

## Australian Academy of Science

### **Comment on a *Draft National Strategy for Medical Research and Public Health Research***

1. The Australian Academy of Science agrees with the strong and cogent case put forward by the NHMRC for support for biomedical and health research in Australia. The strategic commitment to medical research is correctly seen as involving a commitment to provide career structures for excellent researchers and facilities for research of the highest standard. Biomedical and health research, in common with other innovative research expenditure, will guarantee sustainable employment in high value professions, an outcome of particular importance when dealing with an international financial crisis. The Academy welcomes the emphasis on innovative research, and on translation of research into practical outcomes for the health of the community, which will help to ensure strong research units that continue the best traditions of Australian science.

2. However, the Academy notes that the NHMRC does not provide an analysis of the level of funding required to meet NHMRC's existing needs and new ambitions. To achieve the strategic goals that are outlined in the strategic plan, the government should commit to increase our national health and medical research expenditure from the present level to at least the OECD average. The government should also recognise that the OECD average is growing, and that developing economies such as China are accelerating their investment in health and medical research. Government funding should include a specific allocation for translational research similar to that recently implemented in the United Kingdom, with the NHMRC playing a significant role in design of and advocacy for translational research funding that brings together federal and state health authorities and services.

3. The Cutler Review pointed out that NHMRC, unlike comparable bodies in many other developed nations, does not fund the full costs of research. The problem will become worse as the impact of the global financial crisis is felt by universities and hospitals that house and collaborate with medical research groups. The government made a welcome start towards meeting full cost funding in the 2009–10 budget, and the Academy welcomes the continuing support for this process in forward expenditure projections and through the Sustainable Research Excellence initiative. Support for

indirect research costs should be provided across the whole of the sector, including academic health sciences centres, university hospitals and medical research institutes.

4. Biomedical and health research involves other agencies as well as the NHMRC. Much of the infrastructure that is used in research is controlled by hospitals, which are funded by the states. Collaborations also exist between NHMRC researchers and those who work for the ARC, CSIRO, DSTO, CRC's and industry, as well as international collaborations, sometimes on projects involving developing countries and AusAID. Biomedical and health research should be considered as a whole-of-government issue, involving departments responsible for science, education and foreign affairs as well as health. Expenditure by states and Commonwealth should be coordinated through the Health Care Agreement, to ensure that infrastructure and support are available for research in a seamless manner.

5. Indigenous health issues remain a high priority for NHMRC. Without knowledge provided by research, and without training an indigenous workforce with experience of the issues and confidence from the indigenous communities, there can be little hope of progress in indigenous health, where the needs are so great as to be an embarrassment to any developed nation.

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