



Asthma Australia Pre-Budget Submission 2025-26

October 2024



Budget Proposals

The Asthma Australia submission focuses on the following funding proposals for consideration in the 2025-26 Budget:

Proposal	Investment
1. Progress the <i>National Sustainable Asthma Care Roadmap</i>	<p>1. Establish a collaborative body to develop a detailed implementation plan consisting of stakeholders involved in the <i>Roadmap</i> development and other identified groups and partnering with relevant government departments.</p> <p>2. \$350,000 to undertake a detailed economic evaluation of the costs and potential savings for the health sector and broader community in making a transition to high-value care. This includes access to necessary data.</p> <p>3. \$10m to establish and run over two years and ongoing investment of \$250k/year for a research-informed, multimodal national public awareness campaign for people with asthma and the options to transition to low-carbon alternatives. An additional option of \$10m over two years to include television (inclusion and amount dependent on scoping work).</p>
2. Improve air quality by strengthening ambient air quality standards and implementing indoor air quality standards	<p>The National Clean Air Agreement, and its work plans, should be strengthened to reduce exposure to air pollution inside by:</p> <ul style="list-style-type: none"> Aligning the National Environment Protection Measure for Ambient Air Quality with the World Health Organisation air quality guidelines. Developing and implementing standards for indoor air quality.
3. Medical Research Future Fund (MRFF) for CURE Asthma	MRFF investment of \$100 million for the CURE Asthma initiative. This will fund a discovery to translation program of CURES for the asthma in Australia.
4. Asthma Australia Consumer Engagement Program	Resourcing for an Asthma Australia Consumer Engagement Manager; resourcing, remuneration and consumer capacity building activities of \$260,000 for the first year and then \$250,000 recurrent, to engage voices of lived experiences of asthma.



About Asthma Australia

Asthma is a respiratory condition that affects nearly 2.8 million people in Australia¹, with children being the most impacted. Asthma is responsible for at least one Australian death every day, making it a serious health concern. Despite the prevalence of asthma, it is often misunderstood, causing fear and anxiety for those living with the condition.

Asthma Australia has been the leading charity for people with asthma and their communities for over 60 years.

The challenges of climate change, unhealthy air, and health inequity make it more important than ever for people with asthma to have a voice. We search for new and progressive approaches to challenge the status quo. Our work is grounded in evidence and centred on the experiences of people affected by asthma. We believe by listening to those living with asthma, designing solutions with them, and influencing change, people with asthma can live freely, unrestricted by their asthma.

Impact of asthma on the health system and the community

Asthma prevalence in Australia is increasing. In 2023, asthma was the 8th leading contributor to the overall burden of disease in Australia, having risen from 9th place in 2018 and 10th place in 2011. Asthma is the leading cause of total burden of disease in children aged 1–9 years.² Asthma can both be caused and exacerbated by conditions related to the warming climate, which means asthma outcomes will worsen as climate change impacts increase.

Asthma places a significant burden on the hospital system. Nationally in 2022-23, about 97,000 people presented to the Emergency Department of public hospitals for an asthma event, of which 40% were admitted, and less than 1% were triaged as non-urgent.³ On average, an ED presentation for asthma costs \$443,⁴ and repeated asthma-related presentations to EDs increases the risk of hospitalisation.⁵

2025-26 Federal Budget Priority Areas

Asthma Australia acknowledges successive Australian Government's for their ongoing commitment to addressing the burden of disease due to asthma by funding the Asthma Management Program. This funding enables Asthma Australia to continue the work of improving the lives of people with asthma in Australia. As the leading organisation for people with asthma, we are also mindful of the need to better support and engage with consumers to ensure they lead our work.

Further work is required in asthma prevention to reduce morbidity and mortality, support improved quality of life and reduce demand on Australia's healthcare system. This has become even more important with the impacts of climate change that are increasing the risks for people living with asthma and placing others at even greater risk of developing asthma. This is particularly pertinent for children and young people who experience a high burden of asthma.

Ensuring we are addressing asthma risk factors and giving people the tools to make lasting changes to live healthy lives is vital. It is particularly important to ensure people with asthma on low incomes receive the support they need to live in healthy home environments. Asthma Australia supports holistic approaches to improving the conditions of new and existing housing. Policies and programs should consider the housing features needed to reduce asthma risk and support broader health and wellbeing, be climate-resilient, and energy-efficient.

