

Demographic Questions			
1.	Which stakeholder group best describes you? Please tick all that apply.	• Federal Government	<ul style="list-style-type: none"> • Tick all that apply <p><i>The Australian Chronic Disease Prevention Alliance (ACDPA) brings together Diabetes Australia; Cancer Council Australia; National Heart Foundation of Australia; Kidney Health Australia; the Stroke Foundation and Lung Foundation Australia. These leading non-government health organisations share a commitment to reducing burden of chronic disease attributable to modifiable risk factors and delayed detection. ACDPA members work together to support primary and secondary prevention of chronic diseases, focussing on chronic disease risk factors and determinants to reduce preventable illness; and promoting health checks to support people to understand, manage and reduce disease risk as early as possible.</i></p>
		• State Government	
		• Local Government	
		• National private non-government organisation	
		• National not for profit non-government organisation	
		• Jurisdictional private non-government organisation	
		• Jurisdictional not for profit non-government organisation	
		• Academic or researcher	
		• Health professional/clinician	
		• Consumer/person living with a chronic condition	
		• Family member or carer of a person living with a chronic condition	
		• Interested member of the public	
• Prefer not to say			
Part 1: Overview of the Framework			
2.	Have you engaged with and used the Framework, and if so, how? Please tick all that apply.	• To improve my understanding of the healthcare system	<ul style="list-style-type: none"> • Tick all that apply • Option for free text 'other' <p>Several ACDPA members have assisted with the development of condition-specific or prevention/risk factor Action Plans, which are sub-plans and</p>
		• An organisation that I am engaged with shared the document with me	
		• I have discussed it with a healthcare professional	
	There is also the option to include any other information about your engagement with the		

	<p>Framework in the ‘Other’ open-text response box.</p>	<ul style="list-style-type: none"> • I am a health professional who has used the Framework to inform my clinical practice • I read it out of personal interest • To guide the development of policies, programs and/or projects for the organisation I represent • My organisation has shared this document with our members/consumers • To guide our organisation’s funding models and initiatives • I, or the organisation I represent, have not utilised the Framework in any capacity • I, or the organisation I represent, did not know about the Framework prior to this consultation • Other: 	<p>strategies of the NSFC, which they use to guide program design and activities. Please see their submissions for condition specific insights.</p>
<p>3.</p>	<p>The Vision of the Framework (Vision) is: “All Australians live healthier lives through effective prevention and management of chronic conditions.” To what extent do you agree the Vision is still relevant? (Optional): Please provide further comments about your response, including any suggested amendments to the Vision.</p>	<ul style="list-style-type: none"> • Agree • Somewhat agree • Neither agree nor disagree • Somewhat disagree • Disagree • Not applicable 	<ul style="list-style-type: none"> • Sliding scale • Open text response <p>ACDPA supports this vision. Additionally, we support the Stroke Foundation’s recommendation to update the vision to reflect the breadth of the Framework and other relevant Strategies, to incorporate effective, equitable, collaborative, and person-centred prevention, early detection, and management</p>
		<ul style="list-style-type: none"> • Governance and leadership — supports evidence-based shared 	<ul style="list-style-type: none"> • 0-10 score • Open text response

