

PUBLIC HEALTH EXPERTS CALL ON THE AUSTRALIAN GOVERNMENT TO SHOW LEADERSHIP AT ALL LEVELS TO ADDRESS CHRONIC DISEASE AND MENTAL HEALTH

We urge the Australian Government to scale up action to address the challenges of non-communicable diseases (NCDs) and mental health conditions in Australia, across our region and worldwide.

The growing epidemic of NCDs – including heart disease, cancers, chronic respiratory diseases, diabetes and mental health conditions – presents a health crisis for all countries, including our own. NCDs account for over 74% of all deaths worldwide, including 89% of deaths in Australia.ⁱ Poor health is also a significant drain on economic productivity, with the cost of chronic disease projected to reach US \$47 trillion by 2030.ⁱⁱ In Australia, lost labour force participation from chronic diseases is projected to cost \$67.7 billion by 2030.ⁱⁱⁱ The urgency to act is clear.

Australia can, and must, do more to prevent and alleviate the impacts of NCDs. We call on the Government to:



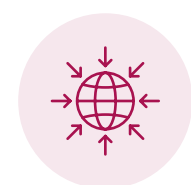
Strengthen the NCD and mental health response in Australia

We need dedicated funding to implement chronic disease strategies, including the *National Preventive Health Strategy*, and to include chronic disease in the remit of the Australian Centre for Disease Control. Strengthened partnerships with Aboriginal and Torres Strait Islander organisations and civil society must be prioritised to improve health and wellbeing outcomes.



Invest in systems that improve health in our region

Australia can expand support for our region through increasing development assistance for health and increasing the proportion of this assistance to NCDs and mental health conditions through the *Partnerships for a Healthy Region* program. Investments should take a joined-up approach, integrating NCDs within regional programs on climate change, food security, trade, and gender equality.



Show leadership on the global stage

We urge Australia to push for ambitious outcomes at the UN High-Level Meeting in September, with strong targets and the commitment to achieve them, including the implementation and/or increasing of health taxes on tobacco, alcohol and sugar-sweetened beverages and retention of targets that can be monitored over time. Senior Ministerial representation at the meeting and sustained political momentum beyond September will demonstrate global solidarity and support for NCD action in low- and middle-income countries and help accelerate our own efforts to improve the health and wellbeing of all Australians.

Endorsers

Organisations supporting



Individuals supporting

Prof Louise Baur, Professor of Child & Adolescent Health, University of Sydney

Prof Sharon Friel, ARC Laureate Fellow and Professor, Health Equity, School of Regulation and Global Governance, The Australian National University

Prof Rohina Joshi, Global Health, University of New South Wales

Prof Sheleigh Lawler, Head, School of Public Health, University of Queensland

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Prof Sant-Rayn Pasricha, Head of School, Melbourne School of Population and Global Health, University of Melbourne

Dr Sophie Scamps, MP, Federal member for Mackellar

Dr Kathy Trieu, Program Lead, Nutrition Implementation Research, The George Institute

Lucy Westerman, Melbourne School of Population and Global Health, University of Melbourne

CHRONIC DISEASE IMPACTS OUR HEALTH AND WELLBEING AND DRAINS OUR PUBLIC AND INDIVIDUAL FINANCES

Most of us know someone living with a chronic condition or have lost someone far too soon. While Australians are living longer, **over 8 million of us live with at least one chronic health condition.**^{iv}

**2.2
MILLION**

Mental health disorders impact an estimated **2.2 million people annually**^{vi} and suicide remains one of the leading causes of premature death.^v The toll of chronic disease is profound. It limits the quality of life for individuals and families and places enormous strain on the health system and economy.

