



ELECTION COUNTDOWN:
A Call for All Parties to Prioritise
Health and Well-being in 2025



Acknowledgement of Country

The George Institute acknowledges the traditional owners of the lands on which we work, and in particular the Gadigal people of the Eora Nation on which our Sydney office is situated.

We pay our respects to Elders past, present and future. We value and respect the ongoing connection of Aboriginal and Torres Strait Islander peoples to Country and are committed to working in partnership with communities to deliver better health outcomes.



About The George Institute for Global Health

At [The George Institute](#), we believe everyone has the right to a healthy life. We are a research organisation that finds solutions to some of the world's biggest health challenges.

With major centres in Australia, the UK, China, and India, and over 245 [active projects](#) in more than 50 countries, we work with partners and communities across the world to conduct rigorous, high-quality research to make a real difference to people's health, particularly those facing the most barriers.

From pioneering clinical trials to transformative digital health innovations, translating evidence into scalable solutions, shaping health policies and advocating for change, we're focused on a future where health equity is a reality, not just an aspiration.

At the heart of our mission to improve the health of millions worldwide is a belief in the power of change. Together, we're building a healthier, more just world.

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The number of Australians affected by noncommunicable diseases (also known as chronic diseases) continue to grow, placing increasing pressure on the healthcare system and economy. These conditions, while largely preventable, are the major contributors to premature death and disability, highlighting an urgent need for more effective prevention, early detection and management strategies.

The George Institute's 2025 election call to action advocates for all political parties to prioritise health and well-being within their election policies, with a specific focus on addressing noncommunicable disease. Tackling these diseases will have the greatest impact on population health and support broader health initiatives, through strengthening primary health care and health systems.

We call on all parties to commit to six key actions for Australia's future health:

- 1** Establish an Australian Centre for Disease Control that addresses both infectious and noncommunicable diseases
- 2** Strengthen Medicare to put patients at the centre of healthcare
- 3** Prioritise First Nations people's health
- 4** Improve health outcomes for women as well as marginalised sex and gender groups
- 5** Invest in health in our region
- 6** Position Australia as a global leader in medical research



Establish an Australian Centre for Disease Control that addresses both infectious and noncommunicable diseases

