Public Health Association of Australia submission on improving alignment and coordination between the Medical Research Future Fund and Medical Research Endowment Account

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Public Health Association
AUSTRALIA

The **Public Health Association of Australia** (PHAA) is Australia's peak body on public health. We advocate for the health and well-being of all individuals in Australia.

We believe that health is a human right, a vital resource for everyday life, and a key factor in sustainability. The health status of all people is impacted by the social, commercial, cultural, political, environmental, and economic determinants of health. Specific focus on these determinants is necessary to reduce the root causes of poor health and disease. These determinants underpin the strategic direction of PHAA. Our focus is not just on Australian residents and citizens but extends to our regional neighbours. We see our well-being as connected to the global community, including those people fleeing violence and poverty, and seeking refuge and asylum in Australia.

Our mission is to promote better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Our vision is for a healthy population, a healthy nation, and a healthy world, with all people living in an equitable society, underpinned by a well-functioning ecosystem and a healthy environment.

Traditional custodians - we acknowledge the traditional custodians of the lands on which we live and work. We pay respect to Aboriginal and Torres Strait Islander Elders past and present and extend that respect to all other Aboriginal and Torres Strait Islander people.

Introduction

PHAA welcomes the opportunity to provide input to the national consultation on improving alignment and coordination between the Medical Research Future Fund (MRFF) and Medical Research Endowment Account (MREA). The Government should put a strategic, clear, fair, efficient, and transparent process in place to determine how and where the finite resource of public funding for health and medical research is allocated.

The Need for Public Health Research

Public health encompasses nearly every aspect of our lives and surrounding environment making it difficult to find a definition broad enough to illustrate its complexity. "The World Health Organization (WHO) defines public health as 'the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society, organizations, public and private, communities and individuals'".[1] Health in this context includes the physical, mental and social well-being and is not merely the absence of disease or infirmity.

Generally, the purpose of public health is to protect and improve population health through education, encouraging healthy lifestyles and researching about prevention of disease and injuries[2]. Whilst the clinical health care system focuses on individual diagnosis and treatment of disease or illness only once it has occurred, public health services look at the health of a community or population group and work to prevent people from falling ill in the first place. Public health research is focused on preventing avoidable disease, injury, disability and death while promoting and maximising a healthy and sustainable environment for current and future generations.

Over recent years, Australia has seen some major public health success stories - all informed by research - and the dramatic impact these have had on our health and wellbeing[3], including:

- Folate: We reduced neural tube defects.
- Immunisation and eliminating disease.
- We contained the spread of HPV and its related cancers.
- Oral health: We reduced dental decay.
- Slip! Slop! Slap!: We reduced the incidence of skin cancer in young adults.
- Fewer people are dying due to smoking.
- We brought down our road death and injury toll.
- Gun control: We reduced gun deaths in Australia.
- HIV: We contained the spread.
- Finding cancer early: We prevented deaths from bowel and breast cancer.

But efforts must continue. Australia is seeing a rising incidence in obesity,[4] as well as other chronic diseases such as diabetes, cancer and cardiovascular disease[5]. There is an urgent need to invest in and implement the National Obesity Strategy (2022 – 2032) and the National Preventive Health Strategy (2021 – 2030) using evidence informed solutions to maximise health benefits for the population.

[1] https://www.nhmrc.gov.au/health-advice/public-health
[2] https://www.phaa.net.au/documents/item/2757
[3] https://www.phaa.net.au/documents/item/3241
[4] https://www.phaa.net.au/documents/item/5625
[5] https://www.phaa.net.au/documents/item/2880

Due to climate change, we are also experiencing potentially catastrophic rises in average world temperatures,[6] causing extreme weather events, threats to food security, and disease emergence,[7] with the recent pandemic being a case in point. COVID has highlighted the need for strengthening our public health system and evidence-based decision-making, informed by research.

