2025-26 Pre-budget Submission to the Australian Government: Diabetes Research Mission Funded via the MRFF/NHMRC

On Behalf of the Australian Diabetes Society, Australian Diabetes Educators Association and Diabetes Australia

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Executive Summary

According to the Australian Government's National Diabetes Services Scheme (NDSS), there are 1.5 million Australians living with diabetes – 140,000 living with type 1 diabetes and 1.3 million people living with type 2 diabetes. Australian Institute of Health and Welfare (AIHW) data show that type 1 diabetes is responsible for around 19,000 years of healthy life lost annually (0.7 disability-adjusted life years (DALY) per 1,000 population) and contributes to 0.3% of the total disease burden in Australia, while type 2 diabetes is responsible for a staggering 124,000 years of healthy life lost annually (4.7 DALY per 1,000 population) and contributes 2.2% to the total disease burden in Australia. There were 1.2 million hospitalisations in 2021-22 amongst people with diabetes, with type 2 diabetes being responsible for 1.1 million of these hospitalisations.

In 2020/21, the Australian health system spent $3.4 billion treating diabetes, representing 2.3% of all disease expenditure. The annual direct and indirect costs of diabetes in Australia is estimated to exceed $17.6 billion. Over two thirds of this expenditure is for type 2 diabetes and its complications including eye disease, foot problems, heart attacks, strokes, kidney disease and nerve damage.

Given the burden of diabetes, we welcome the recent funding announcement of $50.1 million for the T1D Breakthrough Clinical Research Network (CRN), which will provide a boost to the early detection and prevention of type 1 diabetes. It is important to recognise, however, that almost 90% of the national diabetes disease burden is attributable to type 2 diabetes. Current annual research funding for type 2 diabetes of $40 million is insufficient to meet the economic and health challenges of this disease.

This prebudget submission is primarily focussed on the research engine that will be required to address the early detection, prevention and management of type 2 diabetes. Specifically, this prebudget submission focusses on two recommendations:

Recommendation 1: $50 million over 5 years To Fund Diabetes Priority Areas To Improve The Lives of People Living With Diabetes -

The priority areas that can be funded include research into understanding what causes type 2 diabetes at the molecular and genetic level, ways to prevent and put type 2 diabetes into remission and delaying or preventing diabetes-related complications. Prioritisation will be given to the epidemiology of type 2 diabetes as well as models of care.

Recommendation 2: $75 million over 5 years To Fund Diabetes-specific Investigator Grants to Attract and Retain The Best And Brightest Diabetes Researchers -

These two recommendations can be achieved by funding a specific MRFF Mission in Diabetes of $125 million over 5 years and this will save the Australian health system an estimated $500 million. The ultimate goal of this investment is for people with type 2 diabetes to live longer, healthier and more productive lives enabled by the latest scientific discoveries. In collaboration with government, industry, health system leaders and other stakeholders, this investment will positively impact all Australians across 3 key areas:

Health: 1. Reduced rates of diabetes and related complications; 2. A more efficient and sustainable health system for everyone.

Social: Reduced inequalities – ensuring equal opportunities for all Australians – One Australia Vision.

Economic: 1. Improved work productivity; 2. Growth in jobs and industries via commercialisation of research discoveries.

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Introduction

The Australian Diabetes Society (ADS), Diabetes Australia, and the Australian Diabetes Educators Association (ADEA) represent 1.5 million Australians living with known, diagnosed diabetes; approximately 500,000 Australians living with silent, undiagnosed type 2 diabetes; and around 2 million Australians living with prediabetes; as well as their families and carers, diabetes healthcare professionals and researchers.

The ADS is dedicated to reducing the incidence of diabetes and mitigating its impact on individuals, health systems and society. With more than 1,000 members, our organisation works daily alongside people living with or at risk of diabetes, their families and carers, healthcare professionals, researchers, funders, other diabetes-focused organisations and the wider community to create positive change in people's lives.