With asthma affecting 1 in 9 Australians, or nearly 2.8 million people, this means people with asthma are one of the largest population groups vulnerable to the risks associated with climate change. As climate change progresses and extreme weather events increasingly drive people to seek refuge in their homes, housing conditions and the absence or removal of internal health triggers become ever more important.



The emissions which contribute to climate change also reduce air quality, which can cause people to develop asthma and trigger symptoms or exacerbations in people with asthma. These adverse impacts on asthma are also caused by a number of threats which are increasing as a result of climate change, including bushfire smoke, ground level ozone and pollen. Reducing emissions will therefore improve air quality in the short and long term. We can also implement asthma care that has the co-benefit of improving asthma management and reducing emissions that contribute to climate change.

Asthma Australia is looking to how we can engage with key opinion leaders, healthcare professionals and the asthma community to identify the highest priority strategies to address the burden of asthma. Increased investment in lung and respiratory research is needed to address the substantial and preventable burden on individuals, their loved ones and carers, the healthcare system and the broader economy.



Proposal 1: Progress the National Sustainable Asthma Care Roadmap

The National Health and Climate Strategy seeks to increase resilience to the health impacts of climate change and reduce greenhouse gas emissions from the Australian health system. Action 4.14 of the Strategy commits to improving respiratory health outcomes and reducing emissions from respiratory inhalers by working with consumers, the health sector and industry peak bodies.⁶

Hydrofluorocarbon propellants used in current ‘asthma puffers’, called pressurised metered-dose inhalers (pMDI), are potent greenhouse gases, responsible for around 90% of the asthma healthcare footprint in the UK. This contribution is predominantly from the overuse of short-acting beta2-agonist (SABA) relievers such as salbutamol. Hydrofluorocarbons in pMDIs are estimated to be responsible for 13% of the National Health Service carbon dioxide equivalent (CO₂e) emissions related to the delivery of care and 3% of total health sector emissions.⁷ While a comprehensive assessment of Australia’s total asthma care footprint is required, the greenhouse impact of the approximately 25 million inhalers sold in Australia each year, of which around 80% are high global warming potential pMDIs, can be estimated at over 600,000 tonnes CO₂e – similar to the emissions of 350,000 vehicles, 45,000 households or the capture and storage potential of up to 60 million eucalyptus trees per year.⁸

Reducing the high rate of poorly controlled asthma and mitigating the environmental impact of pMDIs used to treat asthma represents a major unmet need. Compelling evidence shows that transitioning to anti-inflammatory asthma medication regimens delivered using low-carbon devices can improve person-centred asthma outcomes while simultaneously reducing greenhouse gas emissions. A coordinated and strategic approach is required to progress the translation of this evidence into policy and practice.

Asthma Australia partnered with Deakin University’s Institute for Health Transformation to conduct two roundtables, engaging representatives from 50 key organisations in a collaborative and systematic approach. The roundtable discussions were structured to understand the drivers of asthma care’s climate footprint and identify the opportunities and barriers to improving care and reducing emissions.

The resulting *National Sustainable Asthma Care Roadmap* (the *Roadmap*) aims to support the development of a national implementation plan for transitioning to low greenhouse gas emission inhalers. The *Roadmap*’s eight goals are:

- 1: Establish a data dashboard to display the national indicators of high-quality asthma care and decarbonisation trends.
- 2: Establish processes and resources to support regular updating of the national asthma guidelines and for harmonising secondary recommendations and clinical tools.
- 3: Increased clinician education and digital enablement to implement evidence-based guideline-concordant, low-carbon asthma care.
- 4: Inform people with asthma about how to improve their asthma control and options to reduce greenhouse gas emissions from inhalers.
- 5: Reduce the imbalance between cost and ease of access to SABA (Short-acting beta-agonists) compared with more effective medications.
- 6: Support research to implement and evaluate high-quality sustainable asthma care.
- 7: Reduce greenhouse gas emissions from hydrofluorocarbon leakage from discarded asthma inhalers.
- 8: Support governments in developing a ‘health in all policies’ approach to reducing asthma triggers.