Prioritisation of Public Health Research

Although the field of public health has been specifically listed as one of the MRFF priorities since 2018 and is reflected in some of the NHMRC strategic priorities e.g., Aboriginal and Torres Strait Islander health research, it is nevertheless critically underfunded. For example, of the 232 successful Ideas grants in 2022, only 3 were for Health Services Research (1.3%) and 13 were under Public Health (5.6%) compared to basic sciences which was 185 (79.8%).

Criteria are typically focused on clinical and laboratory science rather than population-based research methods which address the determinants of health – be that social, ecological, political, commercial, or cultural factors that influence health status.[8] Given it does not align well with either the NHMRC or MRFF funds, there is clearly a need to determine a clear pathway for public health research.

How the public health priority has been translated into research funding decisions has also been problematic. Much of the research funded in that category does not meet our definition of public and preventive health research. We are aware that authors of research grant applications often frame their research to look like public health research whilst remaining very clinical and biomedical focused.

In considering any new funding model, it would be timely and valuable to undertake an "as robust as possible" assessment of the performance of both MRFF and NHMRC funding allocations on that score. Putting in place more rigorous definitions for 'public health' research funding, linked to definitions of public, population and preventive health, along with a significant allocation of funds for that area of research, is essential and urgent.

We therefore recommend:

Conducting an evaluation to ascertain the proportion of funding allocated from the MRFF by disciplines and priority areas; to assess whether the research undertaken is consistent with the definitions of the stated priority areas; and to determine who (including their affiliations) was involved in the decision-making process for the funding allocations to inform principles for the redesign.

The Need for Change

A fundamental issue that needs to be addressed through better coordination and alignment, is the missed opportunities and duplication in the current structure. For example, Aboriginal and Torres Strait Islander health research is prioritised in both funds but the criteria by which applications are assessed varies significantly. There is a need to prioritise research that is Indigenous-led and community-driven with assessment criteria applied consistently, irrespective of the funding stream.

Furthermore, public health research that is most likely to be impactful in terms of human health and equity embeds co-design and co-production with stakeholders including relevant community and researchers. In a

[6] https://www.theguardian.com/environment/2023/jul/07/un-climate-change-hottest-week-world
[7] https://www.phaa.net.au/documents/item/4732
[8] https://www.phaa.net.au/documents/item/2756

strategic sense this should commence with the articulation of the research priorities and guidelines on how the research should be conducted, which then needs to be part and parcel of the way research proposals are assessed and implemented. Scale should be another important consideration for inclusion in criteria, as small-scale interventions in public health and prevention research that are more commonly funded are not big enough to sufficiently demonstrate an effect.

Both the NHMRC and MRFF currently advantage senior investigators with existing track records, also creating duplication across both schemes. However, this has the detrimental effect of often leaving early-mid career researchers unfunded. This is limiting career trajectories and diversity across the research workforce, a situation exacerbated by casualisation in the higher education sector.

However, the need for better coordination also needs to be offset by avoiding the risk of placing all the decision-making power in a single body. Currently the NHMRC grants are assessed by reviewers predominantly from clinical and not public health backgrounds. Restricting the source of advice to those who currently get the lion's share of funding (like the Medical Research Institutes) is only likely to further narrow where the funds go. We are aware of reports that assessment criteria and guidelines are also not consistently applied across funding rounds. Furthermore, application heading sections should match those in scoring matrices to enable scoring consistency.

In thinking through the need for change, there were some key questions we identified that need to be asked:

- How do we best maintain and increase public health and prevention research funding and avoid the existing dominance for medical research funding?
- What are the consequences of the proposed governance structures on decision-making and how funds are distributed?
- Why has improving alignment and coordination with the ARC not also been considered in this review, particularly non clinical/medical health research funding?

A New Funding Model

The consultation into improving alignment and coordination between the MRFF and MREA outlines three proposed models. Our view is that a restructure should focus on what we are aiming to achieve and designing a model that is fit-for-purpose rather than merely adapting features of the existing model.