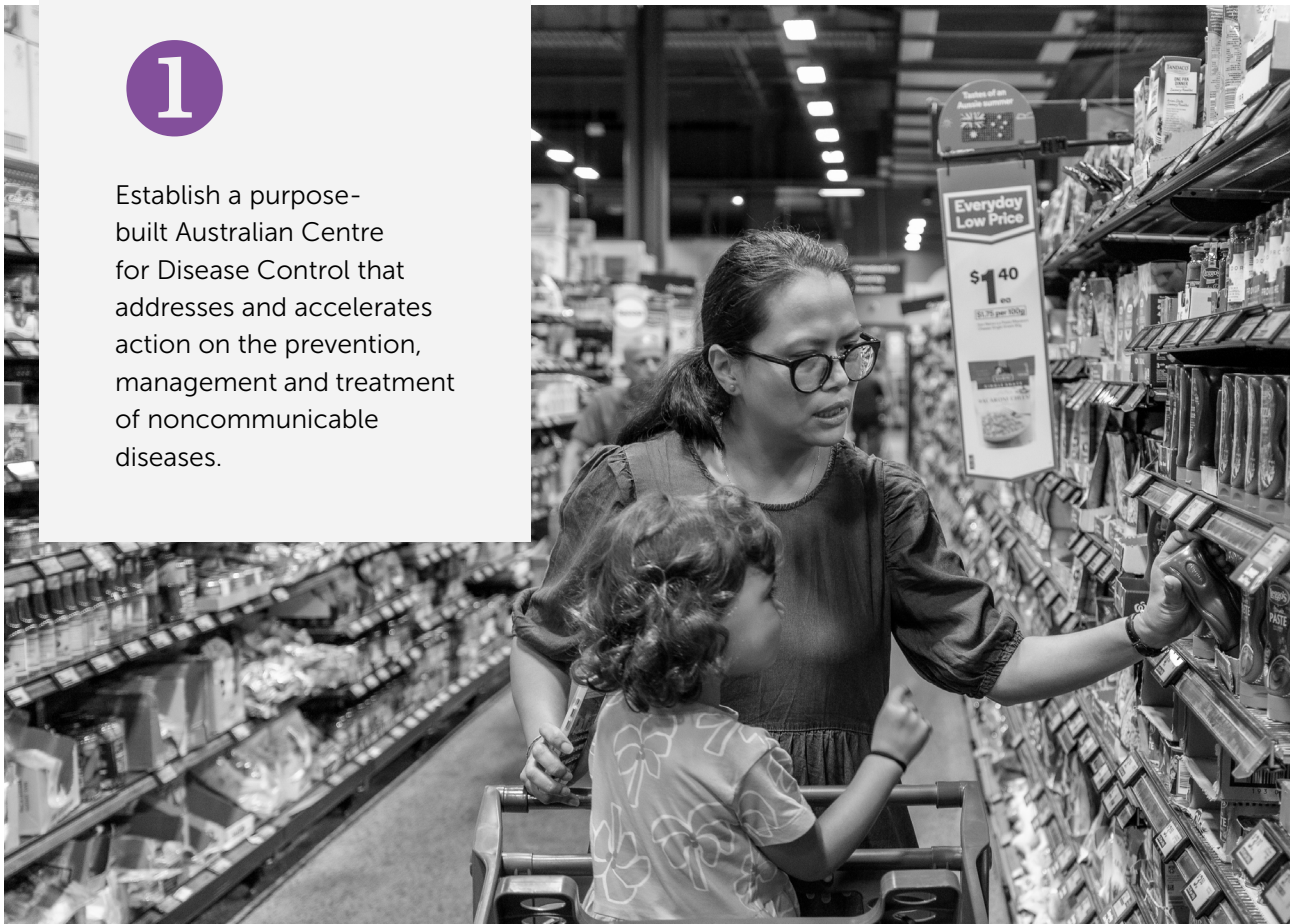
Tackling Australia's biggest health challenge – noncommunicable diseases – requires a greater focus on preventing disease and improving food systems. The Australian Centre for Disease Control, launching on 1 January 2026¹ should be fit-for-purpose, permanent and focused on addressing both infectious diseases and the national epidemic of noncommunicable diseases.

This should be coupled with accountability for the full resourcing, implementation, monitoring and enforcement of the National Preventive Health Strategy² and National Obesity Strategy.³ This includes, but is not limited to, government-led, mandatory regulations on

1. front-of-pack labelling – Health Star Rating,
2. food reformulation – to improve the nutritional value of packaged food, including by reducing salt, sugar, saturated fats and banning trans-fats,
3. fiscal policies – to introduce a sugar sweetened beverage health levy to support increased funding for prevention of diet-related disease, and
4. restricting unhealthy food marketing to children.

1

Establish a purpose-built Australian Centre for Disease Control that addresses and accelerates action on the prevention, management and treatment of noncommunicable diseases.



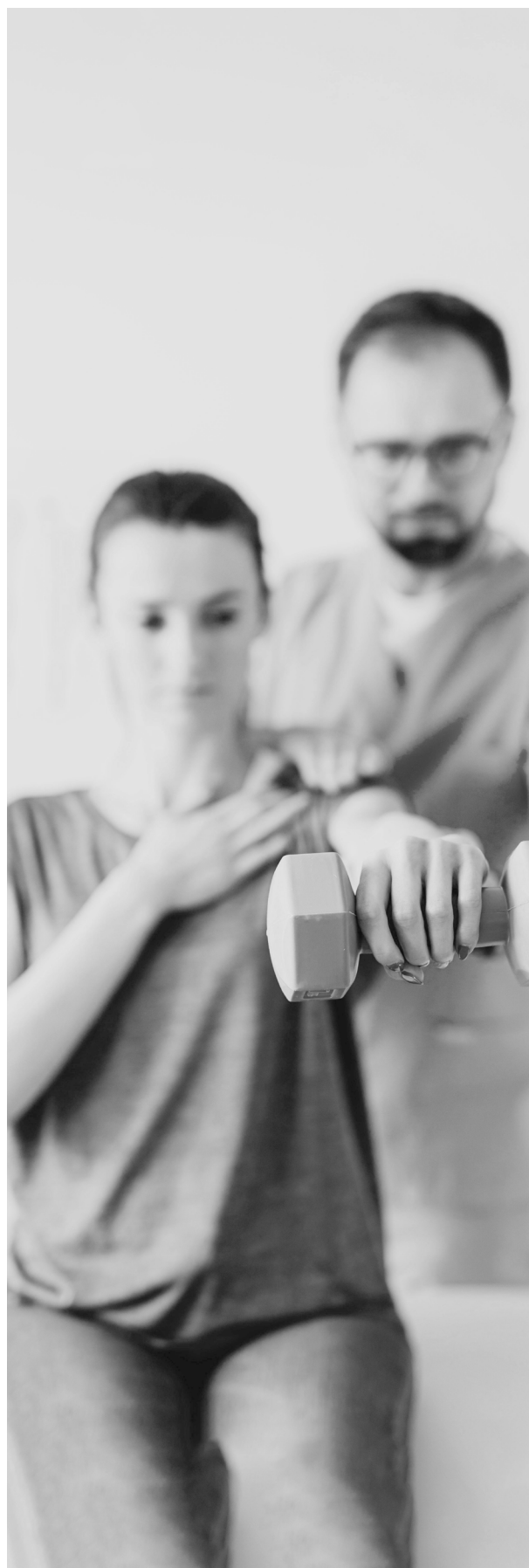
Strengthen Medicare to put patients at the centre of healthcare

