



Submission: Australian Medical Research and Innovation Strategy and Priorities

1. Could the current Strategy (2016-2021) be altered to better meet the purpose set out in the MRFF Act? If so, how?

Recommendation: The George Institute recommends the next MRFF Strategy should align with the MRFF 10 Year Plan, MRFF Priorities and other medical research programs by the Australian Government, including but not limited to the National Health and Medical Research Council (NHMRC).

Recommendation: The George Institute recommends future MRFF strategies are linked to Department of Health strategies, such as the (soon to be released) preventive health strategies.

We note the Australian National Audit Office (ANAO) report outlined the MRFF governance had “not formalised arrangements with the NHMRC for coherent and consistent coordination of MRFF funding and NHMRC programs”.

The George Institute believes the new Strategy should be a strategic and overarching document that seeks to create an equitable, effective and efficient health and medical research sector in Australia.

2. What are the most critical current and future issues and factors impacting on the health system, including primary prevention, and on the health and medical research sector that the next Strategy needs to address?

Recommendation: The George Institute recommends the next MRFF Strategy acknowledges, outlines and addresses the importance of ‘Equity’. This will strengthen the purpose and outcomes of the MRFF, and health and medical research in Australia.

The George Institute believes equity is critical to the Australian health system. Equity is required for individuals and communities to reach their full potential in life. All individuals and communities in Australia and around the world should have access to quality healthcare services as a human right, regardless of sex and gender, ethnicity, disability, age, geography, intersectionality, and socioeconomic status.

Disappointingly, inequity exists in the Australian health system, particularly in gender, ethnicity and geography. The lack of access by individuals and communities to quality healthcare creates barriers and risks. The next MRFF Strategy should play an important and strategic role to address inequities.

Affiliated with



3. Suggest options for how the next Strategy could address these critical issues and factors?

Recommendation: The George Institute recommends 'Equity' be listed as a 'challenge and culture' item in the new MRFF Strategy.

Equity can be added to the new Strategy – based and expanded upon from the NHMRC's Equity 'Guidelines for Guidelines' that considers:

- Identify equity issues: This can be linked to MRFF Priorities, such as 'Aboriginal and Torres Strait Islander health', 'Ageing and aged care' and 'Digital health tools'.
- Engage with communities affected by inequity.
- Ensure appropriate evidence is sought, identified and considered.
- Understand impacts on disadvantaged populations.
- Identify areas where research is needed about equity and disadvantaged populations: This can be linked to the MRFF 10 year plan and missions.

4. Given the new and significant impact of COVID-19 on health services and health research, how should the new Strategy address COVID-19 related topics and impacts?

Recommendation: The George Institute recommends the new MRFF Strategy should acknowledge and include 'Pandemic and health crisis preparedness'.

The George Institute believes Australia must be prepared for future challenges, such as pandemics and health crises. The question remains not if, but when the next pandemic or health crisis will occur. The new Strategy needs to include a mechanism for a rapid research, particularly to address challenges that are new or not obvious, but require a response.

The George Institute believes the new Strategy needs to have flexibility to allow for future challenges in health and medical research. When a challenge arises, researchers and their projects should be provided support, including financial, to ensure projects are successfully completed. The George Institute supports regular and ongoing consultation with the Department of Health.

Affiliated with





5. Could the current Priorities be improved to better address the requirements under the MRFF Act? If so, how? This could include consideration of what elements of the Priorities work well to guide MRFF investments and what could be improved for research translation and impact?

Recommendation: The George Institute recommends there should be a comprehensive review and report in relation to current Priorities.

There is currently no publicly available formal review of the Priorities from the Department of Health, whether internal or commissioned. Without such a review and data, this question cannot be accurately answered.

We note the Australian National Audit Office (ANAO) report outlined the MRFF governance had “not formalised arrangements with the NHMRC for coherent and consistent coordination of MRFF funding and NHMRC programs”. Stakeholders should not have to rely on ANAO reports in the future.

There should be a formal review and report that details how current Priorities were implemented, created impact and influenced the MRFF, including alignment with the MRFF 10 Year Plan and Strategy.

6. What are the most critical current and future issues for the health system and the health and medical research sector that the next Priorities need to address through research translation/implementation?

Recommendation: The George Institute recommends ‘Equity’ should be considered as one of the strategic themes of the new MRFF Priorities.

The George Institute believes equity is critical to the Australian health system. Equity is required for individuals and communities to reach their full potential in life. All individuals and communities in Australia and around the world should have access to quality healthcare services, regardless of sex and gender, ethnicity, disability, age, geography, intersectionality, and socioeconomic status.

Disappointingly, inequity exists in the Australian health system. The lack of access by individuals and communities to quality healthcare creates barriers and risks. The next MRFF Strategy should play an important role to address inequities.

Priorities listed under Equity should include but not be limited to ‘Aboriginal and Torres Strait Islander Health’ (current Priority) and ‘Sex and Gender in Research’ (new Priority).

Recommendation: The George Institute recommends ‘Sepsis’ be acknowledged under the current Priority, ‘Antimicrobial resistance’.

Sepsis is the leading cause of death from infection around the world. It is a preventable, life-threatening condition that arises when the body’s response to an infection damages its own tissues and organs. Sepsis crosses all clinical disciplines and affects all ages, in both the general community and in high-risk groups. Patients critically ill with COVID-19 are suffering from viral sepsis. In Australia every year, it is estimated that close to 55,000 people suffer sepsis, 18,000 cases are treated in intensive care units (ICUs) and sepsis causes 8,000 deaths; more than road trauma and common cancers such as prostate and breast cancer.

Affiliated with





7. Suggest options for how the next Priorities could address these critical issues?

Recommendation: The George Institute recommends ‘Sex and Gender in Research’ should be a new MRFF Priority.

There is a long-standing assumption that medical research is gender neutral. When research studies do not take sex and gender into account, this leads to substantial evidence gaps. The lack of recognition of sex and gender in health and medical research has consequences for clinical care and public health. For example, women are currently under researched in coronary artery disease, stroke, respiratory diseases and dementia. These are the top causes of mortality and disability of women (and men) in Australia and globally. Consideration and incorporation of sex and gender in research as a priority will help identify knowledge gaps and overcome current constraints in the translation of meaningful research evidence to clinical care.

Recommendation: The George Institute recommends ‘Planetary and human health’ should be a new MRFF Priority.

Climate change is the greatest global threat facing the world in the 21st century, but it is also the greatest opportunity to redefine the commercial, social, political and environmental determinants of health, and to redress related inequities within and across countries and communities. Intersectoral action and approaches are needed to secure the future health of people and planet, in particular to both adapt to – and mitigate – the current and inevitable consequences of climate change on human health.

8. Given the new and significant impact of COVID-19 on health services and health research, how should the new priorities address COVID-19 related topics?

Recommendation: The George Institute recommends the new MRFF Priorities include a section for ‘Pandemic and health crisis preparedness’, separate from ‘Global health challenges’.

The current Priorities have listed ‘Global health challenges such as pandemics’. We believe this needs to be separated into two challenges, as current and future global health challenges are beyond just pandemics and crisis.

In relation to COVID-19 and its related health challenges, The George Institute believes there needs to be a focus on preventing and treating the world’s biggest killers – non-communicable diseases (NCDs), as it well documented that individuals with a pre-existing NCDs were at a higher risk of injury or death from COVID-19. In addition, there is a need to focus on the long-term effects from COVID-19, including the impact of ‘long-COVID’ on individuals and the ability of healthy systems to care for these individuals.

Affiliated with