Diabetes In Australia

The diabetes epidemic remains one of the most significant and complex health challenges facing Australians. As of June 2024, more than 1.48 million Australians living with all types of diabetes are registered with the National Diabetes Services Scheme (NDSS) including:

- Type 1 diabetes: 139,257 people
- Type 2 diabetes: 1,288,817 people[1]

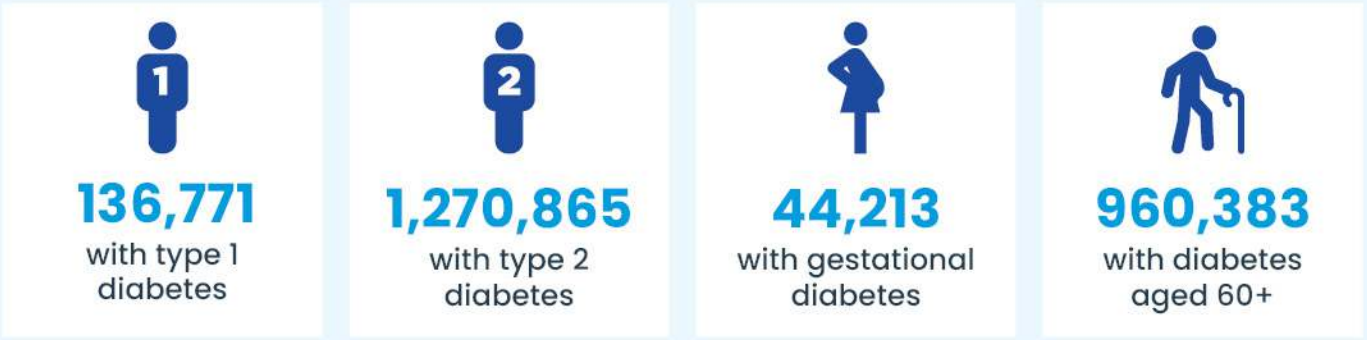
In the past 12 months alone, 116,057 individuals with diabetes were newly registered with the NDSS – equivalent to 317 new registrants per day.

Since 2013 the number of Australians living with diabetes has increased by approximately 33%.
These figures are likely to underestimate the true prevalence of diabetes, given that the NDSS registration is voluntary and an estimated 500,000 Australians are living with undiagnosed type 2 diabetes.

Consequently, the total number of people with diabetes in Australia could be as high as 2 million – around 7.5% of the total population.

In 2021-22, it was estimated that over 1.2 million hospitalisations were attributed to diabetes. This accounts for 10% of total hospitalisations in Australia[2]. There are 6,300 preventable foot amputations every year due to diabetes[3]. Diabetes is the reason for >6.5 million visits to a GP practice annually[4], which is likely to underestimate community care workload as available data does not account for visits relating to diabetes complications (e.g. heart attack) or attendance by other health care workers such as nurse educators, dieticians and specialists. At any one time, approximately 25% of people in Australian hospitals have diabetes. Overall, diabetes is estimated to cost the Australian economy $17.6 billion each year in direct and indirect expenses[5].

Impact on people



Impact on health

Impact on communities

Australian National Diabetes Strategy and the Parliamentary Inquiry Into Diabetes

To tackle the diabetes epidemic, the Commonwealth has developed the Australian National Diabetes Strategy 2021 – 2030 which encompasses 7 goals:

1. Prevent people developing type 2 diabetes
2. Promote awareness and earlier detection of type 1 and type 2 diabetes
3. Reduce the burden of diabetes and its complications and improve quality of life
4. Reduce the impact of pre-existing diabetes and gestational diabetes in pregnancy
5. Reduce the impact of diabetes among Aboriginal and Torres Strait Islander peoples
6. Reduce the impact of diabetes among other priority groups
7. Strengthen prevention and care through research, evidence and data

Implementing the National Diabetes Strategy is essential to addressing the burden of diabetes, with research serving as the bedrock for achieving its objectives. This is specifically stated in Goal 7's Area of Action: *"Support research into diabetes, its basic/ discovery science, its complications and effects and its prevention and management through various funding channels including the National Health and Medical Research Council and the Medical Research Future Fund."*

In addition, the Parliamentary Inquiry into Diabetes report which was released in June 2024 includes 23 recommendations, one of which (Recommendation 21) specifically advises the Australian Government to oversee diabetes research efforts. It states: *"The Committee recommends that the Australian Government takes steps to manage diabetes research efforts through the Australian Centre for Disease Control (CDC) by coordinating with the peak bodies such as JDRF and Diabetes Australia research priorities with an emphasis on equitable access and prevention. The Committee also recommends that the Australian Government considers increased funding for Type 1 diabetes research and clinical trials."*

It is evident that investing in diabetes research is crucial for advancing and integrating the latest technologies and therapeutics into clinical practice, thereby ensuring the delivery of high-quality, cost-effective, evidence-based care for people living with diabetes. To date, however, no dedicated funding has been allocated to implement the Australian National Diabetes Strategy, nor has there been an official response to the findings of the Parliamentary Inquiry Into Diabetes published in June 2024.

