not delay action.[44,55] While prioritising interventions is important, focusing too much on determining the optimal sequence of actions can become a barrier to progress.[44,55] To turn the tide on chronic diseases, the emphasis should be on implementing these known solutions while continuing to refine and expand the evidence base.[44,55]

Now is the time to take action.

1. Strengthen investment in population-level health promotion and primary prevention

The growing burden of chronic diseases reflects broader societal and environmental challenges rather than simply individual choices.[74,75] While personal behaviours play a role, these are profoundly shaped by social, economic and environmental factors that create and perpetuate health inequities. The current focus on individual responsibility, while important, is insufficient without corresponding changes to the broader environment.[45,59,61,76]

Successful prevention requires a comprehensive societal response that encompasses policy changes across multiple sectors, including agriculture, urban planning, education and commerce.[57,77]
Evidence from the ACE Prevention[53] and ACE Obesity[54,55] studies provides clear guidance for such system-wide prevention efforts. With up to 38% of Australia's disease burden being potentially preventable, strengthening prevention efforts through coordinated, population-level interventions represents a crucial opportunity to improve population health while ensuring healthcare system sustainability.[7,30]

2. Shift health systems towards more integrated disease prevention and care

The rising prevalence of chronic diseases demands a fundamental shift in healthcare delivery.[1,39] Traditional disease-specific approaches are increasingly inadequate for addressing the complex, interrelated nature of chronic conditions, particularly as multimorbidity is becoming the norm rather than the exception.[1,3]

Evidence supports moving towards integrated care models that bridge gaps between healthcare services and ensure seamless coordination across different providers, settings and stages of the care continuum.[39,78] No single intervention creates sufficient impact to reverse chronic disease trends; only a comprehensive, systemic programme of multiple interventions will likely be effective.[1,78]

Primary care services must be substantially strengthened as the cornerstone of chronic disease prevention and management.
The current system, with its focus on episodic acute care and specialist services, is poorly equipped to deliver the continuous, coordinated care needed for chronic conditions.[1] Studies have consistently demonstrated the value of investing in primary care, with every $1 invested saving $3.95–11.75 in hospital costs while delivering significant health benefits to patients.[54,55] Success requires adequately resourced multidisciplinary teams that can provide comprehensive care across the prevention–treatment spectrum.[28,39]

Realising these priorities requires systemic changes to healthcare funding and delivery models. Current activity-based funding arrangements often incentivise treating sickness rather than promoting wellness.[1]

Healthcare reforms should focus on implementing funding models that support integrated care and preventive services while investing in digital health infrastructure to enable better information sharing. While these transformations require significant initial investment, they promise substantial returns through improved population health outcomes and reduced healthcare costs over the medium to long term.

3. Expand access to pharmacotherapy for effective disease management and secondary prevention

While prevention is important, not all chronic diseases are preventable, and focusing solely on primary prevention would overlook the millions of Australians who are already living with chronic diseases that require effective management.[7] For these individuals, pharmacotherapy is often needed, as lifestyle modifications alone may be insufficient to achieve meaningful health improvements.[7,28] Moreover, the distinction between prevention and treatment is less clear when it comes to chronic diseases, as effectively treating one condition often prevents the onset or progression of others. For example, effective obesity management could significantly reduce the risk of developing T2D, as 55% of the diabetes burden in Australia is attributable to overweight or obesity.[24,30] Similarly, early treatment intervention and effective continuous management of T2D are critical to reducing cardiovascular risk.[79]

Expanding access to GLP-1 RAs for chronic weight management through Pharmaceutical Benefits Scheme (PBS) listing for high-risk patients should be a priority.[80]
A recent report by the House of Representatives Standing Committee on Health and Aged Care and Sport has recognised that modern GLP-1 RAs can be transformative in managing chronic metabolic diseases, considering them "game-changing".[80] The Committee notes their great potential "to break the cycle of obesity and related complications in patients suffering from morbid obesity who are resistant to other treatments".[80] GLP-1 RAs, such as semaglutide, demonstrate benefits across the cardiometabolic disease spectrum, simultaneously improving glycaemic control, supporting weight management, and reducing cardiovascular and renal risks.[81-86] This broad therapeutic profile makes GLP-1 RAs particularly valuable for facilitating the management of multimorbidity, which is highly prevalent among individuals with chronic cardiometabolic conditions.[87-89] For example, about 80% of people living with T2D also have overweight or obesity,[80] highlighting the significant overlap between these chronic conditions and the potential for GLP-1 RAs to reduce polypharmacy.[89]

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