Supplementary Funding Priorities for the 2026-27 Federal Budget

Submitted on behalf of the Neurological Alliance Australia by Rohan Greenland (Chair) and Anne Wilson (Deputy Chair)

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Funding Priorities

On 11 December 2025 the Neurological Alliance Australia (NAA) lodged its funding priorities (copy attached) to be considered as part of the development of the Australian Government's 2026-2027 Budget.

The summary of recommendations was:

Recommendation 1

$300,000 for 2026-2027 to establish a neurological disease working group to develop a National Action Plan for Neurological Conditions.

Recommendation 2

$1.3 m for two years from 2026-2027 for the Australian Institute of Health and Welfare to develop Stage Two of the national neurological data set.

Recommendation 3

$30 m a year from the Medical Research Future Fund for a national neurological research mission.

Recommendation 4

$10 m for three years from 2026-2027 to support national brain banks and build a national sustainable model to share costs.

The NAA now proposes a further funding priority being:

Recommendation 5

$200m over four years from 2026-2027 to invest in community-based, prevention and other programs to embed physical activity into national brain health policy and practice.

5. Physical Activity as a Pillar of Brain Health and Neurological Disease Prevention

Overview and Funding Request

Brain health is a public health imperative, physical activity is a core intervention and prevention must be funded accordingly.

The NAA calls on the Australian Government to make physical activity a funded, routine component of national brain health policy and practice supported by:

- scalable community-based programs
- physical activity prescribing in primary care by exercise professionals/clinicians
- a skilled "brain-aware" physical activity workforce
- decisive action to prevent avoidable brain injury.

This will:

- reduce neurological disease burden
- improve quality of life
- deliver cost-effective prevention
- align with global best practice.

The Neurological Alliance Australia (NAA) considers funding of **$200 million over four years** (2026-2027 to 2029-2030) is required to embed physical activity as a core pillar of Australia's national brain health and neurological disease prevention agenda.

This investment would support a coordinated, equitable and evidence-based approach to improving brain health, reducing the risk and moderating neurological disease and injury where possible and improving quality of life for people living with neurological conditions.

It should be noted that many neurological conditions are not preventable, and that physical exercise may be contraindicated. In particular, exercise may be harmful or exacerbate symptoms in conditions such as ME/CFS (due to post-exertional malaise), myasthenia gravis, certain traumatic brain injuries, some forms of epilepsy, advanced neurodegenerative conditions (such as MND) and others.

The Need

Neurological conditions are:

- a leading cause of ill-health and disability in Australia
- a major driver of health system costs, lost productivity and reduced quality of life.

The Australian Institute of Health and Welfare Australian Burden of Disease data[1] ranks neurological conditions among the top five disease groups contributing to overall burden, with the impact increasing from 2023 to 2024. Neurological conditions

[1] AIHW, Australian Burden of Disease Study 2024, December 2024. See https://www.aihw.gov.au/ reports/burden-of-disease/australian-burden-of-disease-study-2024/contents/summary

constitute 20.5 per cent of Australia's total disability adjusted life years (DALYs), almost double the global average. Their rising prevalence places immense strain on Australian health systems, economies and families.

Physical Activity: A Powerful but Underused Brain Health Intervention

A substantial and growing evidence base shows that physical activity:

- reduces risk of cognitive decline and dementia
- improves neuroplasticity and brain resilience
- reduces symptoms and progression-related disability across multiple neurological conditions
- supports mental health, social connection and independence.

However, people living with neurological conditions are:

- significantly less likely to meet physical activity guidelines
- more likely to experience fatigue, fluctuating capacity, mobility and balance impairment, cognitive symptoms, cost and transport barriers and inaccessible environments.

While clinicians frequently advise patients to "exercise more", generic advice without supported access pathways results in low uptake and widening inequity.

Australia currently lacks a coordinated, funded mechanism to translate evidence on physical activity and brain health into routine policy and practice.

Physical Activity must be a Budget Priority

The NAA seeks funding to make physical activity a routine part of Australia's brain health and neurological agenda by:

1. **scaling community-based physical activity programs** (including national exemplars for example Heart Foundation Walking and parkrun) with an equity focus for people living with neurological conditions and disability
2. **embedding "Physical Activity Scripts" in Primary Care** (supported referral / social prescribing) enabling GPs and other clinicians (such as qualified physiotherapists, exercise physiologists or similar) to refer or to provide formal, practical scripts linking patients into local accredited community programs, with navigation support
3. **building workforce capability** for "brain-aware" physical activity (fatigue-, cognition-, balance- and disability-inclusive delivery).