Diabetes Research in Australia

Research is fundamental to understanding the cause(s) of all forms of diabetes, and their associated complications and for developing effective treatments for this chronic condition. For example, the immunotherapies currently used to delay the onset of type 1 diabetes stem directly from decades of fundamental i.e. pre-clinical research using cell lines and animal models, as well as clinical research. Thanks to this concerted effort, **we are at the dawn of revolutionising the management of type 1 diabetes**.

Furthermore, the current and emerging therapies transforming the treatment of type 2 diabetes such as SGLT2 inhibitors, GLP-1 receptor agonists, and dual/triple/ multiple agonists/antagonists – are all the results of substantial prior investment in both fundamental and clinical research.

Australia's diabetes researchers and research facilities are world-class[6]. Their work aims to advance our understanding of diabetes in all its forms and to enhance patient care through innovative, potentially life-changing treatments. However, their progress is increasingly hindered by an ongoing decline in research funding. Furthermore, consideration and funding need to be provided to implement discoveries into clinical practice so that the person with diabetes can benefit from

advances in research. The value of research is evident in health outcomes made possible by the latest diabetes treatments and technologies, which are improving quality of life, leading to better management of blood glucose levels, reducing the risk of diabetes-related complications and making weight loss more achievable.

Despite excellent progress, these new medicines and technologies are not magic bullets. Even semaglutide (Ozempic) which has been hyped as the miracle drug for type 2 diabetes, is not tolerated by a significant number of patients (perhaps 30%); discontinuation rates at 12 months can be as high as 50% and comes with several side effects including significant gastrointestinal issues, and significant muscle loss. Clearly, further research is required to understand type 2 diabetes and its complications so that we can develop more effective and durable therapies with fewer side effects.

Thus, many substantial diabetes-related health challenges remain, including the need to reform our healthcare systems to deliver better care in partnership with people with diabetes. Economic analysis shows medical research delivers a return of $3.90 for every dollar invested[7]. We anticipate that the return on investment for diabetes research is even higher. This return is generated through better treatments that reduce the impact of serious complications and prevent or reduce hospital admissions and primary healthcare visits. Research breakthroughs can also improve workforce productivity and provide opportunities for Australian businesses to commercialise the results of research.

The Diabetes Research Funding Crisis in Australia

Despite its critical importance, diabetes research funding in Australia has declined dramatically. According to data from the National Health and Medical Research Council (NHMRC), there has been a 36.5% decrease in diabetes research funding over the past 10 years, significantly affecting the diabetes research workforce.

Many outstanding researchers have left the field because of the difficulty securing salary support for themselves and their teams. The repercussions of this "brain drain" will persist for many years and may take decades to reverse. Crucially, this will impede future advancements in diabetes care across Australia by limiting the discovery, translation and integration of innovative treatments for people living with diabetes.

NHMRC expenditure ($ million) by Former National Health Priority Areas 2013 to 2023

Priority Areas	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Arthritis/Osteoporosis	23.7	22.7	24.7	19.3	18.9	17.5	18.3	16.1	14.8	16	16.9
Asthma	21.5	23.6	22.7	15.3	13.3	15.7	13.8	13.3	14.1	12.5	11.8
Cancer	179.2	188.3	191.4	170.6	175.8	178.9	181.6	170.2	153.7	158.9	165.6
Cardiovascular Disease	117.1	129.4	130	114.9	111.4	105.3	112.6	107.6	102.5	97.5	93.1
Dementia[1]	24.9	31.5	33.4	45.6	50.2	60.9	71.2	64.1	55.3	51.5	44.2
Diabetes	**65.2**	**70.2**	**70.3**	**65.0**	**57.7**	**50.7**	**46.5**	**45.6**	**42.6**	**42.3**	**41.4**
Injury	45.4	58.4	61.5	45.8	44.2	49.9	51.1	49.8	46.6	49.8	49.2
Mental Health[2]	85.1	95.9	100	91.1	93.4	104.9	110.2	103.9	102.3	100.8	105.5
Obesity	41.7	40.7	39.0	28.1	27.6	23.0	23.5	24.3	23.1	20	18.4

36.5%

Our most recent calculations show that **in 2024 the NHMRC provided $31 million to diabetes research**, which is less than half the amount provided in 2013. This means that in 2013, NHMRC provided $59 in research funding for every person living with diabetes. In 2024, that figure fell to a mere $21 per person, despite inflation and a 35% increase in the number of people with diabetes over this period[1,8].

