



2026-27 Federal Budget

Submission to the
Australian Government
Department of Treasury and Finance



About The George Institute for Global Health

At The George Institute, we believe that everyone has the right to a healthy life, so we are finding solutions to some of the world's biggest health challenges, working with partners and communities across the world, to conduct rigorous, high-quality research.

With major centres in Australia, the UK, China and India, we have over 400 active projects in more than 60 countries, making a real difference to people's health, particularly those facing the most barriers.

The George Institute for Global Health acknowledges the traditional owners of the lands on which we work, and in particular the Bedegal people, 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 seek to work in partnership with communities to deliver better health outcomes.

Overview

The George Institute for Global Health 2026-2027 Pre-Budget Submission outlines three priorities for investment in the future health and wellbeing of Australians and people in our region:

1. **Address critical funding gaps in the health and medical research system** to support good health for all Australians, drive innovation and boost Australia's productivity.
2. **Invest in prevention to reduce the burden of chronic disease** and its cost to the health system
3. **Increase funding for health in our region**, reducing the impact of chronic disease on our Pacific neighbours, boosting development, gender equality and climate resilience.

Health and medical research plays a pivotal role in boosting Australia's economic growth, innovation and productivity, through improved treatments and healthcare. However, persistent underfunding of research is threatening the viability of the sector, with independent medical research institutes having to find an additional 65c for every dollar of funding from Commonwealth grants. Increasing the disbursement from the Medical Research Future Fund will enable the sector to remain strong and sustainable into the future, without harming the fund.

Investing in chronic disease prevention is a cost-effective mechanism to improve health outcomes and minimise avoidable hospital admissions. We support the Productivity Commission's recommendation for a National Prevention Investment Framework, which would enable evidence-based and cost-effective prevention programs to be appropriately funded.

Finally, we call on the Australian Government to expand funding for chronic disease prevention and control and health system strengthening in the Pacific. Sustained investment is needed to build the resilience of Pacific nations to persistent health challenges that impact development and prosperity.

Acknowledgement of Country



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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.

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The George Institute Budget 2026–27 proposals

1. Budget Proposal 1: Address critical funding gaps in the health and medical research system to support good health for all Australians, drive innovation and boost Australia's productivity.

Specific measures:

- Increase overall funding of research and development in Australia from 1.6% to 3% of GDP over the next 10 years through a combination of public and private funding.
- Increase and index annual funding to the NHMRC for competitive research grants by \$120 million per annum to update researcher salaries to align with the market and fund the full cost of researchers' salaries.
- Create a \$29.5 million per annum funding stream through MRFF similar to the NHMRC Independent Research Institutes Infrastructure Support Scheme (IRIIS) for independent medical research institutes to receive 25c per dollar to support 'indirect' costs of research.
- Increase the NHMRC's IRIIS program to \$38.5 million to allow independent medical research institutes to receive 25 cents per dollar of NHMRC grant funding for indirect costs of research.

2. Budget Proposal 2: Increase investment in cost-effective prevention, to keep Australians well and manage healthcare costs

Specific measures:

- Commit to a National Prevention Investment Framework, to provide a stable and ongoing mechanism for funding prevention programs.
- Commit to increasing spending on prevention to 5% of health expenditure by 2030 as committed in the National Preventive Health Strategy.
- Commit funding for development of a resource toolkit for the Health Star Rating to increase understanding of the system amongst health care professionals.
- Provide \$60 million over four years for a national education campaign that explains the forthcoming updated Australian Dietary Guidelines to improve health literacy and support healthy eating.

3. Budget Proposal 3: Increase investment to strengthen Pacific health systems for effective chronic disease prevention and care.

Specific measures:

- Expand the Partnerships for a Healthy Region program, providing \$1.2 billion of funding for the next five-year program from 2026-27 to 2030-2031, focused on strengthening primary healthcare, improving chronic disease prevention and management, integrating health care programs to support person-centred care and supporting initiatives that address the intersection of climate, gender and health.
- Fund and co-convene with civil society organisations a Pacific Climate and Health Policy Roundtable at the Pre-Cop meeting to ensure continued focus on the links between health and climate.

Budget Proposal 1:

Address critical funding gaps in the health and medical research system to support good health for all Australians, drive innovation and boost Australia's productivity.

Analysis consistently shows that **every \$1 invested in Australian medical research returns approximately \$4 to the Australian economy** through improved health, increased productivity, reduced healthcare costs, and industry growth.¹

Health and medical research plays a crucial role in improving long-term economic productivity through improved treatments and healthcare, which improves workforce participation and industry innovation, and ultimately contributes to more cost-effective healthcare.² Medical research institutes are in many ways the accelerators of research - bringing dedicated focus to areas of research need, they often have higher success rates for NHMRC grants, maintain efficient research costs and attract significant philanthropic support. Institutes also provide cutting edge treatments and technologies to local communities and anchor health system precincts.