Policy and Funding Solutions

1. Scaling Community-Based Physical Activity Programs

Community-based physical activity programs provide a low-cost, scalable alternative to clinical-only delivery and are well suited to supporting long-term participation. For example, programs such as **Heart Foundation Walking** and **parkrun**:

- achieve consistent community reach and participation by hundreds of thousands of Australians

- operate locally and regularly
- are inclusive of people with disability and chronic illness
- support social connection and sustained behaviour change.

Despite this, these programs:

- receive limited or inconsistent government funding
- are not systematically linked to healthcare pathways
- carry increasing demand without secure resourcing.

Budget Ask

$40 million over four years for a Community-Based Physical Activity Grants program to:

- expand and sustain proven, evidence-based community platforms
- fund targeted outreach for many people living with neurological conditions and disability
- improve accessibility through volunteer support, training and inclusive design.

2. Embedding Physical Activity Prescribing in Primary Care

Physical activity prescribing addresses a well-recognised gap between clinical advice and sustained participation. Currently:

- physical activity advice is often brief
- clinicians lack time, tools and referral pathways
- patients are left to self-navigate complex and inaccessible options.

A national supported referral ("Physical Activity Scripts") initiative would enable:

- exercise-prescribing professionals/clinicians to issue formal physical activity prescriptions,
- direct referral to accredited community programs
- follow-up, feedback loops and navigation support.

Based on international exercise prescription models and cost-effectiveness studies in chronic disease management, this approach converts generic advice into action by providing:

- a formal script or referral from a trusted clinician
- an accredited, accessibility-tagged local directory
- link workers to help overcome practical barriers.

Budget Ask

$25 million over four years to support:

- development of prescribing tools and referral platforms
- Medicare-aligned incentives or pilots
- integration with Primary Health Networks (PHNs).

3. Building Workforce Capability for Brain-Aware Physical Activity

Many exercise and fitness settings are not equipped to support people with neurological conditions. Investment is required to build workforce capability in neurological-safe and brain-aware physical activity, including:

- fatigue and energy management
- cognitive impairment
- fluctuating capacity
- post-exertional symptom exacerbation
- co-design with people with lived experience.

Budget Ask
$15 million over four years to fund:

- training for exercise physiologists, physiotherapists and exercise professionals
- micro-credentials and Continuing Professional Development (CPD) modules
- minimum quality standards for inclusive delivery.

Alignment with National and Global Frameworks

This proposal aligns with:

- NAA Member Dementia Australia's call for a **national brain health initiative** to increase community understanding of dementia risk factors and raise awareness of dementia and support a prevention approach. The NAA strongly supports and recommends including physical activity as a visible, funded core component
- Australia's **National Preventive Health Strategy 2021–2030**, which prioritises population-level physical activity investment
- WHO's **Intersectoral Global Action Plan (IGAP) on Epilepsy and other Neurological Disorders 2022–2031**, which calls for improved quality of life for people with neurological disorders and promoting brain health across the life course, requiring intersectoral action including prevention and community-based approaches. It also calls on governments to address modifiable risk factors including physical inactivity and integrate neurological health into primary care and community settings.

Australia's current approach falls short of these frameworks and strategies due to fragmented funding, limited community delivery and insufficient workforce capability.

Key Budget Asks Summary (Four Year Forward Estimates)

Initiative	**Cost**
National Brain Health and Physical Activity Program (coordination, PHN commissioning backbone, data, evaluation, national partnerships)	$120m
Community-Based Physical Activity Grants	$40m
Physical Activity Prescribing Program in Primary Care	$25m
Workforce Capability and Training	$15m
Total over four years	**$200m**

Depending on the scope and scale of the initiatives, there are three further costing options over four years (2026-2027 to 2029-2030) being:

Option 1 - Small (Pilots and targeted scale): $60m over four years – Best for proof-of-concept, priority population targeting, rapid implementation:

- Community activity fund: $30m
    - grants to community providers (including dedicated partnership streams for Heart Foundation Walking and parkrun)
    - priority cohorts: neurological conditions, disability, older adults at falls risk, regional areas
- Physical activity prescribing (selected PHNs): $20m
    - establish referral pathways and small link-worker teams in priority PHNs
    - build/maintain an accredited program directory
- Workforce training: $10m
    - Micro-credentials/CPD modules; minimum standards for "brain-aware" delivery.

Option 2 - Medium (National Program with broad reach): $140m over four years - Best for tangible population impact, measurable equity outcomes, system integration:

- Community activity fund: $70m
    - larger grants envelope and formal national partnerships (Heart Foundation Walking, parkrun, others)
    - funding for accessibility upgrades, outreach, volunteer training, regional expansion
- Physical activity prescribing (all PHNs): $50m
    - link workers in all PHNs (scaled by population and disadvantage)
    - referral integration with primary care and hospital discharge pathways
- Workforce training: $15m
    - quality standards
- Evaluation and data: $5m
    - data linkage, and outcomes monitoring.

