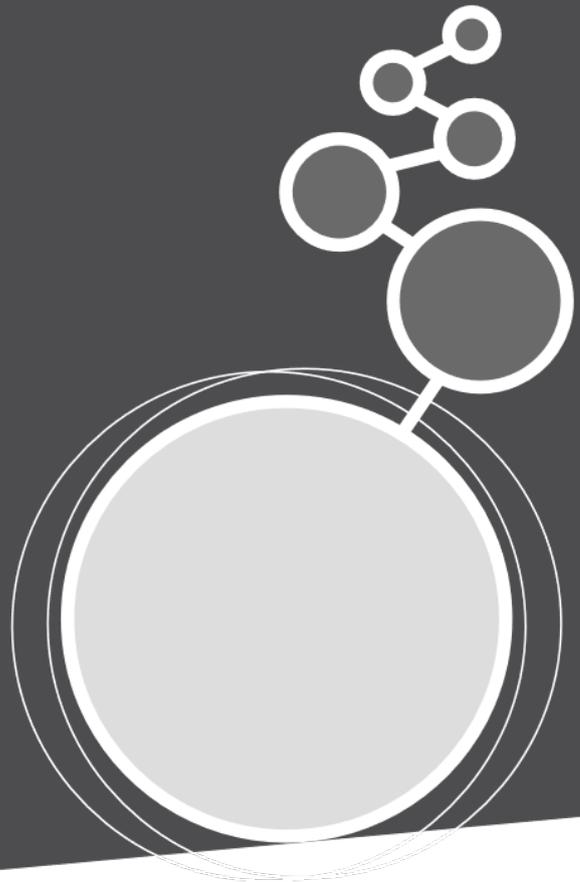


Submission to the MRFF Australian Medical Research and Innovation Strategy and Priorities consultation

11 October 2021



About the publisher

CERI is administered by The Australian Prevention Partnership Centre, which is funded by the NHMRC, Australian Government Department of Health, ACT Health, Cancer Council Australia, NSW Ministry of Health, Wellbeing SA, Tasmanian Department of Health, and VicHealth. The Prevention Centre is hosted by the Sax Institute.



© Sax Institute 2021

All material and work produced by the Sax Institute is protected by copyright. The Institute reserves the right to set terms and conditions for any use of this material. This product, excluding the Institute's logo and associated logos, and any material owned by third parties, is made available under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0](https://creativecommons.org/licenses/by-nc-sa/4.0/) International licence.

Enquiries about any use of this material can be sent to: preventioncentre@saxinstitute.org.au

Published November 2021.



About the Collaboration for Enhanced Research Impact

The [Collaboration for Enhanced Research Impact](#) (CERI) is a joint initiative between [The Australian Prevention Partnership Centre](#) and seven NHMRC Centres of Research Excellence. CERI aims to enhance the profile and impact of chronic disease prevention research in Australia.

Established in June 2020, this novel initiative brings together some of Australia's leading prevention researchers to develop shared narratives, work together to translate new knowledge, and support early- to mid-career researchers across all member institutions.

About this submission

The Australian Medical Research Advisory Board (AMRAB) sought consultation in October 2021 to inform the release of the new Australian Medical Research and Innovation Strategy 2021–2026. The Australian Medical Research and Innovation Priorities were revised at the same time.

AMRAB sought stakeholder reflections on the existing 2016–2021 Strategy and the related Priorities, specifically on:

- whether they could be improved to better meet their purpose set out in the MRFF Act
- the critical current and future issues and factors the next Strategy and Priorities should address to guide Medical Research Future Fund (MRFF) investments and options to address these, and
- how the Strategy and Priorities can account for the significant impact of COVID-19 on health services and the research sector.

This submission was prepared by the CERI Coordinating Group, a group of early- to mid-career researchers representing the CERI member organisations.

The current strategy

Could the current Strategy (2016-2021) be altered to better meet the purpose set out in the MRFF Act?

MRFF should include a strategic platform that better supports robust, effective and translatable research into chronic disease prevention – which is at the centre of “...improving lives, building the economy and contributing to the health system sustainability”.

The rate of chronic disease continues to rise in Australia, creating an unsustainable health, economic and social burden. Reducing the exposure to modifiable risk factors (i.e. smoking, physical inactivity, poor nutrition and excessive alcohol consumption) would reduce the total disease burden by 38% (AIHW, 2021) and would reap huge economic savings (Crosland, 2019). The greatest burden of chronic disease is experienced by those experiencing disadvantage, including Aboriginal communities and those living in rural and remote areas. Prevention is an important way of reducing these health inequities.

To date, not enough has been invested in identifying and evaluating the most effective interventions, or the implementation and scale up of existing evidence-based prevention interventions that could produce maximum population benefit.

The current MRFF strategic platforms do not support robust prevention research, which requires unique partnerships, methods and support.

We propose that Chronic Disease Prevention funding is included as a Strategic Platform as an opportunity to make a significant impact on the health of Australians.

What are the most critical current and future issues and factors impacting on the health system, including primary prevention, and on the health and medical research sector that the next Strategy needs to address?

Australia's health system currently places most emphasis on treatment of illness and disease. One of the National Preventive Health Strategy (NPHS) principles is that the health workforce is enabled to embed prevention across the health system.