Source: [The George Institute Impact Report 2024](#)

Australia's medical research system is world-leading, with the Nature Index positioning Australia at 11th globally in research output and second in the Asia-Pacific behind China.³ Health and medical research also underpins Australia's health system, which was ranked the best performing health system in the world by the Commonwealth Fund in 2024.⁴ Addressing the key funding gaps highlighted will position Australia well to continue to be a health powerhouse into the future.



“I am a sepsis survivor and I also experienced post sepsis syndrome... I also suffer from rheumatoid arthritis. I wake up every morning and every joint in my body hurts - without the drugs I don't think I'd be getting out of bed. Research makes those treatments possible – not only does it save lives, it saves people's dignity.”

Lyn Whiteway, consumer representative, The George Institute Consumer and Community Advisory Committee

Chronic underfunding is putting Australia's health and medical research sector at risk

Despite its reputation for excellence and innovation, the viability of Australia's health and medical research system is being threatened by chronic underfunding and incomplete coverage of the costs of research. In 2023, medical research institutes had to find an additional \$786.2 million to cover the gap between funding received and the full cost of research.⁵ This includes both 'direct costs' (funding salaries) and 'indirect costs', which include essential research activities such as laboratory maintenance and accreditation, commercialisation, legal costs, technology

transfer, data storage, consumer and community involvement, cyber security, compliance, and cutting-edge technologies.

Modelling completed by AAMRI in Victoria shows that two-thirds of independent institutes in Victoria will be financially unviable by 2030, and some institutes face insolvency in the next two years.⁶ Institutes are responding by cutting unfunded translation-enabling activities and scaling back commercialisation – the very activities that governments want to support and encourage. Independent medical research institutes do not receive federal block grants to cover indirect research costs. Instead, MRIs rely on a patchwork

of arrangements, including smaller, targeted federal schemes (NHMRC IRIISS), state programs (where present), philanthropic income, and partial cost-recovery from grant income — which leaves a material “full cost” gap for independent institutes. AAMRI estimates that averaged nationally, **this gap is as much as 65 cents for every dollar** of research funding.⁷

In addition, while NHMRC grants fund salaries for researchers, the funded rates have not been adjusted for inflation for several years. Medical research institutes need to source between 35-94% additional funding to meet average median salaries for researchers, with the gap increasing for senior researchers.⁸

Put simply, our research system is funding projects, but not adequately funding the people, systems, equipment and support needed to deliver those projects. As AI and advanced data science is more integrated into medical research, we also need to invest more in that critical capability. Consequently, we need more than ever to address these oversights.

Funds already allocated to the Medical Research Future Fund can be released to support a thriving medical research sector

The Medical Research Future Fund currently stands at approximately \$25 billion, well above the \$20 billion capitalisation forecast when it was established in 2015. Modelling by the Parliamentary Budget Office confirms that the MRFF can safely disburse the full \$1 billion every year without harming the capital base of the fund.⁹ In other words, medical research funding can be increased without impacting other government funding priorities – our ask is that a moderate amount of these funds is allocated to indirect costs for medical research institutes to ensure the sector is strong and sustainable.

Recommendations

The George Institute urges the Australian Government to address critical funding gaps in the health and medical research system by:

1. Increasing overall funding of research and development in Australia from 1.6% to 3% of GDP over the next 10 years through a combination of public and private funding.
2. Increasing and indexing annual funding to the NHMRC for competitive research grants by \$120 million per annum to update researcher salaries to align with the market and fund the full cost of researchers’ salaries.
3. Create a \$29.5 million per annum funding stream through MRFF similar to the NHMRC Independent Research Institutes Infrastructure Support Scheme (IRIISS) for independent medical research institutes to receive 25c per dollar to support ‘indirect’ costs of research.
4. Increase the NHMRC’s IRIISS program to \$38.5 million to allow independent medical research institutes to receive 25 cents per dollar of NHMRC grant funding for indirect costs of research.



Budget Proposal 2:

Invest in prevention to reduce the burden of chronic disease and its cost to the health system

Government spending on the treatment of non-communicable diseases (NCDs, or chronic diseases), totals around \$82 billion annually. Yet less than 2% of total Government health spending in Australia goes towards public health efforts such as prevention, including health promotion.¹⁰ This is well below the target of 5% set by the National Preventive Health Strategy, to be achieved by 2030, and the OECD average of health spending on prevention at 6%.¹¹

Nearly 40% of Australia's chronic disease burden could be prevented by reducing modifiable risk factors such as poor nutrition and physical activity.¹²

Underinvestment in health prevention has had a substantial economic impact in Australia.