Implementation and Actions

The *Roadmap* was developed through a truly collaborative process and presents a compelling vision for the future of asthma care in Australia. This represents an opportunity for government and the health sector to work together, invest and translate these recommendations into a national implementation strategy to improve the quality of life for people with asthma and reduce the associated carbon footprint.



The two key actions are:

- *Establish a collaborative body to develop a detailed implementation plan* - A stakeholder body would be formed, consisting of stakeholders who contributed to the roundtables and other identified groups. It would establish a committee to foster communication and ensure a collaborative and efficient process. The body would partner with relevant government departments to develop a comprehensive implementation plan for the *Roadmap* goals and recommendations.
- *Undertake a detailed economic evaluation to assess the likely return on investment* - Prioritise undertaking an economic evaluation of the costs and potential savings for the health sector and broader community in making a transition to high-value care, including assessment of the associated social, health and environmental benefits.

Consumer awareness

A key piece of work for Asthma Australia – as the leading voice for people living with asthma - will be progressing *Goal 4: Inform people with asthma about how to improve their asthma control and options to reduce greenhouse gas emissions from inhalers where suitable devices are available*, to increase consumer knowledge, empowerment and shared decision-making. This would include a research-informed, multimodal national public awareness campaign targeting people with asthma and the options for them to encourage their prescribers to transition to low-carbon alternatives where available and appropriate. This is essential to ensuring consumers are empowered and informed and improved asthma management along with reducing emissions is a driver.

Asthma Australia envisions a campaign would include a representative survey; extensive research; development of messages and resources; and media buy and application; and the ongoing review and provision of information beyond an initial campaign.

Investment requested:

- 1. Establish a collaborative body to develop a detailed implementation plan consisting of stakeholders involved in the *Roadmap* development and other identified groups and partnering with relevant government departments.**
- 2. \$350,000 to undertake a detailed economic evaluation of the costs and potential savings for the health sector and broader community in making a transition to high-value care. This includes to access necessary data.**
- 3. \$10m to establish and run over two years and ongoing investment of \$250k/year for a research-informed, multimodal national public awareness campaign for people with asthma and the options to transition to low-carbon alternatives. An additional option of \$10m over two years to include television (inclusion and amount dependent on scoping work).**



Proposal 2: Improve air quality by strengthening ambient air quality standards and implementing indoor air quality standards

Air quality is regulated in Australia under the National Environment Protection Measure for Ambient Air Quality (AAQ NEPM), which states its desired environmental outcome is “ambient air quality that minimises the risk of adverse health impacts from exposure to air pollution”.⁹ The AAQ NEPM provides standards for six air pollutants, including pollutants associated with climate change impacts such as fine particulate matter (PM2.5) and ozone. However, these standards do not meet the current World Health Organisation’s (WHO) guidelines.¹⁰ This means Australian communities may be exposed to air pollution levels that meet the national standards but are considered unhealthy by the WHO. Further, air quality experts agree there is no safe level of air pollution and support continuous reduction of air pollution.¹¹ It is critical to reduce air pollution from avoidable sources as climate change increasingly exposes populations to largely unavoidable airborne hazards.

Additionally, while we spend over 90% of our time indoors,¹² Australia does not have standards for indoor air quality. Regulating indoor air quality is necessary to ensure internal built environments support health and wellbeing. This is becoming increasingly urgent as climate change-driven events such as bushfires and floods require people to shelter in safe places. Improving indoor air quality is particularly important for people with asthma and others vulnerable to airborne hazards.

The National Clean Air Agreement (NCAA) was established in 2015 by federal, state, and territory environment ministers with the aim of addressing air quality challenges and preventing deterioration of air quality in Australia. The NCAA should be reviewed and updated to reflect current evidence around air quality and address the current and anticipated pressures on air quality and health. Priority actions in the NCAA workplans should include:

- Strengthening the National Environment Protection Measure for Ambient Air Quality to align with the World Health Organisation air quality guidelines.
- Developing and implementing indoor air quality standards.

The 2025-26 Federal Budget should include departmental resourcing for this work to be undertaken.

