

Strategic Review of Health and Medical Research in Australia

Written Submission

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

The balance of funding coming from NH&MRC, together with the range of private and not-for-profit trusts, is still overall underweighted. Much more could be done to support not-for-profit trusts to build capacity and generate income from benefactors, social investors and corporate partners. The Diabetes Australia Research Trust currently invests \$3 million per annum, but a much larger investment would be highly valued by the research community.

Diabetes Australia believes much more should be done to effectively disseminate messages to the general public about supporting research. We need to do more to promote research into prevention and better health care, as we all know the current messages are not nearly effective enough. Just two ways to help make these messages more effective would be to have more effective messages and more exposure of the messages. We don't do this adequately because we don't have the funding to do it, in the same way we don't have enough funds for more research. Furthermore, the public perception of good fundraising for research is that all funds go directly to research without anything to support administration / insurance / training etc. This is not helpful in the long term as good research requires good organisational capacity to sit behind it.

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

The key issue here is strategic focus and funding priorities. As Australia is ageing and becoming a society living with (often multiple) chronic diseases, so our health and medical research efforts should be reoriented to better match the public's health and sickness profile. Importantly, research funding should be ahead of the curve, working with projections of changing health and medical issues.

More investment is needed in prevention, both clinically but also in the context of behavioural and psycho-social research.

In relative terms, and even within the chronic disease space, diabetes is the elephant in the room and much more effort should be expended on research into primary, secondary and tertiary prevention of diabetes.

How can we optimize translation of health and medical research into both commercial and social outcomes?

Consideration should be given to requiring greater commitment to translation of research in the initial design and application process.



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