<p>4. There are 7 enablers to achieving the Vision included in the Framework. Each of these enablers are shown below.</p> <p>Please provide a score from 0-10 to demonstrate how important you think each of the enablers are (with 0 being not at all important and 10 being very important).</p> <p>(Optional): Are there any other enablers you think should be included in the Framework?</p>	<p>decision-making and encourages collaboration to enhance health system performance. (10)</p>	<p>ACDPA rates all aspects as ‘very important’ for achieving the Framework’s vision. However, in the table’s context and ACDPA’s prevention focus, ‘Health workforce’ is rated 9/10, given that 80% of health is created outside the health system, requiring a more holistic health co-benefits approach to stakeholders and workforces outside the health system. Health literacy is rated 8/10, as decisions are often influenced by determinants like education, housing, and financial status. Governance, leadership, and resourcing are rated 10/10, supporting administrative, operational and implementation capacity and cross-government coordination. Stakeholders need capacity for implementation, requiring appropriate resourcing of the NSFCC and efficient coordination and distribution by and through the Department of Health and Aged Care. Finally, the Consumer Engagement Strategy for the National Preventive Health Strategy could inform inclusion of meaningful community engagement as an NSFCC enabler.</p>
	<ul style="list-style-type: none"> • Health workforce — a suitably trained, resourced and distributed workforce is supported to work to its full scope of practice and is responsive to change. (9) 	
	<ul style="list-style-type: none"> • Health literacy — people are supported to understand information about health and health care and appropriate health care settings, to apply that information to their lives and to use it to make decisions and take actions relating to their health. (8) 	
	<ul style="list-style-type: none"> • Research — quality health research accompanied by the translation of research into practice and knowledge exchange strengthens the evidence base and improves health outcomes. (9) 	
	<ul style="list-style-type: none"> • Data and information — the use of consistent, quality data and real-time data sharing enables monitoring and quality improvement to achieve better health outcomes. (9) 	
	<ul style="list-style-type: none"> • Technology — supports more effective and accessible prevention and management strategies and offers avenues for new and 	

		<p>improved technologically driven initiatives. (9)</p> <ul style="list-style-type: none"> • Resources — adequate allocation, appropriate distribution and efficient use of resources, including funding, to address identified health needs over the long-term. (10) 	
Part 2: Objectives of the Framework			
Objective 1: Focus on prevention for a healthier Australia			
5.	<p>The Framework identifies determinants of health that influence the prevention, treatment and management of chronic conditions. Several are listed below. These are commonly referred to as the social, cultural, environmental and economic or commercial determinants of health.</p> <p>Please discuss which, if any, of the above determinants of health impact have most significantly impacted you or the work of your organisation.</p> <p>Additionally, are there any other determinants of health that you think the Framework should focus on? If yes, please note them.</p>	<ul style="list-style-type: none"> • Employment • Income level • Living in a rural/ regional/remote location • Education • Language and writing skills • Refugee or migration status • Housing • Living with a disability • Promotion of unhealthy products • Social connection • Racism and discrimination • Air and water quality • Climate change • Opportunities to take part in physical activity • Weight related stigma • Access to safe, nutritious and culturally appropriate food 	<ul style="list-style-type: none"> • Open text response (one combined for both questions). All these factors are relevant across chronic diseases, making prioritisation challenging. The Framework should reflect the latest understanding of health determinants as identified in the National Preventive Health Strategy 2021–2030. A holistic ‘Health for All Policies’ approach is needed for integrated responses to chronic conditions across Australia. Stigma is a broad determinant affecting various chronic conditions and risk factors, not only weight and obesity; and responses should not exacerbate stigma. The framework should strengthen recognition of the commercial determinants of health (CDOH), which includes modifiable barriers and enablers of chronic condition prevention and management. Examples noted in the Lancet Commission on CDOH include harmful products, supply chains, pricing,

			workplace conditions, corporate-political activity, information ecosystem, digital technology, and political determinants of health including budgetary and bureaucratic processes, electoral cycles and campaigns, portfolio siloing, and intradepartmental and intragovernmental coordination and collaboration.
Objective 2: Provide efficient, effective and appropriate care to support people with chronic conditions to optimise quality of life			
6.	<p>One of the aspirational outcomes of Objective 2 of the Framework is that people with chronic conditions have equitable access to quality health care. Pages 35-36 of the Framework discuss this in further detail.</p> <p>To what extent do you agree with the following statements?</p> <p>a. Australians with chronic conditions can easily access primary care services, including regular care with a GP and/or allied health providers.</p> <p>b. Australians with chronic conditions can easily access specialty healthcare services when required.</p> <p>(Optional): Please provide further comments about any of your responses to the previous statements.</p>	<ul style="list-style-type: none"> • Agree • Somewhat agree. • Neither agree nor disagree • Somewhat disagree • Disagree • Not applicable 	<ul style="list-style-type: none"> • Sliding scale • Open text response <p>People’s ability to access health promotion services and primary and specialist care depends on where they live, with those living in remote, regional and rural areas most impacted adversely, and financial capacity for services. Furthermore, people with high risk or early-stage conditions often face out of pocket costs and accessibility challenges for allied health services and support such as for nutrition and dietetic counselling and physical activity support. While health promotion activities and support programs are available at State and Municipal levels, and some delivered also online, they are not ubiquitously or equitably accessible. ACDPA’s members have specific experiences and insights regarding the conditions and communities they work with – we refer you to their individual submissions.</p>