For this, research must provide evidence of what works at scale and across different populations and settings and at what cost. Otherwise, there is a risk of public funds being allocated to ineffective initiatives.

It is concerning that instability of research funding in Australia along with highly pressured working environments is resulting in a dramatic loss of highly experienced early and mid-career prevention researchers (EMCRs).

Long-term job insecurity as a result of chronically underfunded and undervalued public health research opportunities is limiting the long-term career progression of EMCRs, particularly for women.

This will have enormous impacts on Australia's current and future capacity to address chronic disease, and to deliver on goals of the NPHS. There is a risk that the workforce built from the MRFF's previous investment in prevention research will be lost due to the current research funding environment.

MRFF has an opportunity to support a pipeline for the development and growth of public health researchers by investing in fellowship opportunities for EMCRs.

How could the next Strategy address these critical issues and factors?

As EMCRs representing CREs in a wide variety of prevention areas including maternal and child health, nutrition, obesity, aging, falls prevention, physical inactivity and tobacco control, we are calling attention to the chronic issue of underfunding and job insecurity in prevention research.

Australia needs dedicated funding mechanisms to support EMC prevention researchers to ensure we do not lose our current and future emerging leaders in prevention.

We suggest three ways in which the next Strategy could address this critical issue:

1. There should be a specific stream of funding for public health and in particular chronic disease prevention research within the MRFF, to ensure the knowledge and public health workforce gains are not lost.
2. We suggest the MRFF establish Prevention Fellowships to support capacity building of prevention and public health EMCRs.
3. We would like longer project grants or options (3–5 years) for continued funding to focus on translation, scale-up, sustainability and dissemination, and to support job security for postdoctoral researchers.

Given the new and significant impact of COVID-19 on health services and health research, how should the new Strategy address COVID-19 related topics and impacts?

The burden of COVID-19 is greater in those with chronic disease, and people with chronic disease have worse outcomes (Singh 2020). Chronic disease has placed a growing strain on health systems for many years, and this is currently being compounded by COVID cases.

The pandemic has seen an extraordinary response to protect health and health services in Australia. The response has demonstrated that prevention strategies such as masking and social distancing, informed by evidence, are preferable to management and treatment.

Another consequence of the pandemic is a significant and detrimental impact on the university and research sectors in Australia.

We believe the new MRFF Strategy must acknowledge and address these impacts by better investing in the capacity of Australia's EMCRs in public health and prevention.

To research long-term impacts of COVID and prevent duplication and waste, we will need longer-term funding opportunities and options for extended and long projects. Longer-term funding opportunities would also increase the sustainability of research to address the next (inevitable) pandemic.

The current priorities

Could the current Priorities be improved to better address the requirements under the MRFF Act?

Of the MRFF Priorities, the one that will reap the greatest value for Australians and the economy is 'testing public health interventions to reduce chronic disease'. Prevention research is also relevant to other Priorities including global health challenges such as pandemics, ageing and aged care, comparing the value of different health interventions and primary care research.

However, prevention research is underfunded in Australia in relation to the health and economic burden it creates (Research Australia).

A contributor to this is that NHMRC and MRFF funding largely relies on traditional biomedical metrics, with a focus on randomised controlled trials (RCTs) and short-term problems. Prevention of chronic disease is complex and research impacts may not be apparent for several decades. Whilst we are able to measure impacts of preventive health strategies on short term outcomes such as dietary change, it takes longer to measure the impact on chronic disease outcomes.

We recommend adding capability funding in addition to the Clinical Researcher Capacity to have a stream for Public Health Researcher Capacity and one for Health Services Researcher Capacity, with one of those streams explicitly funding health economists and implementation scientists.

What are the most critical current and future issues for the health system and the health and medical research sector that the next Priorities need to address through research translation/implementation?

There is an opportunity to reduce the load on the health system by implementing evidence-based prevention interventions.

However, we need support and funding beyond testing of new prevention interventions, to how to implement, sustain and scale-up evidence-based prevention innovations.

The issues surrounding chronic disease are highly complex and require research involving new methodologies and conducted by multidisciplinary teams.

The MRFF Priority of supporting health care providers to do their own research is not appropriate in this context, where the focus should be on developing expertise and multidisciplinary teams to address the complex issues we are about to face.

How could the next Priorities address these critical issues?

MRFF funds should allow for innovative public health research methods that are unconstrained by biomedical frames.

We argue that prevention research should be assessed on different metrics, developed in consultation with the public health research community.

There should be increased funding for public health and prevention research, though not at the expense of basic or clinical science.

Given the new and significant impact of COVID-19 on health services and health research, how should the new priorities address COVID-19 related topics?

The complexity of tackling a complex issue such as COVID-19 highlights the need for multidisciplinary teams and expertise. It requires new methods in epidemiology, modelling and statistics, in close partnership with healthcare and policy experts. Supporting this research should be a priority for MRFF.

MRFF should also prioritise innovative methods for evaluation of prevention activities, enabling us to test at large scale, quickly and in complex environments. This cannot be done without investment in public health and prevention methods, in addition to more traditional laboratory-based research.

Long-term evaluations and investigations should also be a priority – in line with our call above for longer-term funding opportunities investigate and address long-term impacts of COVID-19.