

15 September 2025

Commissioners

Australian Government Productivity Commission

Via: [Make a submission | Engage - Productivity Commission](#)

Dear Commissioners

Delivering quality care more efficiently

Thank you for the opportunity to provide feedback on the interim report for the Delivering Quality Care More Efficiently Inquiry ('the Report').

As a proud member of the Cancer Council Federation, **Cancer Council WA provides full and unequivocal support to the detailed submission made by Cancer Council Australia on the third draft recommendation: Establish a National Prevention Investment Framework ('the Framework') to support investment in prevention, improving outcomes and slowing the escalating growth in government care expenditure ('the Recommendation')**. The considerable expertise in prevention from right across our Federation has informed the Cancer Council Australia submission, and I refer you to that submission for specific responses to each of the consultation questions.

As the peak non-government cancer control organisation in Western Australia, Cancer Council WA advises the state and local governments and other bodies on practices and policies to help prevent, detect and treat cancer. We develop, promote and contribute to policy and initiatives to reduce the impact of cancer on the Western Australian and Australian community.

In the spirit of deepening relationships, Cancer Council WA acknowledges all the Traditional Custodians of Country throughout Western Australia and recognises their continuing connection to land, waters and community. We also pay our respect to their Elders and extend that respect to all Aboriginal peoples living and working in this area.

Every single day, approximately 38 Western Australians are diagnosed with cancer. Cancer is the largest burden on the public health system. While at least one third of cancers are preventable, and cancer risk can be modified, it is still a leading cause of death in Australia. There were 49,035 deaths from cancer in Australia in 2019¹. Research has indicated that approximately 32 per cent of cancers (excluding non-melanoma skin cancers) diagnosed are attributed to known risk factors that can be controlled². The number of cancer cases and deaths can be reduced through addressing risk factors such as tobacco use; poor diet; inadequate physical activity; UV radiation and alcohol use (amongst other risk factors). With shared risk factors, taking steps to reduce the risk of cancer can also reduce the risk of other chronic conditions such as type II diabetes, heart disease and dementia.

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Cancer Council WA is supportive of the Report which will strengthen the national approach to prevention - a vitally important action to prevent cancer and to improve cancer outcomes. We make the following, additional comments and have referenced some research papers on cost-effectiveness that while specific to WA could have a broader application.

With respect to the Recommendation, Cancer Council WA suggests that having a clear definition of prevention underpinning it will help focus how the Framework assesses and allocates funds. A focus on risk factors rather than specific diseases will have a broad, beneficial, population wide approach given how similar risk factors influence a variety of different diseases and health impacts. Risk factors that contribute most to the burden of disease should be prioritised, such as poor nutrition, physical inactivity, tobacco smoking and harmful levels of alcohol consumption.

We recommend that the Framework broaden its investment remit from prevention programs to a comprehensive, equity driven approach including prevention policies and advocacy for legislative reform and public education campaigns. This could be informed by the National Preventive Health Strategy 2021-2030. This multifaceted approach can have a transformative effect on population health while minimising financial outlay and possible siloed approaches. Additionally, leveraging and scaling effective, state-based programs and policies to tackle risk factors federally will maximise resource allocation rather than funding the development of new programs.

Further, Cancer Council WA embeds and measures cost effectiveness in its own organisational operations and would like to share two papers that evaluate prevention programs. These evaluations were possible due to ongoing funding for the delivery and evaluation of their campaigns and programs and specific funding to undertake the cost effectiveness evaluation, and highlight the value of investment over a long term.

The first carried out an economic evaluation of SunSmart Western Australia program finding that the likelihood of the program being cost effective was 90.1%, with an estimated return on investment for the WA Government being \$8.70 gained for every \$1 invested.³ It should be noted that included in the modelling was 'societal and government costs, skin cancer counts, melanoma deaths, life years and quality-adjusted life years.'³

A second paper assessed the cost effectiveness of the LiveLighter program in preventing obesity-related ill health in the Western Australian population.⁴ It was found that it was 'likely to represent very good value-for-money as an obesity prevention intervention in Western Australia and should be included as part of an evidence-based obesity prevention strategy.'⁴

Finally, we suggest that a whole-of-government approach should be taken to embed health within all departments. A robust governance system, as well as collaboration across all levels of government and relevant stakeholders can combine with the points raised above and by Cancer Council Australia to assist the Framework's success.

If further information is required, please contact Melissa Ledger, Cancer Prevention and Research Director, Cancer Council WA at [REDACTED].

Yours sincerely,



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References

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