<p>7.</p>	<p>Another of the aspirational outcomes of Objective 2 of the Framework is effective sharing of information and data. Pages 37-38 of the Framework discuss this in further detail.</p> <p>To what extent do you agree with the following statement?</p> <p>I have access to health information and data and use this to help make decisions regarding the prevention, diagnosis, treatment, and management of chronic conditions.</p> <p>(Optional): Please provide further comments about your response, and if appropriate, provide examples of ways you have or have not used information and data.</p>	<ul style="list-style-type: none"> • Agree • Somewhat agree • Neither agree nor disagree • Somewhat disagree • Disagree • Not applicable 	<ul style="list-style-type: none"> • Sliding scale • Open text response <p>Greater data transparency and linkages from health surveillance and records could improve policy and program efficacy assessment. MyHealthRecord’s fragmented uptake undermines digital health’s potential for early detection and care. Improved access to screening service data could strengthen care continuity and address prevention gaps such as for smoking cessation and secondary prevention services through allied health. Data gaps on co- and multi-morbidity prevalence hinder effective prevention and care, especially for those with chronic conditions vulnerable to severe disease outcomes. High preventable burden and difficulty identifying links and co-benefits between health indicators and determinant-related policies can compromise policy. A comprehensive dashboard could highlight progress, gaps, enablers and harms across health determinants and risk factors. We await an implementation plan and impact framework for the National Preventive Health Strategy to evaluate progress and address gaps.</p>
<p>Objective 3: Target priority populations</p>			
	<p>The Framework aims to act as a broad overarching guidance document that is</p>	<ul style="list-style-type: none"> • Agree • Somewhat agree • Neither agree nor disagree 	<ul style="list-style-type: none"> • Sliding scale • Open text response

<p>8.</p>	<p>inclusive of the full spectrum of chronic conditions. To what extent do you agree with the following statements?</p> <ol style="list-style-type: none"> 1. Australians living with chronic conditions, including myself, friends/family, patients, or members of the organisation I represent if applicable, are recognised in the Framework. 2. The Framework is representative of the diversity of population groups in Australia. 3. The Framework recognises the individual needs of the many different groups in Australia. 4. The Framework provides guidance about how the prevention and management of chronic conditions can be tailored to the needs of different population groups. <p>(Optional): Please provide further comments about any of your responses to the previous statements.</p>	<ul style="list-style-type: none"> • Somewhat disagree • Disagree • Not applicable 	<p>The Framework reflects the importance of engaging and supporting people living with chronic conditions, though not as an ‘enabler’. Australians not living with chronic disease are not sufficiently reflected in the Framework. Primary prevention (and health promotion) is there but the secondary prevention and subsequent sections are weighted toward health system, care and treatment, and prevention doesn’t appear to be integrated across the continuum of care. Around 50% of the Australian population do not ‘consume’ health services as people living with chronic conditions, however all the population are exposed to the risk factors and determinants that define health and risk of a chronic condition. It is important that the NSFCC has scope to engage all individuals and reflect diverse perspectives of people living with, affected by and at risk of chronic conditions in policies and programs.</p>
<p>9.</p>	<p>The Framework includes the following list of priority populations, but notes this list is not exhaustive.</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people • People from culturally and linguistically diverse backgrounds • Older Australians • Carers of people with chronic conditions 		<ul style="list-style-type: none"> • Open text response <p>Please refer to the submissions of ACDPA’s member organisations which highlight specific disparities relating to certain conditions and populations.</p>

