15.09.25

Dear Commissioners,

Re: Letter of Support – A national framework to support government investment in prevention.

Diabetes Victoria supports Recommendation 3 of the Productivity Commission's *Delivering quality care more efficiently* Interim report: Establish a National Prevention Investment Framework to support investment in prevention, improving outcomes and slowing the escalating growth in government care expenditure.

We are very pleased to see that prevention is highlighted through a priority recommendation of the interim report. As the leading agency for diabetes prevention in Victoria, we have long advocated for sustained, strategic investment in prevention to reduce the burden of chronic disease and improve population health outcomes.

Diabetes Victoria's strategic plan for 2024–2030 places prevention at the forefront of our work, with a clear goal: Fewer people will develop diabetes. This goal underpins our commitment to reducing the incidence of type 2 and gestational diabetes and supporting research into delaying or preventing type 1 diabetes.

Since 2007, Diabetes Victoria has delivered Australia's largest evidence-based chronic disease prevention program, the *Life!* program, supporting over 5,600 Victorians every year to reduce their risk of type 2 diabetes and cardiovascular disease. Evidence shows that up to 58% of type 2 diabetes cases can be prevented or delayed through healthy eating, physical activity and behavioural support interventions. These risk factors are common to a range of other chronic conditions, including heart disease and stroke.

Programs such as *Life!* provide important support for people at high risk of developing chronic disease, but much more needs to be done to change the trajectory of preventable chronic disease across Australia. The distribution of type 2 diabetes, like many other preventable chronic conditions, is not equitable. Aboriginal and Torres Strait Islander People, households with the lowest income, and culturally and linguistically diverse communities, are all at higher risk. As with successful public health efforts on smoking and tobacco control, a multi-layered approach is needed to support people to be healthy and well.

Alongside primary prevention, much more can be done to identify and support people with type 2 diabetes in the early stages of their condition. Because people can live with type 2 diabetes without experiencing symptoms, people often have the condition for many years before being diagnosed. Better screening is needed to identify type 2 diabetes in its early stages, to improve outcomes and reduce the risk of diabetes related complications later in life.

All Australian governments have already agreed to increase prevention spending; the challenge now is how to translate this commitment into action. The National Health Reform Agreement (NHRA) long-term reforms include a commitment to establish a national monitoring and reporting framework to inform priorities for prevention investment and to develop innovative fit-for-purpose

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financing mechanisms for scaling primary prevention initiatives[1]. In addition, as the Productivity Commission notes, the National Preventive Health Strategy sets a target to increase investment in preventive health to 5% of total government health expenditure by 2030.

We strongly endorse the Commission's proposal to establish a National Prevention Investment Framework that:

- Provides stable and ongoing funding for prevention programs.
- Recognises cross-sectoral and long-term benefits of prevention.
- Supports rigorous evaluation and evidence-building.

It is encouraging that the Productivity Commission has recognised the importance of maintaining consistent long-term funding for programs with long-term benefits. There are considerable inefficiencies associated with fragmented, stop-start national approaches to prevention, including workforce turnover, loss of expertise, erosion of community trust and the inability to undertake long term monitoring and evaluation.

Given the complexity of prevention, and the need for well-coordinated packages of interventions to be successful, we would argue that a National Prevention Investment Framework should start with a small number of overall priorities with associated outcomes rather than trying to tackle a multitude of issues. This would create a common agenda for governments and organisations to join forces, rather than splinter effort.

Tackling preventable chronic disease is a significant issue that should be prioritised. It is a key issue that has been plagued by stop-start funding over many years and is recognised through many reviews and reports as contributing significantly to loss of productivity. It is also a prime example of an issue that requires multisectoral action and produces benefits across many sectors.

Further recommendations are as follows:

A. Prevention Framework Advisory Board

- Ensure the model includes all the factors that affect prevention outcomes and costs including social determinants, equity impacts and long-term cost savings.
- Ensure appropriate expertise is built into the assessment model, specifically public health expertise, implementation expertise, as well as representation from state level prevention leaders and health equity experts.

B. Funding Mechanism

- Enable dedicated, multi-year funding to support prevention program continuity.
- Support scaling of successful pilots and innovation funding.

C. Intergovernmental Agreement

- Clearly define roles and responsibilities across jurisdictions.
- Include mechanisms for shared governance, joint accountability, and data sharing across jurisdictions.
- Align with federation funding agreements, National Preventive Health Strategy and National Health Reform priorities.

We welcome further engagement with the Commission and would be pleased to contribute insights and expertise to support the development of the framework.

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[1] National Health Reform Agreement (NHRA) Long-term Health Reforms Roadmap https://www.health.gov.au/resources/publications/national-health-reform-agreement-nhra-long-term-health-reforms-roadmap?language=en