**\$82
BILLION**

In 2022-2023, NCDs accounted for **\$82 billion in spending** – nearly half of all disease-related costs in Australia.ⁱⁱⁱ

**10%
AU-GDP**

Mental health alone has accounted for **\$13.2 billion** in Australian Government spending and the productivity impact of mental ill health has been estimated at **\$220 billion annually**, representing more than **10% of Australia's GDP**.^{vi}

NCDs reflect and reinforce social and economic inequalities. The burden of NCDs weighs most heavily on those with the fewest resources, both in Australia and globally. **In 2021, around 18 million people under the age of 70 died from NCDs – exceeding the total from injuries, infectious diseases (including COVID-19), and maternal and nutritional causes combined.** The vast majority – 82% – of these premature deaths each year take place in low- and middle-income countries.^{vii} Pacific Island nations experience some of the highest NCD rates globally, exacerbated by social, commercial and environmental determinants of health.^{viii}

In Australia, **chronic diseases contribute to 70% of the overall health disparity between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.**^{ix} For Indigenous peoples worldwide, they also reflect the ongoing impacts of colonisation, and solutions must prioritise Indigenous community leadership, culture and Indigenous understandings of health and wellbeing. Gender inequities play a role too, with women and girls experiencing unique challenges in accessing prevention, early diagnosis, treatment and care, often navigating health systems and policies that are not responsive to their needs, and taking on the unpaid care of family members with NCDs. Men have higher rates of disease for some conditions and in some contexts, and health data for LGBTQI+ populations is very limited. It is important therefore that NCD responses incorporate the differing needs and challenges of all genders.

NCDs also impact children and young people, making a life course approach essential to ensure that NCD strategies reflect their needs and perspectives. It is vital that conditions affecting this age group are prioritised and adequately resourced.

We know what works **NOW IS THE TIME TO LEAD**

In September 2025, Member States will convene for the 4th United Nations High Level Meeting (HLM) on Noncommunicable Diseases and Mental Health. The HLM brings an opportunity to inspire action and renewed commitment to address NCDs, saving millions of lives. We already have proven, cost-effective interventions to prevent and treat NCDs. **The WHO estimates that investing just an additional US \$0.84 per person per year in NCD interventions in low and lower-middle income countries produces \$230 billion in economic gains – that's US \$7 return for every dollar spent.**^x

Yet, global progress on achieving agreed targets remains unacceptably slow. **Only 1-2% of development assistance is allocated to NCD financing globally.**^{xii} Continued inaction to prevent and control NCDs perpetuates intergenerational cycles of disease and poverty, worsening inequities within and between nations.^{xiii} Conversely, addressing NCDs can support synergistic progress towards ending poverty, achieving gender equality, reducing inequalities and many other of the Sustainable Development Goals. The barriers to progress are systemic rather than technical, requiring political will to overcome. Successful interventions engage communities in developing the health care they need, integrating NCD prevention and care into health care systems, and mobilising funding partnerships to deliver programs. Expanding successful approaches can turn the tide.

Australia can, and must, do more to prevent and alleviate the impacts of NCDs

We commend Australia on several world-leading efforts to address NCDs domestically, including tobacco control and action to eliminate cervical cancer. Yet, significant funding and implementation gaps remain. Australia has the tools, the influence and the responsibility to lead, and help deliver real progress.

This is a defining moment that demands collective action. As we approach the UN High-Level Meeting on NCDs and Mental Health in September, we stand ready to work with you in urgency and unity to deliver a fairer, healthier, and more sustainable future for all.

**To add your support or for further information
please email**

impact@georgeinstitute.org

i [Noncommunicable diseases](#) and [World Health Organization](#)

ii [WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf](#)

iii Australian Institute of Health and Welfare (2024) Health expenditure Australia 2022–23, AIHW, Australian Government, accessed 23 July 2025.

iv [ABS 2021](#)

v [ABS 2023](#)

vi [AIHW 2025](#) and [PC 2020](#)

vii [Noncommunicable diseases: Mortality](#)

viii [Pacific Islands: Non-Communicable Disease Roadmap](#)

ix [Refresh-of-the-National-Strategic-Framework-for-Chronic-Conditions-NACCHO-submission-May24.pdf](#)

x [Saving lives, spending less: the case for investing in noncommunicable diseases](#)

xi [Financing NCDs | NCD Alliance](#)

xii [New report confirms devastating financial impact of NCDs on households and a crippling lack of data | The George Institute for Global Health](#)