	<ul style="list-style-type: none"> • People experiencing socio-economic disadvantage. • People living in remote, or rural and regional locations • People with disability • People with mental illness • People who are, or have been incarcerated <p>Please provide information known to you on the experiences of people with chronic conditions in the above, or additional, priority population groups including any challenges and barriers in accessing prevention and/or treatment services that you think may be of relevance to the refresh of the Framework.</p>		
Part 3: Focus on the Future			
<p>10.</p>	<p>Potential barriers for people with chronic conditions are shown below.</p> <p>Which of these barriers do you believe significantly impact Australians living with chronic conditions (including yourself if applicable)? Please select all that apply.</p> <p>(Optional): Are there any other barriers that you would like to draw attention to?</p>	<ul style="list-style-type: none"> • Difficulty in finding an appropriate healthcare provider or facility • Long wait lists • Lack of coordinated care and communication between health professionals • Lack of information sharing and exchange between healthcare providers • Financial cost of healthcare • Limited awareness and understanding of chronic conditions and/or prevention by patients and/or carers 	<ul style="list-style-type: none"> • Select all that apply • Open-text response <p>All these barriers impact Australians, some more than others, including those with chronic conditions, carers, and high-risk individuals. Gaps in health risk assessment, digital access and literacy, and early detection persist. ACDPA members report delayed diagnoses contributing to disease progression, complications and multimorbidity, with stigma and inadequate capacity and awareness among healthcare providers cited by patients as contributing factors. Inadequate coordination within and</p>

		<ul style="list-style-type: none"> • Limited understanding of the healthcare system by patients and/or carers • Limited knowledge of some chronic conditions by healthcare professionals • Stigma associated with chronic conditions and risk factors • Stigma of accessing healthcare • Not being able to attend appointments due to geographical location/transport • Difficulty using technology to receive or navigate healthcare services • Lack of health promotion education and prevention activities • Low English proficiency and other language challenges • Limited availability of publicly funded health programs • Lack of access to research and data • Lack of culturally safe healthcare 	<p>across government departments hinders the implementation of preventive health policies, leading to fragmentation and inefficiencies in preventing and managing chronic conditions. Limited data on healthcare service uptake, such as screening, limits the evaluation of intervention effectiveness. Lastly, sustainable financing and resourcing for prevention are key barriers to reducing the burden of chronic conditions in Australia, with those least able to afford it bearing the brunt of preventable illness costs.</p>
<p>11.</p>	<p>As part of the refresh of the Framework, condition-specific Action Plans and Strategies will be reviewed to ensure that the documents are complementary to, and build on, the Framework.</p> <p>Do you support this description of the inter-relationship between the Framework and condition specific Action Plans and Strategies?</p>	<ul style="list-style-type: none"> • Yes • No • Not applicable • (Optional): Please elaborate on your response. 	<p>Yes/No answer with optional open text response</p> <p>In addition to considering interrelationships and synergies, particularly around risk factors, determinants, and health system access challenges, addressing the unique and specific needs of certain chronic conditions is also essential.</p>

			We also recommend including the National Obesity Strategy in the context of relevant condition-specific Action Plans and Strategies.
12.	<p>The condition-specific Action Plans and Strategies include a number of commonalities in priorities and actions.</p> <p>It is proposed to embed these common priorities and actions in the refreshed Framework. Therefore, any condition-specific guidance would be focussed on tailored actions for that condition, where the need exists.</p> <p>Do you support this approach?</p>	<ul style="list-style-type: none"> • Yes • No • Not applicable • (Optional): Please elaborate on your response. 	<p>Yes/No answer with optional open text response.</p> <p>ACDPA supports the NSFCC providing a holistic approach to preventing and managing chronic conditions and supporting coherence, complementarity and efficiency in responses. This would be well served through a refreshed person-centred, digital-first Framework including a digital dashboard to highlight synergies.</p> <p>Several risk factor, determinant and systems relevant action plans, strategies and guidelines linked to the National Preventive Health Strategy share priorities and actions are relevant beyond prevention, encouraging ‘Health for All Policies’ approaches to addressing determinants of health outside of the ‘health system’ (for example consumer engagement and health literacy). These should be considered in the context of synergies and new ways of working to deliver the goals of the NSFCC.</p> <p>We note the National Obesity Strategy, was adopted since the NSFCC, in which body weight and obesity are identified a risk factor due to co-morbidity with cancer, cardiovascular disease and type 2 diabetes and other risk factors such as hypertension. However, notably WHO and ICD-11</p>

