Medical Research Future Fund

# Indigenous Health Research Fund roadmap

Through the Indigenous Health Research Fund (IHRF), the Australian Government has committed $160 million to improve the health of Aboriginal and/or Torres Strait Islander people over 11 years from 2018–19 to 2028–29, funded under the Medical Research Future Fund (MRFF).

Improving health and social equity for Aboriginal and/or Torres Strait Islander people is one of Australia’s most pressing challenges. Aboriginal and/or Torres Strait Islander people have a 10-year lower life expectancy and 2.3 times higher burden of disease than non-Indigenous Australians, despite considerable investment into existing programs.

There is a vital need for transformative health and medical research to deliver the knowledge needed to drive impactful policy and service delivery, and achieve equity in outcomes. This requires a shift from short-term fragmented research efforts to longer-term collaborative research – driven by Aboriginal and/or Torres Strait Islander people – that prioritises the most pressing health issues and knowledge gaps.

This agenda is purposefully informed by and aligned with the National Agreement on Closing the Gap, which enshrines the importance of *Shared Decision Making, Building the Community Controlled Sector, Improving Mainstream Institutions, Aboriginal and Torres Strait Islander Data* governance, with specific *Socio-economic Targets* to guide the development and implementation of programs and policies directly related to the needs and aspirations of Aboriginal and/or Torres Strait Islander people.

An Expert Advisory Panel comprising prominent Aboriginal and/or Torres Strait Islander research experts and leaders is guiding the approach to implementation and investment of the $125 million under the IHRF. It is the first national research fund led by Aboriginal and/or Torres Strait Islander people, and conducted through close engagement with Aboriginal and/or Torres Strait Islander people and communities.

## Scope

The IHRF will mobilise health and medical research for the prevention of disease and promotion of health and social equity. Consistent with the National Agreement on Closing the Gap, cohesive research that is led by Aboriginal and/or Torres Strait Islander people and is designed to deliver community benefit will inform and transform the way the health system responds to the needs of Aboriginal and/or Torres Strait Islander people across the life course.

## Our goal

To improve the health of Aboriginal and Torres Strait Islander people through:

Indigenous-led research practice and governance

knowledge translation

evidence-based change in Aboriginal and Torres Strait Islander health practice

building on the unique knowledge, strengths and endurance of our communities, with particular reference to Country, culture and spirituality

## Funding principles

The following principles apply to activities funded under the IHRF:

The IHRF will be underpinned by Aboriginal and/or Torres Strait Islander leadership at all stages

All research must be of the highest quality, demonstrate an unwavering commitment to research excellence, and be conducted by the most capable organisations and individuals with experience working with Aboriginal and/or Torres Strait Islander people, communities and organisations

Investment must lead directly to benefit for Aboriginal and/or Torres Strait Islander communities and be informed by the lived experience and knowledge of Aboriginal and/or Torres Strait Islander people

Markers of success and their monitoring should be aligned with and guided by the needs and aspirations of Aboriginal and/or Torres Strait Islander communities

Research excellence is enabled by focusing on collaborations to ensure impact

Investment will be used to grow and develop the number and capability of Aboriginal and/or Torres Strait Islander people in health and medical research, services and implementation sciences

Although funded research projects or programs will need to focus on specific priorities, the manner and size of impact on the predefined grand challenges will also be a key consideration

A purposefully staged and iterative funding approach is required for success. This will vary depending on whether the program focuses on areas where there is existing baseline knowledge, or where the evidence base is underdeveloped and requires early-stage or seed funding support

Recognition that the entire MRFF, including but not limited to the IHRF, has a role to play in improving the health and wellbeing of Aboriginal and/or Torres Strait Islander people

## Overarching focus

The IHRF will establish and resource a scientific research agenda that will address several critical challenges impacting on the social, emotional, physical and cultural wellbeing of Aboriginal and/or Torres Strait Islander people. The IHRF focus will include:

ensuring a strong sense of identity and culture to develop and sustain healthy communities

promoting and providing physically and psychologically healthful environments

improving the social and emotional wellbeing of individuals, families and communities

ensuring culturally safe health systems that are free of racism

ensuring the best start to life for our children

preventing and reducing the impact of chronic and infectious conditions

understanding the biological determinants of disease susceptibility across the life course

facilitating involvement in, leadership of, input from and co-design with Aboriginal and/or Torres Strait Islander people and communities

## Priority areas for investment

Consistent with the National Agreement on Closing the Gap, existing health and wellbeing needs and policy, and the primacy of overcoming the root causes and drivers of health and social inequity, priority areas for investment will be encouraged across 4 aims. New, emerging priorities may also arise through the course of the IHRF.