Lost labour force participation from chronic diseases is projected to cost \$67.7 billion by 2030, representing 459,000 lost productive life years.¹³ Australia loses over 5,000 full-time equivalent work years each year to mental health compensable claims alone.¹⁴ These claims have increased 37% between 2017 and 2021.¹⁵ The last major report into the impact of chronic disease on labour force participation conducted by the AIHW in 2009 found that people with chronic disease were 60% more likely to not participate in the labour force, were less likely to be employed full-time, and more likely to be unemployed than those without chronic disease. People with chronic disease had almost twice as much time off work as those without chronic disease.¹⁶

Government spending on health prevention is a highly effective and efficient investment

Extensive economic evaluation shows that health prevention interventions for chronic conditions represent “best buys” for health spending, and that cost-effective interventions can have a significant impact on population health and health equity.¹⁷

The George Institute joins other public health organisations and the business community¹⁸ in supporting the Productivity Commission's recommendation for A National Prevention Investment Framework (“Investment Framework”). This Framework would allow for stable, long-term funding streams that can be coupled with strict governance and evaluation mechanisms to ensure ongoing investment. This can ensure the benefits of prevention, which accrue over the long-term, can sit outside the budget planning cycle that may exclude effective interventions whose impacts are shown beyond a short four-year period.

The George Institute supports the Productivity Commission's recommendation for a Prevention Framework Advisory Board (PFAB) that would guide the Investment Framework. Unlike new medical treatments (such as a cancer drug), there is no policy pathway for prevention in which a promising intervention is funded and made available to Australians; rather, funding for prevention programs has tended to be sporadic and limited. The PFAB would provide a clear and transparent pathway for funding evidence-based and cost-effective prevention programs in a similar manner to the Pharmaceutical Benefits Advisory Committee (PBAC) or Medical Services Advisory Committee (MSAC).

The Australian economy stands to gain from a dedicated focus on health prevention. The Productivity Commission states that a modest 10% reduction in “potentially avoidable hospitalisations” achieved through preventive interventions could generate savings of \$600 million per year.¹⁹

Australians need clear and evidence-based public education on the power of healthy diets to prevent chronic disease

Australia is due to release its revised Australian Dietary Guidelines before the end of 2026. Without the development of a nationally coordinated, evidence-based mass media campaign to support the rollout, the opportunity

to shift population-level dietary behaviour, reduce preventable disease and curb escalating health costs will be lost.

We are seeking commitment of **\$60 million over four years to fund a National Public Health Nutrition Mass Media Campaign**, developed in partnership with independent public health experts and delivered through the Department of Health, Disability and Aged Care. The campaign should align with the release of the revised Australian Dietary Guidelines in 2026–27, with a planned evolution to reinforce the Health Star Rating system in subsequent years.

Living with overweight or obesity has overtaken tobacco smoking as the leading risk factor contributing to disease burden in Australia,²⁰ yet public understanding of what constitutes a healthy diet remains low. Only 6 per cent of Australians currently eat the recommended serves of fruit and vegetables, and intake of foods high in added sugars, saturated fats and sodium remains excessive.

Decades of messaging focused primarily on “eat more fruit and vegetables” have not been sufficient to shift entrenched behaviours. What is missing is clear, authoritative communication about what foods to limit and why it matters. A national campaign grounded in the revised Dietary Guidelines would directly address the behaviours driving chronic disease, while reinforcing other government actions to improve the food environment.

Previously, the Commonwealth has committed \$63.4 million over four years to fund national tobacco mass media campaigns, recognising their central role in reducing smoking prevalence and health system costs. Nutrition now warrants the same level of ambition and investment.

The World Health Organization identifies mass media campaigns for healthy diets as a global “best buy” intervention as they are highly cost-effective and capable of reducing intake of

free sugars, sodium and unhealthy fats while increasing consumption of core foods.²¹

Evolving the campaign in later years to focus on the Health Star Rating system would maximise the benefits by ensuring Australians are able to compare the healthiness of similar foods using the health star rating.

As well as a public campaign, health care professionals need more information about how the Health Star Rating system works and how to support their patients to use it. A webinar organised jointly by The George Institute, VicHealth and Dietitians Australia on the Health Star Rating system for dietitians had more than 900 registrations and 500 participants – more information is needed to support greater understanding.

Recommendations

The George Institute urges the Government to increase investment in cost-effective prevention, to keep Australians well and manage healthcare costs:

1. Commit to a National Prevention Investment Framework, to provide a stable and ongoing mechanism for funding prevention programs.
2. Commit to increasing spending on prevention to 5% of health expenditure by 2030 as committed in the National Preventive Health Strategy.
3. Commit funding for development of a resource toolkit for the Health Star Rating to increase understanding of the system amongst health care professionals.
4. Provide \$60 million over four years for a national education campaign that explains the forthcoming updated Australian Dietary Guidelines to improve health literacy and support healthy eating.