The varying complexity of the different models also suggests that a staged approach is needed to incrementally implement change – enabling less-complex changes to be made that will achieve better alignment and coordination in the short term. The long term goal however, should be to thoroughly explore the principles of the restructure and develop a national strategy for health and medical research that will in turn inform the required features of the future model that are fit-for-purpose, and take the time to put the details in place so we "get it right".

We therefore recommend:

Focusing on the purpose of a restructure and establish principles for the redesign to inform a new fit-for-purpose model that is co-designed in a meaningful way with relevant stakeholders, instead of trying to adapt what already exists.

PHAA Response to the Guiding Questions

1. What benefits should be achieved through improving the alignment and coordination of the MRFF and MREA?

- Priorities and funding levels that reflect and respond to the Australian disease burden and health care needs.
- Transparency and accountability in decision-making and funding timelines and allocations.
- Monitoring and evaluation of research performance and outcomes.
- Streamline processes that are easier for researchers to navigate and to reduce duplication.
- Support translation of research into programs and policies to achieve health and economic benefits.
- Respond rapidly to emerging health challenges.
- Greater and incentivized community and consumer co-design and involvement in research.
- A workforce strategy to grow and diversify our future research workforce.

2. Which feature/s of the models will deliver these benefits?

- Funding allocations informed by a national strategy.
- Strategy development informed by consultation with a range of stakeholders as well as priorities set by the Australian Centre for Disease Control (ACDC).
- Independent accountability to reduce political influence.
- Governance advice informed by perspectives from a range of stakeholders.
- Dedicated staffing to harmonise and improve efficiencies between programs.
- Coordination with state and territory governments.

3. What elements of the existing arrangements for the MRFF and the MREA work well and should be retained? Which feature/s of the models will help ensure these elements are preserved?

- Separating priority-driven from investigator-driven research so that the later cannot dominate the former.
- Prioritising Aboriginal and Torres Strait Islander health, preventive and public health, health system, and translational research.
- The flexibility of the MRFF scheme to respond to national priorities and emerging public health issues.
- Review panels consisting of a range of stakeholders with applicable expertise and not just leading researchers, with a co-chair arrangement whereby one is a researcher and the other another type relevant stakeholder.
- Sustainable and long-term source funding models like the MREA.

4. Which aspects of the current arrangements could be changed to deliver the most appropriate and effective change, and why? Which feature/s of the models will help deliver this change?

- More clearly defined scope and purpose of the types of research funded under the separate programs to avoid overlap and duplication.

- Address the inequitable and subjective funding allocations against and across priority areas.
- Use of a single grant management portal for streamlined engagement with researchers.
- More transparent decision-making processes for setting research priorities and clearly defined criteria for funding allocation.

5. Is there anything you would like to raise that is not otherwise captured by these questions?

- Need to be careful comparing models with international bodies if they operate differently.
- Need to build monitoring and evaluation of the new model in planning from the outset, with evaluation being undertaken by an independent body.

Conclusion

PHAA supports the broad directions outlined in the Discussion Paper on improving alignment and coordination between the Medical Research Future Fund and Medical Research Endowment Account. However, we are keen to ensure that any new funding model is fit-for-purpose and will achieve the principles for change that the reforms aim to accomplish, in line with this submission. We are particularly keen that the following points are highlighted:

- Need for clearer definitions of, and significant increases in funding for, preventive and public health research that address national priority areas including those likely to be set by the imminent Australian Centre for Disease Control.
- Need to maintain separate schemes for priority-driven and investigator driven research.
- Need for greater transparency and accountability in decision-making and funding timelines and allocations.
- Need a strategy to strengthen and diversify our future health and medical research workforce.

The PHAA appreciates the opportunity to make this submission and the opportunity to work with government to strengthen our health and medical research sector.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

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