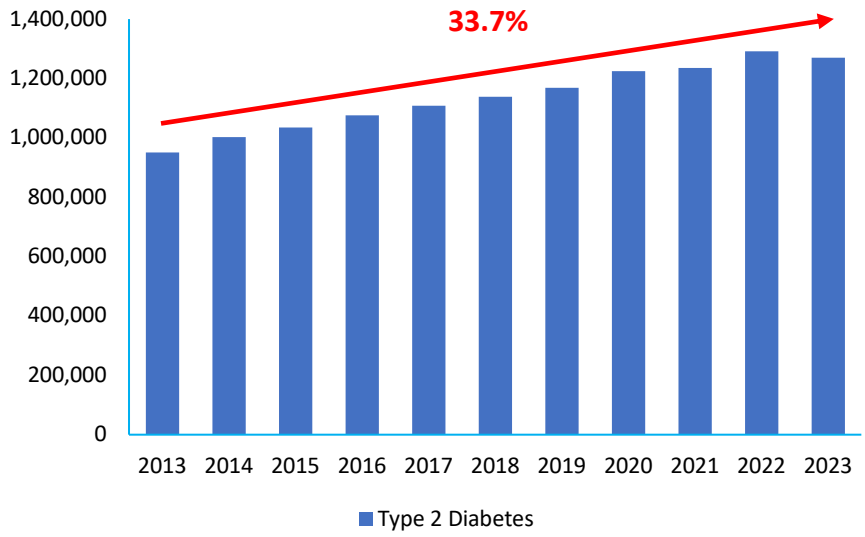
The prebudget submission from the Australian Association of Medical Research Institutes also highlights the funding crisis for medical research in Australia and proposes 3 recommendations:

1. Enabling retention of our best and brightest researchers – increasing the NHMRC budget to cover real salary costs.
2. Meeting the indirect costs of research - These costs enable vital activities and expertise to support cutting edge research and the realisation of health benefits, including commercialisation and translation activities, supporting engagement with government and community, underwriting the development of early stage highly innovative research and collaborations, funding research infrastructure equipment and the expertise necessary to run and maintain it.
3. Ensuring the national health and medical research strategy supports the growth and security of the sector.

This erosion of diabetes research funding over the past decade threatens to wipe out diabetes research in Australia. There is now a catastrophic "brain drain" of the brightest and most talented diabetes researchers who understandably choose to move to other better funded disease areas, work overseas or move into industries outside of medical research.

The Problem

- The number of people living with type 2 diabetes has increased by 33% over the past 10 years
- Type 2 diabetes is responsible for 1.2 million hospitalisations per year
- There are approximately 6,300 preventable amputations per year due to diabetes
- Diabetes increases the risk of cardiovascular disease and death by 2-4-fold
- Diabetes is the leading cause of end stage kidney disease and dialysis costing the Australian healthcare system an estimated $1 billion annually
- Diabetes is the leading cause of blindness among working-age adults in developed countries
- Healthcare costs of diabetes are approximately $3.4 billion per year
- Direct and indirect costs of diabetes are estimated at $17.6 billion per year
- Research funding for diabetes has decreased by approximately 50%



The Solution

We acknowledge and celebrate the recent announcement to fund the Clinical Research Network of Breakthrough T1D (formerly JDRF). This is a significant investment toward screening, detection and early management of type 1 diabetes and exploring the role of immunomodulatory therapies to prevent and treat type 1 diabetes. This investment into research will have a significant impact on people living with type 1 diabetes. Furthermore, the success of the Australian Centre of Accelerated Diabetes Innovation (ACADI) funded by Cardiovascular Mission - Medical Research Future Fund, via the Targeted Translation Research Accelerator program demonstrates how collaboration and a consortium of researchers can have a significant advancement.

To tackle the type 2 diabetes epidemic and the complications of both type 1 diabetes and type 2 diabetes we recommend research funding for priority areas via the establishment of collaborations and consortia in understanding what causes type 2 diabetes at the molecular and genetic level, prevention/remission of type 2 diabetes, delaying or preventing diabetes-related complications, epidemiology as well as models of care. This investment will address the growing burden of diabetes and its complications. To address the critical problem of the "brain drain" we recommend a significant funding investment for diabetes specific investigator grants.