			classify obesity as both a risk factor and condition, warranting similar consideration in the NSFCC.
13.	<p>Many common issues and challenges can be found in the prevention, treatment and management of different chronic conditions. Several of these issues are listed below.</p> <ul style="list-style-type: none"> • Multi-disciplinary care • Managing multimorbidity • Continuity of care across life stages • Transitions of care as a patient moves across and through the health system • Enhanced and targeted support for priority populations • Health promotion and education • Self-management • Life stage transitions • Embedding prevention in the continuum of care <p>Do you believe a focus on these common issues is relevant, accurate and appropriate for Australians living with a chronic condition?</p> <p>(Optional): Please elaborate on your response and/or include any other common issues across chronic conditions that you would like to note.</p>	<ul style="list-style-type: none"> • Yes • No • Not applicable 	<ul style="list-style-type: none"> • Yes/No answer with optional open text response • Open text response <p>A holistic person-centred approach means it is logical to ensure synergies are addressed coherently to optimise benefits for individuals and patients and strengthen efficiency. This will also assist with secondary prevention through primary health care to reduce the progression of index conditions and reduce the likelihood of multimorbidity.</p>
14.	A large number of resources, training modules, tools and guidelines have been developed to support the prevention, treatment and management of chronic		<ul style="list-style-type: none"> • Open text response <p>ACDPA supports the digitisation of resources to support chronic disease prevention. Digitisation also strengthens opportunities to assess progress</p>

	<p>conditions. There is an opportunity for digitisation to reduce duplication, improve effectiveness of support and enhance impact. Use of emerging digital technologies provide opportunities for enhanced chronic conditions management into the future.</p> <p>This will be a key consideration for the refresh of the Framework.</p> <p>(Optional): Please provide information on any opportunities for digitisation to enhance the prevention, treatment and management of chronic conditions.</p>		<p>against the Framework. Digitisation can also strengthen education, training, patient support programs, and peer support. We also support greater integration of digital health to support more effective risk assessment, detection, patient care and condition management, and referral pathways, and our members are endeavouring to roll out digital resources to enhance health promotion, primary and secondary prevention. For example, led by the Heart Foundation, ACDPA members launched updated cardiovascular risk guidelines and calculator to support general practitioners to screen patients more effectively and efficiently for CVD risk using updated algorithms for the Australian population.</p>
<p>15.</p>	<p>COVID-19 has had significant impacts on the Australian healthcare system, including the prevention, treatment and management of chronic conditions.</p> <p>Please describe any impacts (positive or negative) of COVID-19 that you would like to highlight.</p>		<ul style="list-style-type: none"> • Open text response <p>The COVID-19 pandemic underscored health as a priority in Australia, necessitating holistic approaches for health prevention, protection and care, and Indigenous community health leadership. It showed governments’ willingness to adopt new methods like telehealth.</p> <p>However, some pandemic policies had unintended consequences for chronic conditions, undermining disease prevention and mental health due to increased exposure to poor nutrition, alcohol, and social isolation. The pandemic disrupted routine care, medicine supply chains, and early detection programs,</p>

			<p>leading to economic instability and disrupting preventive health programs. COVID-19 highlighted the link between chronic and infectious diseases, with existing social vulnerabilities and chronic conditions including obesity, diabetes and CVD experiencing increased vulnerability during health emergencies. COVID-19 is also a potential risk factor for chronic conditions like long-covid and neurological and cardiovascular diseases. The pandemic emphasised the need to optimise health status for resilience. Despite the persistent chronic conditions crisis, they lack the urgency seen in pandemic responses. Australia’s new CDC should thus prioritise NCD prevention in health emergency preparedness and security.</p>
<p>16.</p>	<p>Which of the following statements are most important to you in terms of how the Australian Government enhances and uses the Framework in the future? Please select up to 5 options.</p>	<ul style="list-style-type: none"> • Greater promotion of the Framework to peak bodies to increase awareness • Greater promotion of the Framework to health professionals and researchers to increase awareness • Greater promotion of the Framework to consumers and the general public to increase awareness • Increased focus on how organisations can work together to improve the management of chronic conditions 	<ul style="list-style-type: none"> • Select up to five (5) options