Early detection and effective management of noncommunicable diseases requires a patient-centred, affordable and accessible health system. While Australia's health system performs well overall, there are opportunities to improve accessibility and navigation for patients. Minimising out-of-pocket health expenses will help ensure that more Australians can access the care they need without facing financial hardship.

There is a clear need to implement a new blended payment model for primary health care providers, one that supports a multidisciplinary, team-based health care that better meets patient needs. Under this model, 60% of funding would come through Medicare fee-for-service system, while the remaining 40% is intended to enable other healthcare professionals to join primary care teams to fund a comprehensive package of services addressing broader patient health needs.⁴ This approach would promote more patient-centred care and offer greater flexibility within the health workforce, reducing the reliance on fee-for-service as the primary income source for General Practice.⁴

2

Implement a blended payment model for primary health care providers, supporting the transition of individual practices and encouraging patients to enrol in such models of care.





Prioritise First Nations people's health

Aboriginal and Torres Strait Islander peoples are the First Peoples of Australia. Yet, the ongoing impact of colonisation, including racism, continues to have profound and detrimental impacts on Aboriginal and Torres Strait Islander communities. This has led to disproportionate and inequitable health outcomes for Aboriginal and Torres Strait Islander peoples.

Despite successive policies aimed at improving Aboriginal and Torres Strait Islander health, progress to “close the gap” on health outcomes between Indigenous and non-Indigenous Australians is not on track. Different ways of thinking about rectifying health inequities faced by Aboriginal and Torres Strait Islander peoples are needed, that prioritise self-determination, First Nations knowledges, cultural expression, and connection to Country.

Aboriginal and Torres Strait Islander communities, particularly those in remote and rural areas, are disproportionately affected by the climate emergency and its intersection with other issues including food and water insecurity that impact diet-related diseases. The development and implementation of First Nations-led community climate action plans that address the unique risks and exposures faced by Aboriginal and Torres Strait Islander communities is needed. These plans should be community-driven, grounded in Indigenous cultural values and promote the leadership role that Aboriginal and Torres Strait Islander people play in environmental advocacy and climate emergency mitigation.

3

Develop and implement First Nations-led climate action plans that address climate emergency impacts alongside food and water insecurity, as well as health prevention, management and treatment.



Improve health outcomes for women as well as marginalised sex and gender groups

Recognising and addressing the diverse health needs, risks and influences women experience at different stages of life should receive an increased and sustained focus beyond reproductive health. This approach ensures women have access to the necessary support to improve their lifelong health and well-being.⁵

Noncommunicable diseases, including cardiovascular diseases such as stroke and heart attack, are leading causes of mortality for women. However, data on women's unique needs for preventing and managing these conditions is limited, and risk factors are often under-recognised. This contributes to poorer clinical outcomes and greater complications in women with cardiovascular diseases.⁶ More research is needed to understand the unique risk factors women face in developing noncommunicable diseases, as they are underrepresented in clinical trials. In addition, few trials explore conditions that predominantly or exclusively affect women, such as high blood pressure during pregnancy, which increases the risk of developing premature cardiovascular diseases.⁷ This underrepresentation has led to fewer effective treatments and more treatment side-effects for women.