Budget Proposal 3:

Increase funding for health in our region to reduce chronic disease among Pacific neighbours and boost development, gender equality and climate resilience

Pacific Small Island Developing States (SIDS) face among the highest rates of NCDs globally. Since committing to the Healthy Islands vision in 1995, Pacific governments have introduced innovative measures—especially tobacco and alcohol control—and NCDs remain a top priority for Pacific Health Ministers.²²

Almost two-thirds of NCD deaths in the Pacific are linked to modifiable risk factors including tobacco and alcohol use, unhealthy diets, physical inactivity and air pollution. Access to quality essential services remains limited, particularly in primary care. In Papua New Guinea, only one-third of people living with hypertension know their diagnosis, and fewer than one in five receive treatment.²³

Pacific nations continue to confront a 'triple burden of disease'—rising NCDs, persistent infectious diseases, and climate-related health impacts—while slow economic growth constrains health financing and system performance.

The costs extend beyond health, threatening small island economies and perpetuating intergenerational cycles of disease and poverty.²⁴

Climate change is the most pressing threat to global health, and Pacific peoples are among the most exposed—to sea-level rise, extreme weather and ecosystem loss. Extreme events worsen outcomes for people with chronic conditions and heighten food and water insecurity.²⁵ Effective prevention, early intervention, and sustained disease management—integrated within strengthened primary health care—can avert suffering and avoid major economic losses.

Development funding for NCDs, climate and gender equality delivers high-value impact

The WHO estimates that investing just US\$0.84 per person per year in NCD interventions in low- and lowermiddleincome countries yields US\$230 billion in economic gains—a US\$7 return for every dollar spent.²⁶ High-impact approaches engage communities in designing and delivering people-centred, integrated primary health care, and mobilise partnerships to tailor programs to local contexts. Scaling proven models can turn the tide.²⁷

Strengthening health systems in the Pacific: RESistNCD

Through Australia's Partnerships for a Healthy Region initiative, The George Institute is delivering the AU\$12.5 million RESistNCD program (2024–2028) with UNSW Sydney and the Clinton Health Access Initiative. The program supports ministries in Cambodia, Fiji, Papua New Guinea, the Philippines and Viet Nam to strengthen and evaluate evidence-based, context-tailored models of integrated NCD management in primary health care, and to develop national implementation plans for scale-up. The partnership focuses on core system elements for effective, sustainable and resilient NCD services: robust diagnostics, reliable supply chains, a trained and supported workforce, and accessible data for evidence-informed decision-making.

RESistNCD embeds gender equality, disability and social inclusion (GEDSI) and Indigenous knowledges across all activities, aligning with Australia's International Development Policy. Early GEDSI analyses show NCD prevention and management depend on social and cultural determinants, requiring respect for cultural norms and country contexts. Programs must be flexible so communities can set priorities, ensuring culturally appropriate, context-specific, locally responsive interventions.

Using Australia's leadership to elevate Pacific women ahead of COP31

Australia's role leading negotiations toward COP31 is an opportunity to showcase support for Pacific leadership on climate and to elevate Pacific women's voices in global dialogue. Evidence links women's leadership with stronger climate action; climate action and gender equality are mutually reinforcing—reflected in DFAT's commitment to investments that address both.²⁸ The George Institute's SHE CAN (Strengthening Health Equity Climate Action Network) is a community-led partnership designed to close the evidence to action gap in gendered climate policy and elevate the voices of women and young people.

We urge the Government to fund a participatory PreCOP workshop that elevates Pacific women leaders and strengthens the capacity of community leaders and policymakers to use gendered climate data and engage in inclusive, community-informed climate leadership. The SHE CAN partnership is well placed to support this, aligning with Australia's commitment to champion women and girls from the Indo-Pacific in international climate forums.

Recommendations

The George Institute calls on the Government to increase funding for health in our region:

1. Expand the Partnerships for a Healthy Region program, providing \$1.2 billion of funding for the next five-year program from 2026-27 to 2030-2031, focused on strengthening primary healthcare, improving chronic disease prevention and management, integrating health care programs to support person-centred care and supporting initiatives that address the intersection of climate, gender and health.
2. Fund and co-convene with civil society organisations a Pacific Climate and Health Policy Roundtable at the Pre-Cop meeting to ensure continued focus on the links between health and climate.



Conclusion

In this submission, The George Institute has recommended three core priorities for investment in the 2026-2027 Australian Budget: fund the full cost of research, invest in disease prevention, and strengthen health systems in our region in partnership with communities.

These three proposals for investment offer Australia high-value, cost-effective opportunities to improve health outcomes, reduce inequities, and build resilient health systems and economies both at home and across the Pacific.

The 2026–2027 Budget is a pivotal moment to safeguard Australians' health and build a stronger, more resilient Pacific region. We thank the Treasurer for considering our submission.

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