



Consumers Health  
Forum OF Australia

SUBMISSION

**Medical Research Future Fund  
consultation to inform the third  
Australian Medical Research  
and Innovation Priorities 2020-  
2022**

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Consumers Health Forum of Australia (2020) *Submission to the  
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# Overview

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As required by the Medical Research Future Fund Act 2015 (the Act), the independent Australian Medical Research Advisory Board (AMRAB) conducted a consultation from 9 Sep 2020 to 7 Oct 2020 to develop the Medical Research Future Fund's (MRFF) *Australian Medical Research and Innovation Priorities 2020-22* (the Priorities).

The Priorities are considered by the Minister for Health before the Commonwealth Government decides on the disbursement of funding from the MRFF. AMRAB was interested in hearing reflections from the community on the current set of MRFF Priorities, the *Australian Medical Research and Innovation Priorities 2018-2020*. In particular their ongoing appropriateness to guide MRFF investments in health and medical research over the next 12 month period which is the final stage of the current *Australian Medical Research and Innovation Strategy 2016-21* (the Strategy). As the current Strategy expires during the life of the next Priorities (in November 2021), the consultation specifically focused on revisiting the Priorities in the contemporary context and seek to identify opportunities to use the next twelve months as a period of consolidation under the current Strategy.

The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers and those with an interest in health consumer affairs, including health based research. We have around 200 members reflecting a broad spectrum of organisations including state-based consumer peaks, condition-specific groups, volunteer patient groups, professional associations, Primary Health Networks (PHNs) and the research community.

We work in collaboration with our members, national partners and research collaborators to influence policy, programs and services to ensure they are in the consumer and community interest. In developing our submission we provided our members the opportunity to input into our responses and consulted with our 'Research and Data Special Interest Group', a group of nearly two-dozen everyday consumers with an interest in health research and data.

CHF is pleased to make this submission in response to the MRFF Australian Medical Research and Innovation Priorities 2020-2022 consultation.

# CHF Submission

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## *1. Do the current Priorities remain relevant in the contemporary environment for continuation for a further 12 months?*

Broadly speaking the Consumers Health Forum of Australia (CHF) believes that the current Priorities are still relevant in the contemporary environment and should generally be continued in the coming 12 months.

Research on COVID-19 pandemic (e.g. early detection, infection rate, characteristics of vulnerable populations, treatment options, managing prolonged sequela, etc.) will be an obvious need in the next 12 months to develop Australia-appropriate solutions based on local evidence to best respond to the current and future pandemics. But such research will not only fall in the scope of the “Global Health and Health Security” but also other priorities too to ensure an optimal overall health system response. For example, given the value and importance of telehealth that COVID-19 has demonstrated, there is clear scope for “Data and Infrastructure” research to be directed to this area to optimise the health system infrastructure for these services. Similarly as part of “Primary Care research”, research on treatment options for those with mild and moderate conditions to prevent them from progressing to a severe stage (needing a respirator, ICU, etc.) will likely be a key issue in the coming 12 months.

We also note that there is both scope and need to expand the focus of the priorities to ensure they address under-researched areas (e.g. CALD, People with Disabilities, LGBTIQ+), with those key groups being actively involved in designing such research. Similarly, focus within the Priorities of the importance of the non-health factors such as ‘Social Determinants’ to encourage research to improve health outcomes through those avenues would be beneficial.

Broadly speaking the MRFF has not yet formally built in consumer voices, representation, or engagement to the assessment of grant applications aside from some ad hoc arrangements e.g. the Bushfires recovery grants. We believe that such requirements for consumer engagement and community benefit need to be more formally structured into MRFF processes for determining not only determining the strategy and priorities but also assessing grant applications to ensure they are meeting the priorities and long term MRFF strategy. Education and training for researchers in Consumer and Community Involvement (CCI) should also be supported by the MRFF in collaboration with others.