Finally, healthy indoor air quality must be a key consideration in the design and implementation of policies aiming to improve housing conditions and increase household energy efficiency. Policies should target population groups with increased vulnerability to airborne hazards, including people with asthma. Housing standards and efforts to retrofit existing homes should ensure that new homes provide healthy indoor air quality.

INVESTMENT REQUESTED: The National Clean Air Agreement, and its work plans, should be strengthened to ensure actions are taken to reduce exposure to air pollution inside homes. These actions should be:

- **Strengthening the National Environment Protection Measure for Ambient Air Quality to align with the World Health Organisation air quality guidelines.**
- **Developing and implementing indoor air quality standards.**



Priority 3: MRFF for CURE Asthma

Lung disease is a significant health issue for Australians: seven million Australians live with a lung disease. While 9% of total disease burden between 2008 and 2017 was attributable to lung diseases and lung cancer,¹³ 2% of total Australian institutional research funds were awarded to research into these diseases.¹⁴ Increased investment in lung and respiratory research is urgently needed to address the substantial and preventable burden on individuals, their loved ones and carers, the healthcare system and the broader economy.

Of the current chronic respiratory disease burdens asthma is remarkably prominent and represents an opportunity to develop cures. In 2022, 10.8% of Australians report having asthma¹⁵ and more than 260 million globally are estimated to have the condition.¹⁶ Nearly 100,000 Australians presented to an emergency department in 2022, over 40% of whom were under 14 years of age.¹⁷ In the same year, 467 deaths occurred due to asthma,¹⁸ which we believe should have been prevented. In 2015, the direct and indirect costs of Asthma totalled \$28 billion.¹⁹

In 2022, Asthma Australia developed the National Asthma Research Agenda (NARA).²⁰ The NARA defines the research priorities for asthma according to people who rely on the outcomes of research to support living well with asthma - consumers, their loved ones and carers, and healthcare professionals. The NARA describes the top 10 research priorities, developed through a rigorous process including qualitative research and consensus building, with end users of asthma research.

Asthma in children emerged as the number one priority in NARA. Asthma represents the highest burden of disease for children, and an early life asthma diagnosis can be a precursor for significant morbidity and disadvantage in later life. Childhood asthma is a unique public health and scientific challenge and requires proportionate attention by respiratory health and research leaders, innovators, planners and governments. Asthma in children has been a focus of NARA communication and translation activities and is the leading priority in Asthma Australia's National Asthma Research Program.²¹

The priority to find a *CURE for asthma* emerged during the communication and translation pathway of NARA. CURE Asthma will create treatments that will relieve the individual and their families of the burden of asthma. The symptomatic relief provided by modern combination 'reliever plus preventer' therapy creates an illusion that asthma is not serious and a condition for which 'good enough' is acceptable.

Consumers do not want better incremental therapies to improve the management of their asthma - they want cures that will free them and their families of the burden of asthma. Industry also supports the discovery of the next generation of transformative medicines. Asthma is well placed for this breakthrough and Australia is best positioned to deliver it. We now know that asthma can be driven into 'on-treatment' remission in some people (the absence of symptoms whilst on treatment),²² and spontaneous remissions have been documented.²³ Through Australian research, we know when the disease is acquired and what the main risks are. With major recent advances in scientific methods and unprecedented technology for analysing and interrogating data, we can soon discover the fundamental underlying molecular mechanisms of asthma and convert this knowledge into therapeutic cures.

The CURE Asthma 10-year vision is to end the burden of asthma. It will integrate a program of research activities from discovery to translation:

C: Consolidating our unique 'whole-of-life' epidemiology cohort data and bio samples into a national research engine to find the mechanisms driving adverse trajectories and health status transitions in asthma.

U: Understanding the genesis of disease after insults and exposures focusing on viruses, air quality and genetic risk factors.



R: Resolve asthma and return the lung to health by addressing the fundamental molecular processes that cause disease.

E: Execute the solutions: new medicines and transformative clinical trials.

