



Consumers Health
Forum OF Australia

SUBMISSION

**MRFF Australian Medical
Research and Innovation
Strategy and Priorities
consultation**

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Consumers Health Forum of Australia (2021), *MRFF Australian Medical Research and Innovation Strategy and Priorities consultation*, Canberra, Australia

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Overview

The Australian Medical Research and Innovation Strategy (Strategy) is determined by the Australian Medical Research Advisory Board (AMRAB). The Strategy ensures a coherent and consistent approach is adopted in the funding of medical research and innovation from the Medical Research Future Fund (MRFF). The current Strategy covers the period 2016-2021, with the next Strategy (2021-2026) to be registered before 8 November 2021.

The Medical Research Future Fund Act 2015 (MRFF Act) required AMRAB to undertake a consultation process before determining a Strategy. The consultation opened on 20 September 2021 and ended on 11 October 2021.

This consultation was an opportunity to ensure that an updated Strategy is meeting its purpose as described in the MRFF Act, accounting for critical current and future issues and factors (e.g. primary prevention), and will continue to allow the MRFF to fund research to address national health priorities and deliver practical benefits from medical research and medical innovation to Australians.

The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers and those with an interest in health consumer affairs, including health-based research. We have over 250 members reflecting a broad spectrum of organisations including state-based consumer peaks, condition-specific groups, volunteer patient groups, professional associations, Primary Health Networks (PHNs) and the research community.

We work in collaboration with our members, national partners and research collaborators to influence policy, programs and services to ensure they are in the consumer and community interest. CHF is pleased to make this submission in to this AMRAB Consultation on developing the MRFF 2021-2026 Strategy.

Note that this consultation was administered as an online survey and this document has been adapted from the CHF submission to that survey.

CHF Submission to online questions

MRFF 2021 Consultation Questions

1. Full name

Consumers Health Forum of Australia

2. Submission type

Organisation affiliated Individual submission

3. Organisation type

Government Non-government Individual

4. Organisation sub-type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Consumer | <input type="checkbox"/> Medical Professional |
| <input type="checkbox"/> University | <input type="checkbox"/> Medical Research Institute |
| <input type="checkbox"/> Health service (public) | <input type="checkbox"/> Health service (private) |
| <input type="checkbox"/> Industry (medical technology, biomedical or pharmaceutical) | |
| <input type="checkbox"/> NHMRC Advanced Health Research and Translation Centre | |
| <input type="checkbox"/> Other | <input type="checkbox"/> N/A |

5. Residential state or territory

- Victoria
- New South Wales
- Australian Capital Territory
- Queensland
- Northern Territory
- Western Australia
- South Australia
- Tasmania
- International

6. *Could the current Strategy be altered to better meet the purpose set out in the MRFF Act? If so, how? (max 200 words)*

Yes.

The first alteration we recommend is that the Strategy should explicitly acknowledge and permit funding to be allocated to health areas beyond the biomedical aspects specifically embedding the social contexts (such as social determinants) and environmental contexts into the areas where it identifies missions, sets priorities and generally approves funding for. It is well evidenced that it is not always clinical health care alone that makes people well. Such an emphasis would stress some additional points of difference to other more 'traditional' sources of health and medical research funding such as the NHMRC. It would also stimulate more novel, and diverse cross-sectoral research collaborations.

Secondly the Strategy needs to meaningfully embed Consumer and Community Engagement (CCE) in all aspects of MRFF in each Strategic Platform, each Priority, each Mission and each monitoring/evaluation process. Doing so is the only way that the foundational purpose of the MRFF, to improve people's health and lives, can be evaluated. This requires discarding the idea that CCE standalone matter, as evidenced by the current 'consumer driven research' priority and integrating CCE across the entire MRFF system. Consumer insights can help shape research directions, consumer investigators can add value and depth to research teams and consumer advisers can assist with the translation of results into commentary about their policy relevance and implications for programs, services and future research.

Thirdly, the scope of relevant costs that can be built into MRFF needs to explicitly cover the full cost of research, including indirect costs.

Finally we recommend the existing evaluation criteria be amended to read "bettering patient outcomes *and experiences*" (first criteria) and "*Translation and commercialisation* of health research outcomes" (fourth criteria) to ensure narrow definitions of success aren't used to the detriment of the community.

7. *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? (max 200 words)*

In our view the most critical issue relevant to the health and medical research component of the health system is a systematic lack of Consumer and Community Engagement (CCE). There is a lack of capacity for consumers and community members, especially underrepresented or marginalised communities, to be integrated as part of CCE without resources to develop their skills and capacity. Simultaneously there is a lack of well-resourced or well-functioning systematic support for consumers and community.

A second critical issue is the piecemeal and inadequate funding scheme for all research in Australia does not adequately fund all the costs incurred in designing, conducting and translating research.

In addition to the critical need to incorporate “preventative health” into the Strategy as noted in the question, we would also add in the need to integrate into the Strategy explicit plans to tackle chronic illness, co-morbidities, disabilities, and digital technologies as health areas with a critical lack of research and translation.

Finally the need to effectively acknowledge and account for the non-biomedical variables of health- in particular social and environmental factors- and include these as part of what the MRFF funds.