Recommendation 1: Funding priority areas of diabetes research through the Federal Government's Medical Research Future Fund - $50 million over 5 years.

By targeting key areas of diabetes research, substantial advancements can be made that will change the lives of people living with diabetes and reduce costs to the healthcare system. As indicated above, the success of the T1D Clinical Research Network and ACADI exemplifies the power of funding networks and large collaborations. We therefore propose the funding of research collaboratives that will engage the best and brightest minds to continue to develop therapies and solutions to diabetes and its complications. We have identified the following key areas that should be the focus of government investment.

1. **Research into the Cause(s) of Type 2 Diabetes**

Understanding how type 2 diabetes develops and finding reliable and robust ways to identify this is critically important for discovering and translating ways to better manage the disease. Fundamental research is required to determine the causes of type 2 diabetes at the genetic and molecular level. A focus will be on understanding the different subtypes of type 2 diabetes and their genetic and phenotypic characteristics. This is very important as we move towards precision medicine and tailoring the treatment and pharmacotherapy to the individual. The findings will then be translated to clinical studies to determine why people with prediabetes develop type 2 diabetes and how to best manage the disease. Early detection and management of type 2 diabetes is key to preventing/delaying associated complications.

2. **Prevention/Remission of Type 2 Diabetes**

Recently there has been significant progress towards the prevention and remission of type 2 diabetes. The DiRECT-UK[9] study showed that with a structured dietary program it is possible to put type 2 diabetes into remission, particularly if this intervention is applied soon after diagnosis. This was corroborated by the DiRECT-AUS[10] study conducted by Diabetes Australia and the University of Sydney. Despite initial positive results, the remission rate declines with time, which suggests that further research is required to understand why people do not sustain the state of remission and what innovative ways can be employed to enter and remain in remission. This is critical work as keeping people in remission will reduce hospitalisations, prevent or delay the onset of costly diabetes-related complications, decrease the use of pharmacotherapy and, therefore cost to the Pharmaceutical

Benefits Scheme, and also decrease the number of visits to the GP. The cost savings to the health system are significant.

3. <u>Complications Management</u>

The major health-care costs associated with diabetes are caused by complications. Further research into complications prevention has the potential to improve the quality of life of people living with diabetes, as well as reduce the costs to the health care system of avoidable complications. Focus areas for this research should include:

a. Chronic Diabetes Kidney Disease Management

Research into genetic and molecular methods to predict kidney disease, as well as the use of technology and the development of new therapeutics. The purpose is to prevent the decline in kidney function that is associated with diabetes.

b. Diabetes Related Foot Disease

Research to predict the development of foot ulceration using innovative technologies, the management of diabetes-related neuropathy and vascular disease using novel therapies and the prevention of amputations by exploring state-of-the-art models of care that encompass multidisciplinary care.

c. Cardiovascular Disease Management

Cardiovascular disease is the major cause of mortality among people with diabetes. In fact, cardiovascular disease is the leading cause of death for Australian males and second leading cause of death for Australian females. While the incidence of cardiovascular disease is declining due to better understanding of the disease process and the availability of new medications, more research needs to be funded so that these rates continue to decline and people with diabetes can live longer and healthier lives.

d. Complications Related to Hypoglycaemia/Hyperglycaemia

It is evident that we need to ensure that people with diabetes avoid the extremes of blood glucose management – both hypoglycaemia and hyperglycaemia. This is particularly important in the hospital setting as glucose fluctuations are associated with an increased risk of infections and longer lengths of stay. Technology will be developed to monitor blood glucose levels in the hospital setting to prevent variation. The methods of predicting and monitoring blood ketone levels will be developed to prevent ketoacidosis, which can be fatal. The use of technology such as continuous glucose monitors will be explored in the management of type 2 diabetes as well as continuing to develop insulin pump therapy and automated insulin delivery (AID) systems to better manage the care of people with type 1 diabetes.

e. Management of diabetes in Aboriginal and Torres Strait Islander People

Diabetes disproportionately impacts vulnerable communities, with Aboriginal and Torres Strait Islander people three times more likely to develop diabetes than non-Indigenous Australians, and those living in rural or remote areas are 1.3 times as likely to be living with diabetes compared to those in major cities. There is strong evidence of inequitable access to healthcare and technologies, particularly those in outer metropolitan, rural and regional areas. There needs to be a significant investment in managing diabetes and related complications for these communities in Australia.