The CURE Asthma 10-year vision and integrated research pathway brings together consumers directly affected by asthma with Australia’s world leading basic scientists and clinicians to CURE Asthma at its root molecular causes in children and adults. Asthma Australia is calling for a CURE Asthma special initiative of \$100m within the MRFF framework to drive realisation of the vision and provide relief to people living with asthma. It will enable:

- Consolidation of Australia’s whole-of-life birth cohorts and their legacy bio-samples to interrogate them using new molecular profiling and biology methods. This will inform our understanding of how the healthy lung becomes ‘asthmatic’. This knowledge will be used to develop novel restorative curative therapies that reverse the asthma disease process before it has irreversibly damaged the lungs.
- The resulting open framework ‘data engine’ will allow population epidemiology to be converted into transformative new therapeutic strategies.
- An integrated analytical and translational biology program that leverages the data engine to drive consolidation, interrogation and enact new discovery research, which will inform the understanding of the lungs’ response to exposures and insults, such as viruses, and translate this into treatments and new predictive and prognostic technologies
- A workforce development program heavily focused on early and mid-career researchers to ensure CURE discoveries are driven by emerging research leaders. The development of a key stakeholder community that will enable future major industry investments in clinical trials and towards commercial product development to accelerate progress and maximize returns to the Australian economy.

Below is an indicative budget for this work:

CURE Asthma \$100m in 10 years	Budget	Milestone
Consolidation and defining the transitions	\$10m	Key mechanisms underlying the most important asthma trajectories identified, triaged for therapeutic tractability and prioritised
Understanding the causes of healthy lungs to asthma lungs	\$30m	Molecular mechanisms of known disease risk factors converted into predictive molecular biomarkers, and that match successful curative treatment response patterns
Resolving asthma back to healthy	\$20m	Proof of concept for restorative disease modification, to reverse damage and bring the lungs back to health
Executing therapeutics in early trials	\$40m	Breakthrough curative outcome clinical trials to CURE Asthma

INVESTMENT REQUESTED: MRFF investment of \$100 million for the CURE Asthma initiative. This will fund a discovery to translation program of CURE for asthma in Australia.



Proposal 4: Asthma Australia Consumer Engagement Program

Asthma Australia is a consumer organisation, where people with asthma and their carers participate in all aspects of Asthma Australia's work and activities. Key aspects of our current consumer engagement program include:

- Consumer Advisory Council (CAC) - which has been central in our strategic direction and in advising, informing, and guiding Asthma Australia, its Board and management.
- Consumer engagement strategy.
- Asthma Champions program, comprised of over 200 consumers who share their stories, participate in consumer reference groups and are engaged in advocacy activities.

Asthma Australia is committed to the ongoing growth of our consumer engagement program. We are looking to further develop and expand our program so that people with asthma are supported to engage with Asthma Australia and other stakeholders, and that their contributions as experts in their own health are recognised.

Developing and growing consumer engagement

We recognise we can and will achieve better asthma outcomes for people with asthma and their loved ones by recognising the expertise of lived experience that they bring and ensuring this is appropriately valued, including by other stakeholders. We want to ensure that the current parts of our programs are also appropriately supported and engaged.

The proposed program of work will include:

Redevelopment of the Consumer Engagement Strategy including:

- Defined organisation goals and commitments for lived experience participation, including for the CAC and Asthma Champions
- Consumer engagement principles to guide activities, including processes, criteria and support for consumers representing Asthma Australia
- Managing requests for consumer involvement for internal Asthma Australia engagement and from external stakeholders
- Lived experience participation policy development, including remuneration
- Capacity building and training for consumers as advocates and representatives – this would examine existing programs that Asthma Australia could link with

Redevelopment of the Asthma Champions program:

- Review of current activities and interests to engage members
- Induction for new members
- Identifying opportunities for members capacity building and training
- Regular communication with members
- Development of peer-to-peer consumer support via online technology

Support and Engagement of CAC:

- Developing an annual work plan
- Providing secretariat support
- Identifying clear roles for engagement on Asthma Australia's work aligned with our Strategic Plan
- Review and implementation of technology to support engagement and involvement

The vision for Asthma Australia's Consumer Engagement participation is to engage voices of lived experiences of asthma to:

- Embed and deliver best practice in lived experience involvement practices and principles to ensure voices are heard, represented and acted on in all aspects of work
- Enable the creation of a network of people with lived experience



- Supporting and empower people with lived experience to be advocates for the health care

We are seeking funding to implement and develop our program through resourcing for Consumer Engagement Manager as an ongoing position. This position would undertake the work as identified and develop the capacity building activities for consumers including training and peer support. This would lead to deeper person-centric practices across all aspects of Asthma Australia's activities.

