Public Health Association of Australia submission on the Medical Research Future Fund

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia.

The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
Introduction

PHAA welcomes the opportunity to provide input into the development of the next round of priorities for the use of the Medical Research Future Fund (MRFF).

The statutory framework set out in the Medical Research Future Fund Act 2015 requires the Minister to take into account the Australian Medical Research Advisory Board’s statement of Australian Medical Research and Innovation Priorities in making decisions to allocate Fund resources to research. The priorities are set out by the Board in triennial documents, of which the current version is the 2016-18 statement, which lists the following areas of priority:

- **Strategic and international horizons**: Antimicrobial resistance – International collaborative research – Disruptive technologies
- **Data and infrastructure**: Clinical quality registries – National data management study – MRFF infrastructure and evaluation – Communicable disease control
- **Health services and systems**: National Institute of Research – Building evidence in primary care – Behavioural economics application – Drug effectiveness and repurposing
- **Capacity and collaboration**: National infrastructure sharing scheme – Industry exchange fellowships – Clinical researcher fellowships
- **Trials and translation**: Clinical trial network – Public good demonstration trials – Targeted translation topics
- **Commercialisation**: Research incubator hubs – Biomedical translation

PHAA believes that the next Australian Medical Research and Innovation Priorities statement – covering the period 2018-2021 – should emphasise two previously unaddressed gaps in knowledge, capacity and effort which MRFF could prioritise:

- Aboriginal and Torres Strait Islander health research, with a focus on building Indigenous research capacity and leadership and
- Public health research, with a focus on prevention

The first priority deals with Australia’s most pressing area of need at a population health level – the ongoing unacceptable health and wellbeing status of Aboriginal and Torres Strait Islander people.

The second deals with a field of knowledge that will lead to major long-term gains in wellbeing that significantly reduce the costs to the community and governments resulting from ill health. This will be achieved with very efficient returns on investment relative to the research costs expended.

Discussion

The MRFF is a major national fund and as such will play a growing role in directing the field of health research in Australia. MRFF’s outcomes are therefore of high importance to the nation’s health.

It is highly important that MRFF funds be well prioritised. MRFF helps create the evidence on which public policy decisions will be based. In turn, the selection of MRFF priorities should itself be based on evidence of which fields of knowledge show the best return on investment in increasing our knowledge base and therefore our health.
Aboriginal and Torres Strait Islander health research

In 2007 as set out in the Close the Gap Statement of Intent signed by governments and communities, a national agenda to address the health, education and employment inequalities experienced by Aboriginal and Torres Strait Islander people were agreed. Goals and targets were set in the Closing the Gap National Indigenous Reform Agenda. Governments agreed to take on responsibility for many actions.

However the results gathered to mark the 10-year anniversary of the strategy are largely unsatisfactory. Governments must address why the strategy is not working as hoped, correct any contributing policy failures, and initiate a major re-energisation of the political and resourcing effort. Fundamental to this re-organisation will be an increase in research investment to create the evidence about what works and why. Critical to any future approach is a community-led research priority setting agenda.

The conduct of research relating to Aboriginal and Torres Strait Islander people needs to address a number of subjects, including:

- the need to increase the capacity and capability of Aboriginal and Torres Strait Islander researchers and communities
- the need for Aboriginal and Torres Strait Islander people and communities to be involved in, lead and control research
- the importance all the impacts of research translation on Aboriginal and Torres Strait Islander communities
- the need to improve data collection for analysis of the effectiveness of health systems and services
- the need for research about the prevalence and impact of racism in regard to health services and systems

Research will play a vital role in facilitating this agenda, and the MRFF has a role to play in supporting such research.

PHAA further specifically recommends that MRFF expenditure on this priority should represent at minimum 5% of total expenditure from the MRFF.

Finally, Aboriginal and Torres Strait Islander governance should be recognised by the MRFF in all appropriate contexts.

To apply this focus, the next Priorities document should include the following item:

<table>
<thead>
<tr>
<th>Health Services and systems</th>
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<tr>
<td><strong>Aboriginal and Torres Strait Islands health</strong></td>
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</table>
| Research into public health, public policies and health services and systems which improve the wellbeing of Aboriginal and Torres Strait Islander people, with a particular focus on policies and systems developed and managed by Aboriginal and Torres Strait Islander people.  
A minimum of 5 per cent of MRFF should be allocated to health and medical research which has a focus on Aboriginal and Torres Strait Islander health, with a preference for Aboriginal and Torres Strait Islander-led research. |
Public health promotion and illness prevention research

Much of the current and future projected burden of disease is preventable through effective health promotion, protection and illness prevention measures, evidence-based practices and healthy public policies.

Australia has a respectable, but intermittent, history of action to promote health and prevent illness.\(^1\),\(^2\) However in recent times Australia is slipping behind its Organisation for Economic Co-operation and Development (OECD) counterparts, with investment now much lower than the OECD average.\(^3\),\(^4\)

The AIHW has found that 31% of the nation’s disease burden is preventable (2011).\(^5\) Despite this, Australia spends only around 1% of its national health expenditure on preventive measures to promote health and prevent illness. This is demonstrably below the optimal level of spending which would, over time, reduce national health expenditure as a whole. Because we spend too little on preventing illness, we spend more in the long run in suffering from and addressing illness in expensive hospital settings.

The arguments for a public health approach based on prevention – and the social, economic and fiscal benefits which arise from prevention of illness – are instinctively understood by everyone, and are also well evidenced. Public health and prevention research, if invested in, will be pivotal to addressing major causes of illness and death including cancer, cardiovascular disease, and illnesses resulting from obesity.