		<ul style="list-style-type: none"> • Improve the collaboration between state and territory governments and the federal government 	
		<ul style="list-style-type: none"> • Refresh the content of the Framework to be better aligned with other state and territory, national and international policies, strategies and plans 	
		<ul style="list-style-type: none"> • Refresh the content of the Framework to focus on emerging risks and issues (e.g., the use of e-cigarettes) 	
		<ul style="list-style-type: none"> • Refresh the content of the Framework so it reflects the post COVID-19 health landscape 	
		<ul style="list-style-type: none"> • Increased focus on the importance of lived experience in the Framework 	
		<ul style="list-style-type: none"> • Greater emphasis on the needs of priority populations 	
Part 4: Summary			
17.	(Optional): In 1000 words (6000 characters) or less, please provide any additional feedback on the Framework including any other opportunities to improve the Framework.		<ul style="list-style-type: none"> • Open-text response • Limit of 1000 words <p>See below</p>
	<p><i>ACDPA, an alliance of 6 health bodies, is committed to improving Australians' health through chronic disease prevention. Our comments primarily relate to the NSFCC as a preventive health enabler, although may be relevant to other aspects of the NSFCC. For people with chronic conditions, there's no one-size-fits-all approach. We appreciate the opportunity to revisit the NSFCC and consider its potential to improve health in Australia. Additional feedback:</i></p>		

ALIGN: ACDPA advocates for the NSFCC to serve as the foundation for multi-sectoral coordination, including the creation of a new mechanism led by the Department of Health and Aged Care. This mechanism, potentially administered through the CDC, would prioritise Health for All Policies alignment across all sectors and government portfolios and jurisdictions to meet NSFCC objectives.

The NSFCC, as Australia’s overarching action plan for NCDs, aligns with WHO’s [recommendation for multi/cross-sectoral](#) response to NCD prevention and management. However, as health is influenced beyond the health portfolio, and the NSFCC lacks a [cross-government mechanism found through international case studies to be essential for coordination](#). The National Preventive Health Strategy identifies such mechanisms as a governance and leadership priority. The new CDC and NSFCC refresh provide an opportunity to establish a coordination mechanism across governments and stakeholders, accelerating efforts to reduce the burden of chronic conditions. This complements the CDC’s priorities in emergency preparedness and health security and intention to include Non-Communicable Disease (NCD) prevention. Adequate and sustained resources are essential for coordination effectiveness.

While we applaud the intent to identify synergies across existing disease-specific plans, we note the absence of several prevention relevant action plans and strategies, and stronger links to strategies to address determinants of health spanning prevention and management, such as the forthcoming National Housing and Homelessness Plan, and climate and environment relevant strategies.

Other specific points:

Priority Area 1.1: Table 5 highlights healthy environments, but lacks a tangible approach to co-ownership and coordination, and phase 2 overemphasises individual behaviour change, without adequately resourcing the health and allied health workforce to support people facing complex social determinants to manage risks.

Priority Area 1.2: Table 6 encourages collaboration, but national preventive health initiatives are often fragmented and lack tangible approaches to incentivise true collaboration and partnership and realise health and wellbeing co-benefits through embedding Health for all Policies across portfolios.

Priority Area 1.4: Table 8 acknowledges investments in health risk assessments and screening. Despite improvements in health outcomes, there’s room to strengthen the integrated approach to risk assessment, incorporating self-assessment, practitioner support, referrals, and leveraging digital technology for assessments and data use for effectiveness evaluation and care pathway planning and investment.

INVEST: ACDPA recommends a refreshed approach to incentivise and support people-centred investment in preventing chronic health conditions.

The report notes that stakeholders have expressed concerns about the NSFCC’s current approach, not feeling co-ownership, and sensing that it and current approach to investment exacerbates siloing and fragmentation. The NSFCC should incentivise inclusion, collaboration, and efficiency, benefiting individuals at risk of or living with chronic conditions and addressing inefficiencies in social investments and the health system. This approach promotes holistic views of health, comprehensive care, and prevention. Despite AIHW estimates that up to 40% of chronic disease burden is preventable, prevention investment is not proportionate or predictable, undermining achievement of NSFCC goals. A phased increase in predictable, ongoing prevention investment, along with understanding the health co-benefits of addressing determinants investment leveraging the Measuring what Matters framework, could help achieve several NPHS goals, including increased preventive health investment.