Women need to be included in health research and clinical trials, to change the trajectory of noncommunicable diseases. This is because both sex and gender impact the causes of disease, symptoms and responses to treatment. To improve enrolment, strategies should focus on supporting the participation of women as well as marginalised sex and gender groups (e.g. intersex, trans, and gender-diverse people) in clinical trials. This should include addressing barriers such as pregnancy and caregiving responsibilities.

4

Establish a new Centre of Excellence for Sex and Gender Equity in Health and Medicine to better understand the causes of poor health, and develop better treatments, clinical guidelines and health services for all.





Invest in health in our region

Australia has a key role to play in supporting our Indo-Pacific neighbours to build resilient and equitable health systems, working towards universal health coverage. This is essential for reducing health disparities, ensuring stability and fostering economic development in the region. The International Development Policy is driving investments to tackle challenges including poverty, economic growth, healthcare, infrastructure investment, climate emergency, food security, disability equity and rights and gender equality.⁸ It is essential that such investments are guided by the priorities of partner countries and carried out through equitable partnerships with governments, civil society organisations and communities to optimise outcomes and long-term sustainability.

Supporting and continuing to increase Official Development Assistance (ODA) will help to address social, commercial and environmental determinants of health, including the impacts of the climate emergency, while advancing Australia's commitments to its humanitarian values.

Australia is on track to be the first country to eliminate cervical cancer. The success of the Elimination Partnership in the Indo-Pacific for Cervical Cancer⁹ which focuses on three pillars - human papilloma virus immunisation, cervical screening and treatment - demonstrates how well-targeted ODA can support the achievement of multiple interconnected development goals.



5

Boost ODA to 0.7% by 2030 to continue Australia's strong leadership in supporting health system strengthening in our region.



Position Australia as a global leader in medical research

Independent public health and medical research are critical drivers of health innovation, improving health outcomes, reducing healthcare costs, and enhancing the overall quality of life for all Australians. Medical research from 1990 to 2004 delivered net present gains of \$78 billion – \$52 billion in health gains and a further \$26 billion in wider economic gains.¹⁰

In a time of unprecedented health challenges, including the ongoing impact of the COVID-19 pandemic, the rising burden of noncommunicable diseases, and emerging health threats such as climate emergency, investing in robust and sustainable public health and medical research is essential.

Australia's research community has consistently demonstrated capacity to deliver world-leading medical and public health innovations, advancing both national and global health. One of the most striking examples is the development of the human papillomavirus vaccine, which has positioned Australia to become the first country to eliminate cervical cancer. This achievement exemplifies how investment in public health and medical research can lead to transformative improvements in public health, as well as economic and social benefits.

Despite government support, funding levels have not kept up with the increasing cost of research. This jeopardises global leadership and international partnerships, and has implications for medical research workforce, technology and drug development, as well as medical device manufacturing and industry research and development (R&D) which rely on collaborations with medical research institutes.

Data from the Association of Australian Medical Research Institutes (AAMRI) reveals that for every dollar received through government grants, an additional 64 cents is required to cover the full costs of research, pushing the financial viability of the medical research institute sector to a crisis point. For example, in 2023, medical research institutes had to find an extra \$42 million to cover salary gaps, as National Health and Medical Research Council (NHMRC) grants don't provide enough to meet the minimum legal salary requirements, and unlike NHMRC's Independent Research Institute Infrastructure Support Scheme (IRIIS), Medical Research Future Fund (MRFF) grants offer no support for the indirect costs of research at independent medical research institutes.¹¹ We support AAMRI's call for increased investment in health and medical research to cover the full costs of research; a national health and medical research workforce plan to support commercialisation and attract and retain the best talent; and increasing R&D investment to 3% of GDP to fund the next generation of medical breakthroughs.

6

Fund health and medical breakthroughs by increasing the National Health and Medical Research Council budget by 30% to cover the full costs of research, both direct and indirect costs.





The George Institute for Global Health calls on all political parties to commit to funding the future health of Australia by adopting our six-point plan.

These commitments will deliver both immediate and long-term benefits for Australia's health system, ultimately improving the health and well-being of all Australians.



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