8. Suggest options for how the next Strategy could address these critical issues and factors? (max 200 words)

Require consumer/community voices, both advocates and representatives, to be integrated into all aspects of MRFF processes- assessing funding applications, being part of projects that receive funding and evaluating the MRFF for achieving its goals.

Require all grant proposals to be consumer/community led, or at minimum have clear engagement with consumers/community to demonstrate that it is research desired by the community to be translated and not just of academic interest.

Require all MRFF missions and grants to include in their funding proposals and budgets the full costs of research.

In addition to these requirements, the MRFF should carry an obligation to build capacity for CCE in the research community, building on or amplifying the work underway by many parties in this area such as the Australian Health Research Alliance’s CCI project led by various NHMRC Advanced Research Translation Centres. New ways of co-training researchers and consumers could be something the MRFF stewards.

Specifically funding an MRFF mission aimed at developing the capacity of consumers and community members, especially those from underrepresented communities, to play a meaningful role in MRFF process and projects as well as health and medical research more broadly.

Modify the Strategic Platform “Strategic and International Horizons” to incorporate Priorities on preventative health, chronic illnesses, co-morbidities, and disabilities. Potentially requiring the ‘international’ aspects to be separated into a standalone Strategic Platform.

Earmark portions of funds within the MRFF funding pool to be specifically used for biomedical, social and environmental areas; with a fourth portion being unallocated to enable flexibility to award funds to emerging areas of health research.

9. *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? (max 200 words)*

The current/prior Strategic Platforms (specifically 'Strategic and international horizons') and Priorities (specifically 'Global health and Health Security') would appear to give the MRFF more than adequate capacity and justification to address COVID-19 related topics, continuing with those would appear to be sufficient.

We would argue against any restructures of the MRFF Strategy to deal specifically with COVID-19 but instead recommend changes be made that deal with the broader health issues that COVID-19 has highlighted, for example the vulnerability to pandemics and ways to strengthen Australia's pandemic preparedness, the place digitally enhanced models of care or systems can have, the effects of extended social isolation or the interactions between health co-morbidities. To specifically restructure for *just* COVID-19 risk other emergent health issues or broader health issues being neglected.

10. *Could the current Priorities be improved to better address the requirements under the MRFF Act? If so, how?*

This could include consideration of what elements of the Priorities work well to guide MRFF investments and what could be improved for research translation and impact?

Yes.

The first alteration we recommend is that the Priorities need to explicitly acknowledge and encourage funding to be allocated to health areas beyond the biomedical aspects, specifically embedding the social contexts (such as social determinants) and environmental contexts into the areas where it identifies missions, sets priorities and generally approves funding for.

Secondly the Strategy needs to meaningfully embed Consumer and Community Engagement (CCE) in all aspects of MRFF in each Strategic Platform, each Priority, each Mission and each monitoring/evaluation process. Doing so is the only way that the foundational purpose of the MRFF, to improve people's health and lives can be evaluated. This requires discarding the idea that CCE is a standalone matter, as evidenced by the current 'consumer driven research' priority and integrating CCE across the entire MRFF system.

Finally, they need to ensure specific focus is given on research and translation in the previously identified critical health issues: chronic illnesses, co-morbidities, disabilities, preventative health and digital technologies.

11. *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?*

One of the most critical issues facing the health system that could be addressed through the Priorities is the health systems inability to keep pace with technical innovation, in both treatments and in the use of tools like artificial intelligence and moving the system to a truly more consumer centred one that allow for more tailored approaches to treatments.

A related issue is the systematic lack of Consumer and Community Engagement (CCE). There is a lack of capacity for consumers and community members, especially underrepresented or marginalised communities, to be integrated as part of CCE without resources to develop their skills and capacity. And simultaneously there is a lack of well-resourced or well-functioning systematic support for consumers and community.

COVID -19 has further highlighted the need to effectively acknowledge and account for the non-biomedical variables of health- in particular social and environmental factors- and these need to be part of what the MRFF funds.

Finally preventative health, disabilities, chronic illness, and comorbidities are currently a critically underfunded and under-researched area where translating knowledge into tangible community benefits will have proportionally enormous benefits on people's health status and health system sustainability.

12. *Suggest options for how the next Priorities could address these critical issues?*

Develop a "Health Technology integration" priority within the "Data and Infrastructure" area that is specifically focused on improving the integration of digital technologies into the health system

Establish additional Priorities for Preventative Health, Chronic Illnesses, Disabilities, and co-morbidities.

Roll-over all the other existing Priorities, with the exception of the standalone 'consumer driven research' priority. This should be strengthened by being features as a priority, in its own right but also as an underpinning principle and practice across all strategic areas and priorities.

Embed consumer and community integration into all the other Priorities in place of the standalone 'consumer driven research' priority.

Embed funding for non-biomedical aspects of health into all the Priorities.

13. *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 current/prior Strategic Platforms (specifically 'Strategic and international horizons') and Priorities (specifically 'Global health and Health Security') would appear to give the MRFF more than adequate capacity and justification to address COVID-19 related topics; so continuing with those would appear to be sufficient.

We would argue against any restructures of the MRFF Strategy to deal specifically with COVID-19 but instead recommend changes be made that deal with the broader health issues that COVID-19 has highlighted- for example the vulnerability to pandemics, the effects of extended social isolation or the interactions between health co-morbidities. To specifically restructure for *just* COVID-19 risk other emergent health issues or broader health issues being neglected.