ACCELERATE: ACDPA recommends the NSFCC facilitates ongoing emphasis on accelerated implementation of primary and secondary prevention priorities as outlined in NPHS and related strategies.

We acknowledge attention to prevention in the NSFCC and consultation document, and significant recent advancements like Australia’s ‘Measuring What Matters’ Wellbeing Framework, CDC, National Preventive Health Strategy, and strategies for Preventive Health, Obesity, Health and Climate, and Tobacco. The forthcoming update of Australian Dietary Guidelines, and Movement Guidelines will enhance primordial prevention targets. A National Physical Activity Strategy would complement existing Sport and Participation plans, and bolster a cross-sectoral approach to promoting physical activity.

ENGAGE: ACDPA recommends improved engagement and coordination with civil society including peak bodies and people at risk of and living with chronic conditions, as NSFCC partners.

While ACDPA members are familiar with the NSFCC, engagement with it varies, and many stakeholders are not aware of its existence or relevance. Efforts to socialise and strengthen co-ownership would be beneficial, as would resourcing, supporting and acknowledging diverse community, civil society and academic stakeholders for their contributions. Caution is urged around engagements with private sector stakeholders with vested interests. The Population Health Division’s consumer engagement strategy under the National Preventive Health Strategy could form the basis of a community engagement framework as an enabler of the NSFCC.

ACCOUNT: ACDPA recommends increased resources for the Department of Health and Aged Care to support the implementation, monitoring, and evaluation of the NSFCC and related plans and strategies.

Enhanced tools for data transparency and independent accountability could bridge accountability gaps. Current targets and indicators insufficiently reflect harmful determinant exposures, such as social, commercial, and digital factors. These determinants are crucial for both prevention and management of chronic conditions. AIHW and ABS' current efforts to strengthen surveillance and reporting, which could be further strengthened, such as through updating and monitoring of indicators linked to emerging risk factors and wider determinants including air quality, climate change, digital technology access, and exposure to harmful marketing. These determinants, while under the purview of other departments and strategies, are crucial to both prevention and management of chronic conditions. Additional indicators for improved screening of conditions beyond cardiovascular diseases and nominated cancers, such as lung and kidney disease and diabetes, could be included. ACDPA emphasises the importance of independent accountability initiatives, like the Health Tracker led by the Australian Health Policy Coalition at Victoria University, to strengthen community awareness and momentum toward implementation of preventive health measures. Provisions for ongoing independent progress monitoring and accountability activities should be made.

LEAD: ACDPA recommends the NSFCC reflect global commitments to prevent and manage NCDs and mental health, highlighting Australia's role as a global leader in NCD prevention.

Since the NSFCC's launch, the 3rd UN High Level Meeting on NCDs Political Declaration expanded priority areas to include air pollution and mental health, reference commercial determinants of health, and extended the timeframe for the [Global Action Plan on NCDs to 2030](#) developing a corresponding [Implementation Roadmap](#). The NSFCC should be updated to mirror these commitments and updated timeframes, and to better reflect the Sustainable Development Goals, [2nd Edition of the WHO 'Appendix III' for the Global Action Plan on NCDs](#), and learn from the trends, priorities and indicators identified in WHO's draft [14th General Program of Work and Results Framework](#) (and prior [13th GPW](#)). The NSFCC's targets should be updated to reflect these global commitments, maintaining flexibility to adapt to emerging agreements, for example linked to the [4th UN High Level Meeting on NCDs and Mental Health which will take place in late 2025](#).

The [4th UN HLM on NCDs and Mental Health in 2025](#) is an opportunity to reinforce Australian leadership and partnership on health for all, and chronic condition prevention and management, including through the [preparatory process](#) for the UN HLM and negotiations on the Outcome Document, regional coordination, participation in the HLM itself, and cross-government endorsement of a strong, refreshed and appropriately resourced National Strategic Framework for Chronic Conditions.