

McKeon Review

Summary

In this submission, FPNSW argues that the lack of a strategic plan regarding reproductive and sexual health research is a critical lack in this important health domain. In addition FPNSW:

- Recognises Australian expertise in producing ground-breaking research in sensitive areas, such as reproductive and sexual health, including HIV and HPV;
- Argues that to close the gap between Aboriginal and other Australians research money needs to be directed towards research that partners with Aboriginal communities;
- Welcomes the change in AusAID policy that allows the funding of research and advocates for increased funding for evaluation;
- Suggests that the ethical review structure of Australian Research can be further refined, either through professionalisation of committees or through mandatory training requirements
- Argues for increased government investment in research and criticises the current cumbersome processes of the ARC and NH&MRC grant funding; and
- Advocates for the recognition of social determinants of health and corresponding research into structural health interventions.

Introduction

Family Planning NSW (FPNSW) promotes the reproductive and sexual health of the people of NSW by contributing to, collecting and disseminating reproductive and sexual health knowledge, information and learning. FPNSW is committed to excellence and focuses its activities on disadvantaged groups and in areas where access to mainstream services are restricted, including people who are young, aged, Aboriginal, disabled and from culturally and linguistically diverse groups and people in regional, rural and remote NSW.

As an organisation that works in reproductive and sexual health from a rights-based perspective, FPNSW recognises that all human beings are born free and equal in dignity and rights, and also recognises the right of women not to be discriminated against by way of legislation, regulation, customs, practices, social and cultural patterns of conduct or other customs or practices, which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.

FPNSW welcomes this opportunity to have input into the McKeon Review as we recognise the importance of research in making good public policy. In particular, we welcome the opportunity to point out that there is no strategic framework for research on reproductive and sexual health, which is to the detriment of the sector.

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

A flourishing health and medical research sector generates social and economic benefits in addition to improving health outcomes. It prevents 'brain drain', attracts research money into Australia and importantly enables Australian interests to drive relevant international and domestic research agendas.

Australia has an excellent track record in ground-breaking approaches to sensitive health issues, including reproductive and sexual health related issues such as harm reduction and community driven approaches to HIV prevention and the development of the quadrivalent HPV vaccine.

Importantly, it is only Australian research that can address the current reproductive and sexual health status of Aboriginal people. Optimal reproductive and sexual health requires both medical infrastructure and social factors. Aboriginal health problems in Australia are specific and are related to particular historical events and marginalisation of Aboriginal culture, lifestyles, beliefs and morals. Appropriate remedies cannot be extrapolated from data sourced from the Indigenous people of Canada or New Zealand— research into Aboriginal health needs to be driven by Aboriginal people working in partnership towards closing the gap in health status between Aboriginal and non-Aboriginal Australians. Trust and community driven research goals need to be developed and maintained throughout the whole process. This takes funding.

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

FPNSW welcomes the recent change to AusAID policy that now allows the funding of research. We consider that research projects should be fundable through aid money, and that all aid projects should include funding for rigorous evaluation. We note that there are still some problematic limitations on AusAID funding, such as not allowing people travelling to a conference to use it to pay for registration. This can make it very difficult for conference organisers to facilitate full participation of AusAID funded participants.

The ARC/ NHMRC grants process is cumbersome and results in an insecure workforce, particularly for early career researchers. The process needs to be streamlined so that is a career path for emergent researchers, to allow scope for talented young researchers to remain in Australia.

There is a need for increased government funding of research, and for funding of collaborative partnerships between public and private interests. Publicly available 'road maps' that identify philanthropic grants and opportunities for collaborative international research would allow researchers seeking non-government funding to assess the scope of the options.

Research into contraception in Australia is clinical trial driven and usually funded by the pharmaceutical industry. While this provides some useful data, clinical trials evaluate the relative efficacy of new products or new delivery mechanisms in idealised (healthy, compliant, not socially disadvantaged) populations. The designated 'priority populations' are

often explicitly excluded from clinical trials due to other health problems, drug or alcohol use and/or factors that contribute to social disadvantage. This leaves major gaps in the understanding of how people use contraception in the ‘real world’, the factors that influence choice of one or another method, why contraception is imperfectly used, and why unplanned pregnancies occur. These are the questions that reproductive and sexual health doctors grapple with, and strategic research is required, including the collection of qualitative data, quantitative social research into attitudes and practices and population-based cohort studies.

The volunteerism of ethics committees can pose problems for research in both sensitive areas and misunderstood research modalities such as qualitative research, as there is a lack of standardised practice and people can be undertrained, resulting in good research proposals being rejected due to lack of understanding. Professionalising this sector could result in economies through promoting greater accountability and efficiency. Failing that, mandating and funding specific training of ethics committees could smooth out anomalies.

Finally, the medical research frame needs to extend beyond pills and potions to include health policy outcomes, the impacts of social determinants (homelessness, sexual violence), and implementation of research into clinical practice (translational research). Long-range vision is called for to help understand the nexus of social and medical issues that determine health status.

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

Outside of HIV there is a lack of strategic framework for reproductive and sexual health research. There is a lack of routine data collection and an urgent need to set priorities to ensure strategic investment in research.

In order for the health system to be responsive to reproductive and sexual health needs, there needs to be a comprehensive evidence base showing what those needs are. With regard reproductive and sexual health, there are major gaps in the data because there is no overarching strategy to capture the data needed to answer clinicians’ questions about how best to advise particular clients, and to set national priorities.

One of the key impediments to improving reproductive and sexual health is the lack of a coherent, overarching strategic framework that links existing data sources and service provision with well-prioritised research to identify and fill knowledge gaps.

A national reproductive and sexual health plan would enable the sector to identify research priorities in a strategic fashion and ensure that there is research on the issues that affect women and men throughout their life cycles.

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

A strong strategic framework that sets priorities for research is the backbone of improving reproductive and sexual health. Evidence needs to inform but not dictate health policy, and research into how and why people incorporate health advice and medical services into their lives is a critical part of the picture. Finally, health policy needs to be put in place to ensure that people have equitable access to crucial health services regardless of where they live. Currently this is not the case: many of the new generation contraceptive pills are unaffordable as they are not on the PBS, and most public hospitals in NSW do not list abortions as a service they provide. No state other than South Australia collects adequate data on abortions.

Health promotion programs require rigorous evaluation to ensure that they achieve desirable health outcomes, and do not inadvertently increase the stigmatisation of marginalised at-risk people. Health promotion also needs to move away from ‘the message on a poster’ model towards a more holistic conception of working in communities to transform health, recognising that health is a result of a complex interaction of people’s personal behaviours and the social, economic, political and physical environment in which they live, and that people may be influenced by factors beyond their control, preventing them making good health decisions and resulting in inequity of health status for particular population groups. Borrowing from the Ottawa Charter on health promotion, there needs to be greater emphasis on creating supportive environments, reorienting health services and building healthy public policies rather than the current over emphasis on individualising social marketing approaches.