### Aim 1: Ensure a healthy start to life

Improving health outcomes during the first 2000 days of life

Promoting the health and wellbeing of Aboriginal and/or Torres Strait Islander mothers before, during and after their pregnancies

Improving health and social and emotional wellbeing in young people

Preventing youth suicide

### Aim 2: Ensure lifelong health

Supporting whole-of-community and whole-of-system infectious disease prevention, management and control

Supporting community-based chronic disease prevention

Developing health system–based and population-level interventions and prevention trials

Improving cancer survival

Understanding the relationships between infection, inflammation and chronic diseases to guide prevention efforts

### Aim 3: Implementation science – deliver what works

Improving the quality, research capabilities and impact of interventions within the community-controlled sector, particularly primary care, and social, emotional and wellbeing services and programs

Mitigating the impact of preventable causes of health inequality, including, but not limited to, preventable blindness, deafness, rheumatic heart disease, infectious and chronic conditions, and mental health

### Aim 4: Address the root causes of inequity

Building on, strengthening and reconnecting culture, Country and spirituality as central determinants of health and wellbeing

Developing a health care system that is free from racism

Intervening in the social and environmental determinants of health

Enhancing the social and emotional wellbeing of all Aboriginal and/or Torres Strait Islander people, families and communities across the life course

## Enabling priorities

**Capacity development** will be essential to unlock the potential of the Aboriginal and/ or Torres Strait Islander research workforce for evidence-based research and ensure the sustainability of an agenda led by Aboriginal and/or Torres Strait Islander people. All IHRF funding mechanisms will require commitment to, and demonstration of, specific efforts and outcomes related to capacity and capability development of Aboriginal and/or Torres Strait Islander people, communities or organisations. This must include developing capacity in new and emerging fields, including genomics

**Data systems** will be required that support reliable and valid data, Aboriginal and/or Torres Strait Islander data sovereignty and governance, useful analytics and culturally appropriate data usage (ie strengths based) that can inform evaluation and improved health outcomes

**Research-enabled primary care** will provide a platform within which to undertake research and implement new knowledge and knowledge transfer

**Leverage and support** from key partners, including other MRFF missions, will offer infrastructure and resources to achieve agendas at the scale required to achieve system change and transform health outcomes

**Evaluation expertise** is central to ensuring we can build the evidence base and monitor the impact of the IHRF over time

**New and emerging priorities** will be identified by review and consultation processes

## Approach to implementation

**IHRF’s initial phase**, which started in 2019–20, targets research that seeks ways of implementing what we already know works, lays the groundwork for future research funding and encourages partnerships to progress innovative research. This includes focusing on:

ending rheumatic heart disease

ending avoidable deafness

ending avoidable blindness

preventing chronic kidney disease

improving adolescent mental health

**Future phases** of the IHRF will encourage Aboriginal and/or Torres Strait Islander–led research teams to identify gaps in knowledge needed to address the scientific agenda of the initial phase, and to collaborate in research to address priority areas. Sustaining and communicating the outcomes of research will underpin these phases, to establish an enduring legacy from the IHRF.

An **impact and success framework** and opportunity for review of priorities and evaluation of progress will be embedded in the IHRF implementation plan. This will ensure the research impact is measured and promoted and based on the explicit needs and aspirations of Aboriginal and/or Torres Strait Islander people and their representative organisations.

## Partnerships and co-investment

To deliver a research agenda at the scale needed to transform knowledge, practice and health outcomes, and recognising the role of the broader research community in improving Aboriginal and/or Torres Strait Islander health outcomes, the IHRF will seek to establish and encourage research partnerships at both the national and international level. At a national level, the Expert Advisory Panel will work closely with other MRFF missions – including the Million Minds Mental Health Research Mission, the Cardiovascular Health Mission and the Genomics Health Futures Mission – on shared agendas to improve health outcomes for Aboriginal and/or Torres Strait Islander people.

The IHRF will seek co-investment from philanthropic sources, state and territory governments, industry and the non-government sector, to provide opportunities for shared investment in some of the significant challenges that are likely to require long-term, collaborative and sustained research efforts led and developed by Aboriginal and/or Torres Strait Islander people.

The IHRF will complement NHMRC funding and the NHMRC’s *Road Map 3: A strategic framework for improving Aboriginal and Torres Strait Islander health through research*.