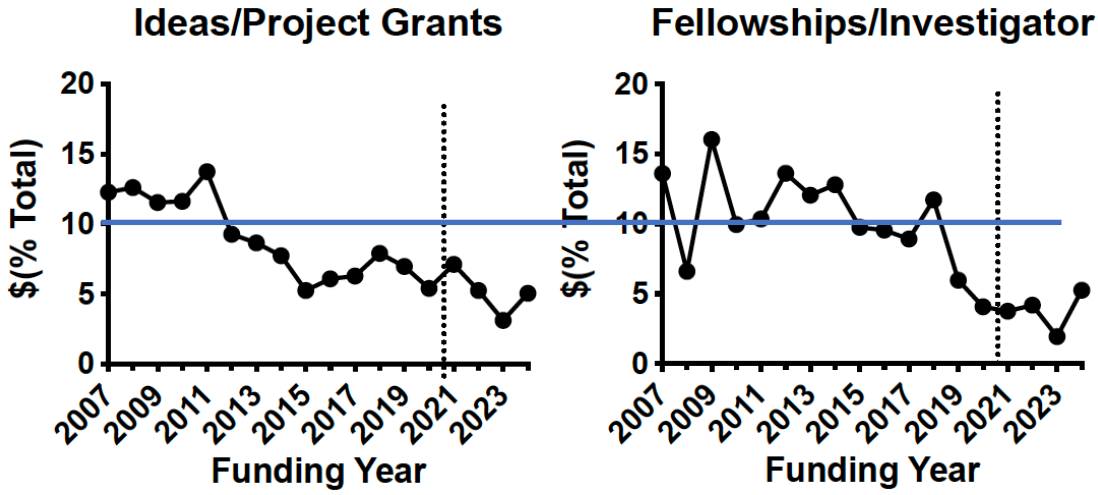
4. <u>Epidemiology</u>

Funding research into epidemiology is critically important as we continue to understand the incidence and prevalence rates, the populations that are most vulnerable and the inequities among geographically diverse populations. This is critically important in the development of policy that informs the best way to fund clinical management and services to ensure that people in greatest need receive the best possible care.

Our submission to the Parliamentary Inquiry into Diabetes (please see Appendix 1 on page 12) provides further information about the priorities we propose should be considered for funding.

Recommendation 2: Funding Of Diabetes-specific Investigator Grants To Attract and Retain the Best And Brightest Diabetes Researchers - $75 million over 5 years

We propose that funds be allocated for diabetes-specific Investigator Grants to start to build the workforce that will support the proposals outlined in Recommendation 1. There has been a significant decline in the diabetes workforce over the past decade particularly impacting fundamental research. A number of research labs have either closed or are on the brink of closing and these experienced diabetes researchers are either leaving for other therapeutic areas (e.g. cancer), taking their knowledge and talent overseas or leaving medical research altogether. It is clear from the graphs below that NHMRC funding for diabetes research has been well below the national average for at least the past decade or longer.



This "brain drain" will have a significant impact on Australia's diabetes research and translating innovation into clinical practice. The establishment of diabetes-specific Investigator Grants will ensure the recovery of the Australian research workforce and in doing so will promote the development of the next generation of breakthrough treatments. It will also allow the diabetes community to recruit international experts to Australia, which will boost the technology and capacity and will accelerate the translation of innovations to the clinic. This is supported and indeed outlined in the prebudget submission from the Australian Association of Medical Research Institutes in their Recommendation 1, which seeks funding for the retention of the best and brightest researchers by increasing the NHMRC budget to cover real salary costs.

Summary

Diabetes is a significant health and economic problem in Australia, with 1.5 million people affected costing approximately $17.6 Billion per annum in direct (health) and indirect (loss of productivity, absenteeism, premature death) costs. Research into diabetes has been declining in Australia, resulting in a shrinking workforce and therefore a significant "brain-drain".

In this prebudget submission we provide two recommendations to address the diabetes burden:

1. $50 million over 5 years To Fund Diabetes Priority Areas To Improve The Lives of People Living With Diabetes
2. Funding Of Diabetes-specific Investigator Grants To Attract and Retain the Best And Brightest Diabetes Researchers - $75 million over 5 years.