## *2. Should any of the Priorities should be emphasised or de-emphasised for the next 12 month period? (max 250 words for final submission)*

Given recent and current events both in Australia and globally, we believe that emphasis on “Global Health and Health Security”, “Aged Care” and “Data and infrastructure” would be appropriate over the next six months.

However, we also believe that Aboriginal and Torres Strait Islander issues, ideally as part of a prioritisation of a broader range on marginalised groups as mentioned prior, are critical for prioritisation given how both less is known about the precise health situations and what is known demonstrates significantly worse overall health positions.

In a similar vein, we would suggest that an emphasis on “Public Health Interventions” is appropriate as, by their nature, such research has the ability to provide a wide benefit to the largest number of people.

If any Priority must be de-emphasised, we would suggest “Drug Repurposing” and “Comparative Effectiveness Research”. We would suggest that the former can and should be funded by industry rather than tax-payers given the for-profit nature of such work and the later perhaps less urgency for the next 12 months.

Finally, we would recommend that the “Consumer Driven Research” priority does not itself need to be more emphasized as part of the MRFF going forward but more integrated with the other Priorities and the MRFF processes more broadly.

Primacy needs to be placed on translation research to optimize the extent to which MRFF funding is directed at influencing policy and practice.

### *3. Are there unaddressed gaps in knowledge, capacity and effort across the healthcare continuum and research pipeline that would warrant changes to the Priorities? (max 250 words for final submission)*

As the first objective of the MRFF is ‘Create health and economic benefits from research discoveries and innovations’ we wonder what the MRFF’s understanding is of where the greatest opportunities for these benefits are. Currently the priorities appear to be set based on consultations without supplementation of an evidence-based assessment of actual healthcare needs and where the unmet needs are. We suggest that understanding the current and true health care needs of Australia should be an MRFF priority for the next 12 months. This would ensure that we have evidence to guide the Priority setting and Strategy development in the near future and will ensure that there is an understanding of the unmet need in the health care system that research can be specifically designed to address.

In a similar vein, we note that across many of the existing Priorities (e.g. Data and Infrastructure, Health Services and Systems, Consumer-Driven Research, and Public Health Interventions) we would suggest the addition of “population health management” as a focus of research or methodology to achieve better utilisation of medical research outcomes among the target communities with particular needs.

As noted in prior responses, we would maintain that there is currently a need to increase the capacity and effort for consumer input in MRFF structures and processes from identifying MRFF priorities to co-designing research projects to allocating grant funding. Similarly, there are many key groups within the population who are not well understood and marginalized in

current research practices, such as CALD and People with Disabilities, who need additional efforts to be properly engaged.

*4. Is there an opportunity to consolidate the Priorities for the remaining twelve months of the Strategy? (max 250 words for final submission)*

We do not believe there is necessarily a need to consolidate the Priorities for the remaining 12 months of the Strategy.

*5. Do you have any additional comments in regards to the Priorities for 2020-2022? (max 250 words for final submission)*

It is important that the Priorities align with or complement the large number of other long-term health programs and plans that are currently in development or delivery, such as the 10 Year Primary Health Care Plan and the 10 Year Preventative Health Plan.

There needs to be greater clarity on the relationship and relative jurisdictions of the MRFF and the NHMRC, to ensure research funding gets the best short-term and long-term value for Australia. Without clarity and oversight, the focus on translational and commercialisable research by the MRFF may lead to less-than-optimal long-term health research investment.

Greater transparency is needed about the MRFF safeguards to ensure only high quality research is funded and the evaluation processes to assure the public's value for money. We also would recommend the MRFF ensure there is a clearer link between research that is funded by MRFF and how that research ties into the MRFFs grand plan and purpose.

We believe the MRFF Priorities and Strategy should reflect that all research funded and data generated by MRFF grants should become a public asset, with both to be used for public interest and public improvement purposes.

We re-emphasise that the MRFF needs more consumer engagement in their processes, similar to existing NHMRC processes. A more formal and structured involvement of consumers in priority setting, strategy development and grant allocation is needed. It is ultimately consumers money funding the research, so consumers should have a voice with clear support structures and expectations for those consumer voices.