INVESTMENT REQUESTED: Resourcing for an Asthma Australia Consumer Engagement Manager; and consumer capacity building activities of \$260,000 for the first year and then \$250,000 recurrent, to engage voices of lived experiences of asthma.

Activity	Cost 2025-26	Cost recurrent
Consumer Engagement Manager	\$150,000	\$135,000
Consumer capacity building	\$30,000	\$30,000
Resources to support consumer advocates	\$10,000	\$15,000
Remuneration for consumers	\$50,000	\$250,000
Total	\$260,000	\$250,000

¹ Australian Bureau of Statistics (2023) National Health Survey: Information on health behaviours, conditions prevalence, and risk factors in Australia, Reference period 2022, [National Health Survey, 2022 | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au/national-health-survey-2022) (Accessed 4 January 2024)

² AIHW (2023) *Australian Burden of Disease Study 2023*. Canberra: AIHW. [Australian Burden of Disease Study 2023, Summary - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/australian-burden-of-disease-study-2023) (Accessed 9 January 2024)

³ Australian Institute of Health and Welfare (AIHW) 2023. Emergency department care 2022–23 web report. <https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care>. (Emergency department care 2022–23 data tables S4.2 and S4.3)

⁴ Independent Hospital Pricing Authority, 2016. *National Hospital Cost Data Collection, Australian Public Hospitals Cost Report, Round 18 (Financial year 2013-14)*.

⁵ Giangio, S. et al., 2020. 'Emergency department visit count: a practical tool to predict asthma hospitalisation in children', *Journal of Asthma*, vol 57(10).

⁶ Australian Government Department of Health and Aged Care (2023) National Health and Climate Strategy.

⁷ UK National Health Service July-2022

⁸ Forrester M, Needham C, Allender S, Hutchinson A, Perlen S, Reddel H, Rigby D, Shanthikumar S, Loftus M, Gazzard K, Hensher M, Tope H. The National Sustainable Asthma Care Roadmap – Roundtable Report. Asthma Australia. Melbourne. September 2024

⁹ National Environment Protection (Ambient Air Quality) Measure, <https://www.legislation.gov.au/F2007B01142/latest/text>

¹⁰ WHO. 2021. WHO global air quality guidelines: particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide. <https://iris.who.int/bitstream/handle/10665/345329/9789240034228-eng.pdf?sequence=1>

¹¹ CAR. 2021. 'No level of air pollution is safe': Commitment to continuous emissions reduction through an alternative model for the AAQ NEPM. A brief from the Centre for Air pollution, energy and health Research (CAR). <https://www.car-cre.org.au/position-papers>

¹² Institute of Medicine. 2011. Climate Change, the Indoor Environment, and Health.

<https://nap.nationalacademies.org/catalog/13115/climate-change-the-indoor-environment-and-health>

¹³ AIHW 2018. Australia's Health 2018.

¹⁴ National Health and Medical Research Council. Research funding, statistics and data. Available online: <https://www.nhmrc.gov.au/funding/data-research/research-funding-statistics-and-data#download>.

¹⁵ [Asthma, 2022 | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au/asthma-2022)

¹⁶ [Asthma, 2022 | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au/asthma-2022)



¹⁷ <https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care>. (Emergency department care 2022–23 data tables S4.2 and S4.3)

¹⁸ <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release#data-downloads>

¹⁹ <https://asthma.org.au/wp-content/uploads/2022/03/Hidden-cost-of-asthma-final-report-revised-181115-v2-2.pdf>

²⁰ For information on NARA [National Asthma Research Agenda Project - Asthma Australia](#)

²¹ https://asthma.org.au/wp-content/uploads/2023/09/AA23-28_NARP-Strategy_Full_v4_web.pdf

²² <https://erj.ersjournals.com/content/60/5/2102583>

²³ <https://pubmed.ncbi.nlm.nih.gov/36301194/>