We estimate that this $125 million investment will will save the Australian health system $500 million.

REFERENCES:

1. National Diabetes Services Scheme: All types of diabetes. 30 June 2024. https://www.ndss.com.au/about-diabetes/diabetes-facts-and-figures/diabetes-data-snapshots/
2. Australian Institute of Health and Welfare. Diabetes: Australian Facts https://www.aihw.gov.au/reports/diabetes/diabetes/contents/about
3. Diabetes Feet Australia: https://www.diabetesfeetaustralia.org/
4. Gordon, J et al. General Practice Statistics in Australia: Pushing a Round Peg into a Square Hole. Int J Environ Res Public Health. 19: 1912, 2022.
5. Diabetes Australia: https://www.diabetesaustralia.com.au/about-diabetes/diabetes-in-australia/
6. World Top 2% of Scientists, Stanford University/Elsevier (2022) https://elsevier.digitalcommonsdata.-com/datasets/btchxktzyw/4?fbclid=IwAR0u4xhKMuKGIsi_prZLxOIOaMPzVLNCmoIlDYua90eybIVIyE6Sl70vyc
7. Rynne B and Schilling C (2018) Economic impact of medical research in Australia. KPMG. Sydney. https://aamri.org.au/wp-content/uploads/2018/10/Economic-Impact-of-Medical-Research-exec-summary.pdf
8. National Health and Medical Research Council of Australia. https://www.nhmrc.gov.au/funding/outcomes-and-data-research/research-funding-statistics-and-data.
9. Lean, MEJ et al. Primary care-led weight management for remission of type 2 diabetes (DiRECT): an open-label, cluster-randomised trial The Lancet 391:541 - 551, 2018
10. Hocking, SL et al. Intensive lifestyle intervention for remission of early type 2 diabetes in primary care in Australia: DiRECT-Aus. Diabetes Care 47:66 - 70, 2023

Appendix 1

Submission to the House of Representatives Standing Committee on Health, Aged Care and Sport's Inquiry into the Prevention, Diagnosis and Management of Diabetes in Australia

Australian Diabetes Society

The Australian Diabetes Society (ADS) is the peak national health/medical professional body in diabetes, representing endocrinologists, research scientists and clinicians and other health and allied professionals with a significant and specific interest in diabetes.

The vision of the ADS is to provide the best possible care to the person living with diabetes through excellence in education, research and clinical care.

Centres (NADC) and Diabetes Feet Australia (DFA), who will also be making their own specific submissions to this Parliamentary Inquiry.

Our key recommendations are:

Research

1. Establish and fund a National Diabetes Research TaskForce
2. Double NHMRC Diabetes Research Funding to $85 Million Per Year
3. Establish A Diabetes and Obesity Mission $270 Million Through MRFF

Prevention, Diagnosis and Management of Diabetes

4. A National Lifestyle Program For The Prevention of Type 2 Diabetes
5. National Diabetes Foot Disease Prevention Programs
6. CGM Subsidy Expansion For All Australians Living With Diabetes
7. - Ability to prescribe both SGLT2 inhibitor and GLP-1 receptor agonist through PBS.
   - Ability for early initiation of both SGLT2 inhibitor or GLP-1 receptor agonist for people with diabetes at high cardiovascular risk or renal impairment, irrespective of glycaemic control.
   - Prioritising stock of TGA-approved treatments for diabetes for Aboriginal and Torres Strait Islander populations.
8. Setting National Standards, Accreditation And Audit Processes For Quality Improvement Mechanisms To Deliver Excellence in Diabetes Care
9. We Request A Specific MBS Item Number For Diabetes Technology Assessment

Impacts of diabetes on Australia's health system and economy

10. We Request A Comprehensive Health Economic Analysis Of Both Direct And Indirect Costs Of Diabetes In Australia
11. Funding and Expansion of National Diabetes Databases

Prevention, Diagnosis and Management of Obesity

12. Implementation And Funding Of The National Obesity Strategy
13. A National Lifestyle Program For The Prevention And Management of Obesity
14. A National Sugar Tax Of 20% With Revenue To Be Invested In Healthy Food Subsidies
15. Subsidisation of Obesity Medications
16. More Publicly Funded Bariatric Surgery Sessions For Obesity

Effectiveness of current Australian Government policies and programs to prevent

17. Implementation And Funding Of The National Diabetes Strategy And Related National Programs