PHAA and the Australian Health Promotion Association (AHPA) are currently finalising a joint policy statement on Health Promotion and Illness Prevention. This evidence-based document will clearly outline why a greater investment in health promotion and illness prevention is needed. To achieve the ends proposed in this policy, more research into the most effective health promotion and disease prevention programs is urgently needed. (We hope to be in a position to provide this policy statement to the MRFF review by the end of September).

The current 2016-18 Priorities statement includes an item ‘National Institute of Research’ which calls for research into “establishing a national institute focused on health services, and public and preventive health research to facilitate evidence-based and cost-effective healthcare.”

In addition, the existing item ‘Behavioural economics application’ calls for support for the “development of research in applied behavioural economics that concentrates on public and preventive health, with an emphasis on early intervention in mental health, healthy eating and physical activity”.

These 2016-18 research priority statements – especially the latter one – are worthy as far as they go, but a stronger mandate for broader public and preventive health research is needed. A focus based on behavioural economics is problematic from a public health perspective because behavioural prevention is only one element of the overall situation.

Research should also be encouraged into the ‘commercial’ determinants of health, where industry or commercial production and sale of products is a direct determinant of health outcomes, and the possible policies which would alter these determinants for the better. Examples include research into added sugar taxation, price policies on alcohol including floor prices and volumetric taxation, and studies into the obesity impacts of current models of regulation of other foods and beverages.

PHAA also stresses that research should follow through to support development of trials and ongoing application of public health policies aimed at prevention of illness.

PHAA supports the MRFF investing in Australia’s leading research role internationally investigating and influencing public policy as the root cause of health and health inequities. This incorporates inter-sectoral action for health in areas listed above and investigating and intervening to address the impacts of health
from sectors including land use planning, transport, infrastructure, agriculture, education, social services, and the economic levers (i.e. treasury departments) that ultimately influence these sectors.

To apply this focus, the next Priorities document should include the following item:

<table>
<thead>
<tr>
<th>Health Services and systems</th>
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<tr>
<td>Public health and prevention</td>
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<tr>
<td>Research into health promotion, illness prevention and healthy public policy measures, with a focus on developing programs and policies that can be trailed or scaled up for implementation in the near term.</td>
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The online consultation questions


For completeness, below are our comments directed to questions 6 through 12 of that questionnaire.

Q6: Which 2016–2018 MRFF Priorities do you think need further focus?

As mentioned above, the ‘Behavioural economics application’ item could be more clearly focused on health promotion and illness prevention.

In addition, and especially in respect of Aboriginal and Torres Strait Islander issues, research initiatives supported by MRFF should show a preference for proposals which involve community-led component.

Q7: How can the 2016–2018 MRFF Priorities you identified in Question 6 be extended or re- emphasised in the 2018–2020 MRFF Priorities?

See the two priority topics discussed above.

Q8: What unaddressed gaps in knowledge, capacity and effort across the healthcare system and research pipeline need to be addressed in the 2018–2020 MRFF Priorities?

As discussed above, public health research focused on prevention is a major area requiring further national effort.

There should also be a stronger focus on the extent to which current economic and market regulation policies impact on the social determinants of health and, in turn, impact on population-level health outcomes.

Q9: What specific priority or initiative can address the above gaps?

In this response PHAA is concerned to argue for the need to shift emphasis towards the two high-level priority areas mentioned. This is not the occasion for mentioning specific fields of research. Both the Aboriginal and Torres Strait Islander and the prevention focus could invite a myriad of possible research proposals, coming from a wide range of fields of expertise.

Q10: What Strategic Platforms (identified in the MRFF Strategy document) would the Priority/ies you identified in Question 8 fall under?

The two priorities argued for in this submission probably belong under the ‘health services and systems’ category, although they also have elements relating to the categories of ‘strategic and international horizons’, ‘capacity and collaboration’, and ‘trials and translation’. PHAA makes no particular comment relating to the category structure of the Priorities statement.
Q 11. How can current research capacity, production and use within the health system be further strengthened through the MRFF?

The current Priorities include, under the category ‘Capacity and collaboration’, references to funding fellowships, in the context of industry-academic collaboration and of clinical practice research. These points clearly endorse the funding of specific persons engaging in research, separately from funding directed to research projects per se. There is no reason why this approach cannot be used more broadly.

PHAA specifically suggests that funding for fellowships for Aboriginal and Torres Strait Islander researchers should also be a priority. The next Priorities document should include the following item:

<table>
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<th>Capacity and collaboration</th>
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<tr>
<td>Aboriginal and Torres Strait Islander fellowships</td>
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Q12. Do you have any additional comments on the Discussion Paper?

One ongoing issue for the future will be the need for a feedback system of assessment about how the research funded by MRFF successfully serves the purposed intended by the guidelines under which funding decisions were made. In addition, there should also be an even higher-level assessment of how successful and useful the priorities statements actually proved to be for Australia’s overall wellbeing.

This is a medium-longer term issue, and we acknowledge that the first three-year priorities period has not yet concluded.

However, PHAA suggests that for the second priorities period attention be turned to establishing an appropriate evidence-based assessment system for the MRFF priorities framework.

**Recommendations**

In conclusion, PHAA believes that the next round of Australian Medical Research and Innovation Priorities should emphasise two specific subjects:

- Aboriginal and Torres Strait Islander health research, with a focus on building Indigenous research capacity and leadership and
- Public health research, with a focus on prevention

The PHAA appreciates the opportunity to make this submission. Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

Terry Slevin
Chief Executive Officer
Public Health Association of Australia

31 August 2018
References


