



Burnet Institute
Medical Research. Practical Action.

Submission to the Strategic Review of Health & Medical Research

March 2012

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Introduction

The Macfarlane Burnet Institute for Medical Research and Public Health (Burnet Institute) welcomes the opportunity to provide a submission to the Strategic Review of Health & Medical Research.

The Burnet Institute is an independent, unaligned, NHMRC accredited medical research institute (MRI) based in Melbourne and is represented by the Association of Australian Medical Research Institutes (AAMRI). The Institute has been heavily involved in the preparation of and endorses the key recommendations of the AAMRI submission to this review.

The Institute spans both the health and medical research and international development sectors and is unique among medical research institutes in Australia, being the only MRI accredited as a non-government organisation through the Federal Government's Australian Agency for International Development (AusAID), receiving funds for international aid and development. While involved in development aid, the core purpose of the Institute is to conduct health and medical research and its involvement in international programs is designed to leverage much in this regard.

Burnet currently has more than 420 staff and students, with more than 100 staff based overseas in countries of our region, mostly PNG, Laos, Indonesia, Myanmar, China and the Tibet Autonomous Region. Given Burnet's extensive international development programs have been in existence for the past 25 years, strong relationships have been developed with many on-the-ground non-government organisations, international funding bodies, and key government agencies in the countries in which we operate. The Institute also has well developed international networks and access to infrastructure which positions it well for future international health research opportunities.

As such, Burnet is well placed to provide significant insight into Terms of Reference 13 *Opportunities for Australia's health and medical research activities to assist in combating some of the major barriers to improved health globally, especially in the developing world.*

Burnet has a strong translational research focus, taking a number of research projects from concept through to the development of commercial products, which benefit the global community. The Institute works in collaboration with commercial partners to develop its intellectual property and over many years has developed a number of applications that are now in use around the world.

Upon reading the context of the Terms of Reference for the Strategic Review of Health & Medical Research, one could be excused for thinking that

science in the future will only involve large-scale, multi-centre, expensive, high-tech research to address the health issues of the day. We think this assumption is wrong. Much effort will still require innovations at a community and investigator-driven level to provide targeted population-specific responses to new problems as they emerge. This level of research cannot be ignored and needs to be considered and encouraged as part of this review.

Addressing inequities in health access worldwide doesn't always require expensive new technologies; often it requires relatively low technology, low-cost, sustainable solutions and the evidence base to implement such new and existing solutions. The value of these approaches should not be lost in the rush for 'big' science.

Burnet Institute highlights three key recommendations, for the review panel to consider:

Recommendation 1.

Creating synergies between Australia's H&MR and Development Aid sectors

The recently completed Independent Review of Aid Effectiveness¹ (Holloway Review, April 2011) and the Federal Government's response to that review (www.aidreview.gov.au/report/index.html) concluded that the alleviation of poverty was the primary driver for Australian development aid and that addressing global health issues would continue to be a key facet of Australia's aid program.

Encouragingly, the government accepted one of the recommendations of the review that research would become one of the four pillars on which this development aid program would be based. This is quite a shift in emphasis for AusAID.

The overseas development aid budget is increasing from 0.35% now (~\$4.8 billion) to 0.5% of GNI by 2015-16, which is a bi-partisan commitment. Hence, there will be increased funding available for research on global health in the coming decade through this mechanism.

However, it is our view that AusAID has limited capacity to provide the appropriate oversight and administrative mechanisms to conduct research, particularly in the areas of peer review and ethical review of research projects. There are tremendous opportunities for collaboration across agencies (AusAID and the NHMRC in particular) that will achieve much greater global health research output without additional research dollars above and beyond that already agreed to.

While some of the health priorities facing developing countries are more-or-less unique to those countries, especially those relating to infectious diseases as malaria and tuberculosis, and high rates of maternal and child mortality; other health issues such as cardiovascular disease, diabetes and

obesity, drug and alcohol misuse and sexual health are similarly being faced by us here in Australia.

Not only is it our strong obligation as an extremely wealthy country to conduct research for the benefit the world's poor and vulnerable, the benefits of international health research also have significant direct benefit for Australians. For example, the development of low-cost point-of-care tests for the diagnosis of diseases in rural and remote developing country settings creates a technology that has the potential to drastically reduce diagnostic costs in developed countries. A simple, inexpensive and rapid point-of-care test for CD4 counts that the Burnet has developed, for example, replaces an expensive FACS-based assay that is used to determine whether an HIV-positive person requires therapy.

Given the Burnet Institute's unique position in the medical research and international development sectors, and its mission of achieving better health for poor and vulnerable communities in Australia and internationally through research, education and public health, the Institute makes the following key recommendations relating to Terms of Reference 13; that looks for opportunities for Australian research to contribute to global health, particularly in the developing world – the core business of the Burnet Institute.

1. That the NHMRC should continue to value and support world-class research on global health issues.
2. Closer collaboration should be fostered between the principle agencies in Australia for improving health in developing countries, AusAID and the NHMRC.
3. A funding model and mechanism by which international health research programs are managed should be developed which involves both AusAID and the NHMRC, in one body or division under the control of the NHMRC, but using funds provided through AusAID - meeting the strategic objectives of the Federal Government's international aid program.

Recommendation 2.

Address the current inequities in support for operational infrastructure between universities and medical research institutes.

Indirect costs incurred by medical research institutes in Australia are on average 60 cents per dollar of peer-reviewed research funding and yet are funded only at the level on average of 30 cents in the dollar². The Review of Australian Higher Education³ (Bradley Review) recognised the need for additional infrastructure support when reviewing the University sector and recommended an increase, which was adopted by the Federal Government through the Sustainable Research Excellence (SRE) Program. This funding when combined with existing Research Infrastructure Block Grants (RIBG)

provides 60 cents in the dollars of competitive research funding for Universities by 2014.

The inequitable funding between MRIs and Universities is creating financial pressure on MRIs but also leading to 'creative' ways by which organisations can achieve higher infrastructure support; these stop-gap solutions are not in the best interests of the research outcomes or governance. Given the greater per-capita translational research and commercial outcomes of MRIs compared to the University sector, it is in Australia's interest to ensure parity of operational infrastructure support across the research sector.

Recommendation 3.

Remove the barrier enabling access to Australian Research Council (ARC) funding for Medical Research Institutes.

Independent medical research institutes for reasons that are not clear do not have access to funds through the ARC. The mission of the ARC is clearly articulated as *delivering policy and programs that advance Australian research and innovation globally and benefit the community*. The ARC Linkage Grants scheme is a highly effective mechanism to promote translation of (University-based) research, including health-related research, through collaborations with industry, but there is no equivalent scheme available to MRIs. Given the high productivity and translational nature of MRIs and their increased commercial outputs, opening up the ARC more broadly to MRIs will increase the competitive nature of the ARC and improve the quality of research activities, delivering increased tangible benefits to the community.

References

1. *Independent Review of Aid Effectiveness*, April 2011, AusAID
2. *Costing Medical research to Reform Health Outcomes: The case for increased indirect cost funding for Australian accredited MRIs*, January 2010 LEK Consulting
3. *Review of Australia Higher Education*, December 2008, Department of Education, Employment and Work Place Relations