

Strategic Review of Health and Medical Research in Australia Submission from the Kirby Institute

Why is it in Australia's interest to have a viable, internationally competitive health and medical research sector?

1. The need for Australia to build and retain internationally competitive capacity across the research spectrum, from basic discovery research through clinical translation to public health and health services research.

6. Strategies to attract, develop and retain a skilled research workforce which is capable of meeting future challenges and opportunities.

- We believe that for Australia to build and retain internationally competitive capacity, strategic and continued investment of core funding for centres (like the Kirby Institute) is essential, particularly when addressing complex societal issues like emerging epidemics in marginalised populations.
- There is a real and increasing difficulty for talented researchers to move past the post-doctoral stage. The extremely low success rates for NHMRC CDA awards (current success rates of 14-18%) are a disincentive for researchers to apply, and likely lead to a loss of research talent from the research sector. The NHMRC should strive for a success rate of at least 25% for these awards, which are the key “people support” awards for young researchers.
- We need to establish a better range of opportunities for clinical research fellows to be freed from clinical responsibilities to develop and participate in research and teaching projects. The NHMRC Practitioner Fellowship are enormously successful but limited.

How might health and medical research be best managed and funded in Australia?

2. Current expenditure on, and support for, health and medical research in Australia by governments at all levels, industry, non-government organisations and philanthropy; including relevant comparisons internationally.

3. Opportunities to improve coordination and leverage additional national and international support for Australian health and medical research through private sector support and philanthropy, and opportunities for more efficient use, administration and monitoring of investments and the health and economic returns; including relevant comparisons internationally.

7. Examine the institutional arrangements and governance of the health and medical research sector, including strategies to enhance community and consumer participation. This will include comparison of the NHMRC to relevant international jurisdictions.

- Long term research is not sustainable with short term funding based on external grant income. The system cannot continue to cover increasing numbers of recipients at a lower unit level – selection has to be focused on successful groups in priority areas.
- Historically state-based funding for medical research infrastructure support has been focused in the biomedical and basic science arena and favoured independent medical research institutes. It is clear that strong and leading research is also done in hospitals and universities. However, there is a misconception held and often conveyed that clinical and public health research is already funded through health budgets which is not true. Increased awareness and recognition of translational research programs in applied clinical, population and health services research undertaken in the hospital, community health and university sectors is needed. There is also a need to develop clear measurable performance indicators of clinical and population health research in addition to the traditional measures normally used in biomedical research.
- In HIV research in particular, research has benefitted from having an actively engaged community sector. Community representatives sit on as advisory groups, and often have a place on protocol steering committees.

What are the health and medical research strategic directions and priorities and how might we meet them?

5. Likely future developments in health and medical research, both in Australia and internationally.

12. The degree of alignment between Australia's health and medical research activities and the determinants of good health, the nation's burden of disease profile and national health priorities, in particular "closing the gap" between indigenous and non indigenous Australians.

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.

- The advent of "e-health" and personalised electronic records offers a real opportunity for improved research and monitoring of health services at the population level. An ethics structure to allow researcher access to de-identified data under closely specified circumstances would be of enormous potential benefit to society in facilitating population-level monitoring of health interventions (e.g. monitoring of benefits and toxicities of new pharmaceuticals). In addition, a national body to perform health record linkage of confidential data would greatly increase the potential for such research.
- "Burden of disease" is an extremely important metric for determining the relative importance of the range of diseases which affect society. However, for infectious diseases, the burden of potential disease avoided is also highly important, but often neglected. For example, the prevalence of HIV in Australia is in the order of one-fifth that in the USA. Similar health disparities do not exist for cardiovascular disease or most cancers. This differential has not occurred by luck, but by a combination of good government policy and an evidence-based effective response to the HIV epidemic. This represents a burden of "avoided" disease that would not be picked up by simple measurements of current health-related states. Thus a focus on current measures of disease burden must be complimented by measures of diseases which Australia has managed to avoid. This is of particular importance in infectious disease where early prevention of a few cases has the potential to avoid thousands of cases in the future. This issue suggest the need for a wider conceptualisation of "burden of disease" than we have used in the past, and that this is of particular importance in determining research funding.
- There needs to be increased recognition and support for regional collaborative clinical trial research efforts particularly in the Asia Pacific region with potential to leverage funding through international agencies eg. Gates Foundation, Asian Development Bank, World Bank, Global Fund etc.

How can we optimise translation of health and medical research into better health and wellbeing?

4. The relationship between business and the research sector, including opportunities to improve Australia's capacity to capitalise on its investment in health and medical research through commercialisation and strategies for realising returns on Commonwealth investments in health and medical research where gains result from commercialisation.

8. Opportunities to improve national and international collaboration between education, research, clinical and other public health related sectors to support the rapid translation of research outcomes into improved health policies and practices. This will include relevant international comparisons.

9. Ways in which the broader health reform process can be leveraged to improve research and translation opportunities in preventative health and in the primary, aged and acute care sectors, including through expanded clinical networks, as well as ways in which research can contribute to the design and optimal implementation of these health reforms.

10. Ways in which health and medical research interacts, and should interact, with other Government health policies and programs; including health technology assessments and the pharmaceutical and medical services assessment processes.

11. Ways in which the Commonwealth's e-health reforms can be leveraged to improve research and translation opportunities, including the availability, linkage and quality of data.

- Linkages with industry are critical regardless of scale. Small scale collaborative linkages with industry are just as important as large scale CRC ventures. There needs to be recognition and support of non-CRC collaborative partnerships with industry
- Lack of well run phase 1-3 clinical trials centres is a barrier to pharmaceutical industry investment, particularly in NSW. This highlights the need for well resourced coordinated core centres of excellence with expertise and transparent governance models to attract investment and mitigate risk.
- We need to explore synergies between research and healthcare systems as has been undertaken in the UK, the intent being to reduce costs but utilise publicly funded services. The MRC model for clinical trials in the UK has the MRC supporting central coordination and administrative costs of undertaking a clinical trial whilst the National Health Service sponsors patient care and site specific costs proportional to recruitment. Currently, the NHMRC is constrained to fully fund clinical trials. Consideration could be given to partnership grants between Health Departments and NHMRC whereby patient care costs proportional to recruitment are funded through DOH and NHMRC funds central costs associated with administering the studies.
- Competition in the research space is healthy, however research should be complementary. Collaborative research efforts should be encouraged further. Establishment of affiliation or partnership agreements between partner and collaborating organisations and institutes to govern and strategically direct research efforts is critical.
- Linking independent medical research institutes with hospitals, community health and university sectors. These linkages should promote and strengthen translational research and positive health outcomes.

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