Option 3 - Large (Transformational, System-wide): $260m over four years - Best for national "brain health movement" consistent with Dementia Australia's call, with IGAP-aligned intersectoral reach:

- Community activity fund: $120m
    - major scale-up; national partnerships plus broad community sector grants
- Physical activity prescribing (expanded navigator workforce): $100m
    - larger navigator workforce + dedicated neuro/disability referral streams
    - incentivised participation pathways for priority cohorts
- Workforce training: $25m
- Evaluation and data: $15m
    - and national reporting including equity KPIs.

Governance and Oversight

Governance

- a Steering Committee co-chaired and co-administered by the Department of Health, Disability and Ageing and the Neurological Alliance Australia
- lived experience advisory group (people with neurological conditions and carers)
- Independent evaluation partner.

Delivery

- **PHNs:** supported referral inc scripts, link workers, directories, local commissioning
- **Community sector and local government:** program delivery including grants, venues, accessibility upgrades
- **National partners:** formal partnership agreements with Heart Foundation Walking and parkrun to expand inclusive capacity.

Minimum evaluation dataset

- volume of prescriptions and referrals
- conversion to attendance and retention at quarterly and annually
- equity metrics (disability, region, SES)
- outcomes: function, balance confidence, wellbeing; social connection, falls-related indicators
- system outcomes where feasible: decrease in hospital Emergency Department presentations, post-discharge readmissions.

Expected impact

This investment will:

- increase physical activity participation for people least able to access it without support
- improve function, participation and wellbeing for most people with neurological conditions
- reduce longer-term health and care costs
- operationalise Dementia Australia's brain health call with practical, scalable participation pathways
- align Australia with WHO IGAP's intersectoral approach to neurological health and quality of life.

Brain health and physical activity are necessities – not luxuries – and prevention must be funded accordingly.

NAA Funding Priorities 2026-2027

The revised summary of funding requests from the Neurological Alliance Australia is:

Priority	2026-2027 Funding	Purpose
National Action Plan for Neurological Conditions	$300,000	to establish a neurological disease working group to progress the Plan, economic modelling, environmental scans and stakeholder engagement
Stage Two of National Neurological Data Set	$650,000	for the AIHW to build a comprehensive national data set
Neurological Research Mission under MRFF	$30 million	to coordinate action and accelerate progress in neurological research, diagnostics, treatments, prevention
National Brain Bank Infrastructure	$3 million	to develop, sustain and integrate Australia's neurological brain banks
Physical Activity as a Pillar of Brain Health and Neurological Disease Prevention	$50 million	to embed physical activity as a core pillar of Australia's national brain health and neurological disease prevention agenda

For more information about this supplementary submission, the submission lodged on 11 December 2025 and the work of the Neurological Alliance Australia please contact:

David Ali
Email: david.ali@NeurologicalAlliance.org.au

Current Organisational Members

- Angelina CASK Neurological Research Foundation
- Australian NPC Disease Foundation (ANPDF)
- Brain Foundation
- Brain Injury Australia
- Childhood Dementia Initiative
- Dementia Australia
- Dystonia Network of Australia
- Emerge Australia (ME/CFS)
- Epilepsy Action Australia
- Epilepsy Australia
- Epilepsy Foundation
- Friedreich Ataxia Research Association
- FAST Australia (Angelman Syndrome)
- Fight Parkinson's
- FND Hope
- Mito Foundation
- MJD Foundation
- Motor Neurone Disease Australia
- Multiple Sclerosis Australia
- Muscular Dystrophy Australia
- Muscular Dystrophy Association of WA
- Muscular Dystrophy Foundation Australia
- Myasthenia Alliance Australia
- Myositis Association Australia
- Nerve Connection Foundation
- Neurological Council of WA
- Palliative Care Australia
- Parkinson's Australia
- Polio Australia
- Post Polio Victoria

- Fragile X Association of Australia
- Genetics Alliance Australia
- Huntington's Australia
- Homer Pack
- Klim Foundation
- Leukodystrophy Australia
- Meningitis Centre Australia
- Migraine Australia
- Save Our Sons Duchenne Foundation
- SCN2A Australia
- Spinal Muscular Atrophy Australia
- Stroke Foundation
- The Australian Young Onset Dementia Special Interest Group
- Young People in Nursing Homes National Alliance

Current Associate Members – individual researchers from:

- Macquarie University, NSW
- Murdoch Children's Research Institute, VIC
- Neuroscience Research Australia and Royal Prince Alfred Hospital, NSW
- Perron Institute for Neurological and Translational Science, WA