

Locked Bag 1797  
Penrith South DC NSW 1797 Australia  
Office of the Pro Vice-Chancellor (Research)  
T: 02 9678 7920  
F: 02 9678 7717



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Mr Simon McKeon  
Chairman  
Strategic Review of Health and Medical Research in Australia  
McKeon Review Secretariat  
PO Box 4226  
Manuka ACT 2603

Dear Mr McKeon,

The University of Western Sydney appreciates the opportunity to provide input to the Strategic Review of Health and Medical Research in Australia.

**Why is it in Australia's interest to have a viable, internationally competitive health and medical research sector?** (Terms of Reference 1 and 6)

Health system expenditure is set to grow from \$113 billion in 2012 to \$3.3 trillion by 2023<sup>1</sup>. In 2004-05, Australia spent \$2.8 billion (0.38% of GDP) on health R&D, ranking our nation in the middle of comparable OECD countries<sup>2</sup>. In 2011-2012, NHMRC investment represented 0.8% of Australian health expenditure (\$113 billion)<sup>3</sup>. With the projected rise in expenditure on all aspects of healthcare, a viable internationally competitive health and medical research sector is needed to drive innovation and improvement in our health system, to attract and retain excellent clinicians and scientists to work in Australia and to train the clinicians of the future.

**How might health and medical research be best managed and funded in Australia?** (Terms of Reference 2, 3 and 7)

1. Maintain growth in the funding of research through NHMRC to keep pace with the number of high quality applications. It is essential that the funded success rate for project grants is at least 25%, in order to ensure valuable researcher resources are not wasted on developing good "fundable" grant applications that go unfunded.
2. Increase the level of support available through NHMRC grants to cover the full costs of employing research staff on relevant University awards. Currently the NHMRC Personnel Support Packages falls well short (typically \$30,000 per annum or more) of the funding required to employ the research staff to do the work. Currently Universities must either substantially subsidise the research, or employ fewer, or lower-level staff than are required.
3. Ensure adequate, ongoing support for major research infrastructure for health and medical research, including support for operations as well as capital costs. The 2011 Strategic Roadmap for Australian Research Infrastructure sets out several key capabilities to support health and medical research, which include not only major equipment, but also biobanks and infrastructure for research using administrative health data, epidemiological data, and disease registries, including

data linkage units and data analysis laboratories. This area is particularly crucial because funding through the National Collaborative Research Infrastructure Scheme (NCRIS) and the Education Investment Fund (EIF) is drawing to a close, putting the future viability of the infrastructure that was built through these programs at risk.

4. Capitalising on appropriate strategic opportunities. One such example is in the field of Complementary and Alternative Medicine<sup>4</sup>. The Chinese Ministry of Science and Technology is enthusiastic to build R & D relations given Australia's recognised leadership in the area. Regulatory reforms currently in train, including provision of evidence summaries to support product claims and limited marketplace protection for scientifically validated products, will increase research investment by industry. This partnership with China and with industry will help support the growth of a relevant skilled research workforce and will help achieve more rapid translation of research results and improved health practices.

**What are the health and medical research strategic directions and priorities and how might we meet them? (Terms of Reference 5, 12 and 13)**

1. Health and ageing expenditure currently accounts for more than 25% of total Federal Government expenditure and it is predicted that this will increase to almost 50% by 2049-50<sup>5</sup> with our ageing population and the associated chronic health issues.
2. Prioritise high-quality research that addresses key questions for health policy and service provision, and is conducted in partnership with (and co-funded by) policy agencies. For example, expand the NHMRC's Partnerships for Better Health and Partnership Centres scheme and support the concept of Advanced Health Research Centres.
3. Prioritise research that tackles health inequalities, in low socio economic groups and particularly for Aboriginal and Torres Strait Islander peoples. "Closing the gap" requires longitudinal studies that maps trajectories of disadvantage, and identify key points for intervention, studies to develop and test interventions, and studies to identify and address issues in the implementation and roll-out of interventions. All must be done in partnership with Aboriginal and Torres Strait Islander communities.
4. Prioritise research into chronic disease and ageing that takes a well-being and "multimorbidity" approach rather than disease-centric approach. The nomination of specific disease entities as national health priorities has promoted competition for funds between, for example, researchers working in cancer and in mental health, rather than research to address the impacts of the multiple morbidities that will affect many Australians as they age.
5. 2 out of every 3 Australians use complementary and alternative medicines and spend an estimated \$1.8 billion per year on CAMs<sup>6</sup>. Given this high consumption the government needs to ensure adequate research is conducted on the safety and benefit of these medications.
6. We must be able to attract and retain our best and brightest individuals into health and medical research by ensuring career paths that foster long term support for researchers across the full spectrum from biomedical, public health, clinical and health services research.

**How can we optimise translation of health and medical research into better health and wellbeing? (Terms of Reference 4, 8, 9, 10 and 11)**

1. Generally there is insufficient attention and effort made in the area of translational research to see the benefits of new knowledge reflected in the

health outcomes for Australians. Health-related research has had a relatively low success rate in the Cooperative Research Centres program, at least in part because of a reluctance of key “end-users” such as Departments of Health, to participate. CRCs with their longer term funding and strong focus on utilisation of outcomes will help drive translation of research.

2. Prioritise implementation studies to evaluate the evidence in practice - a real world-situation prior to its inclusion in policy, guideline and subsequently practice. This approach would engage academic research with clinical practice and clinicians.

We hope you find our submission helpful and we wish you and your panel all the best with your important task.

Yours sincerely



Professor Andrew Cheetham  
Pro Vice-Chancellor (Research)

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2. Organization of Economic Cooperation and Development 2007. OECD Health Data 2007: Statistics and Indicators for 30 Countries, OECD, Paris.
3. Deloitte Access Economics, 2012. Extrapolated returns on investment in NHMRC medical research.
4. UWS communications with Australian industry leaders and Chinese government officials
5. Australian Government, The Treasury 2010. Australia to 2050: future challenges. The 2010 Intergenerational Report.
6. MacLennan AH, Myers SP, Taylor AW. The continuing use of complementary and alternative medicine in South Australia: costs and beliefs in 2004. *Med J Aust* 2006; 184: 27-31