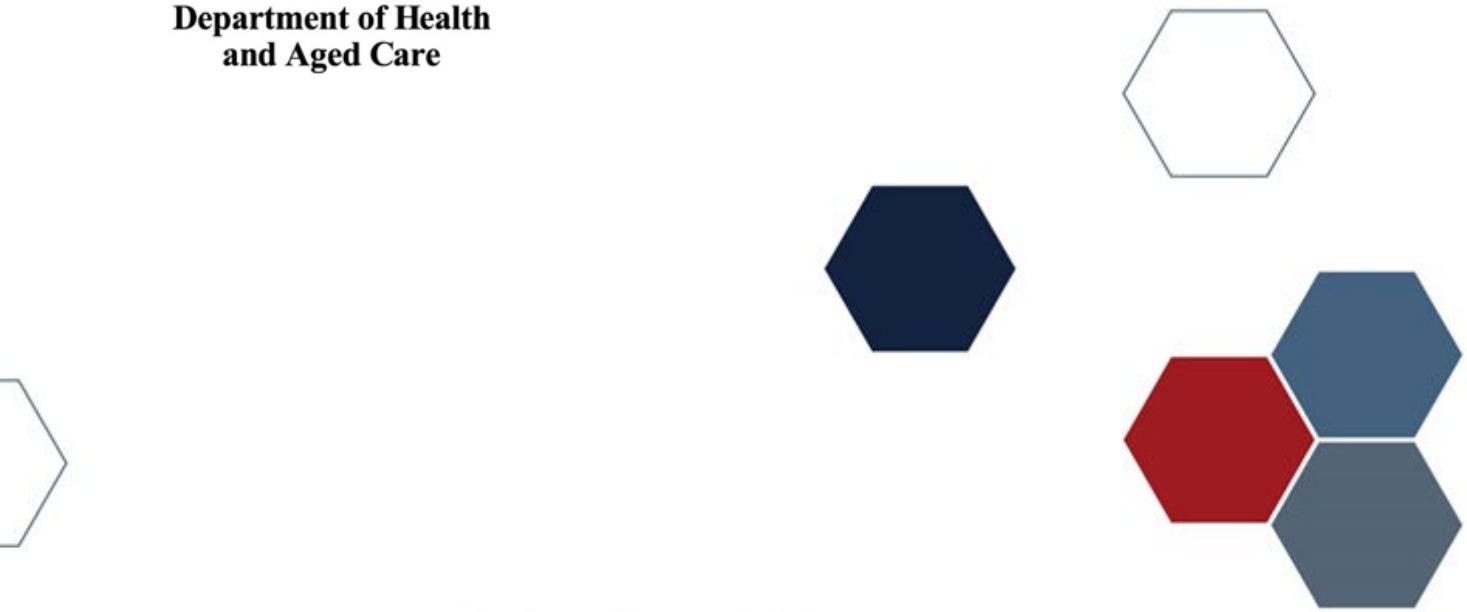
Australian Government

Department of Health and Aged Care



Medical Research

Future Fund

Australian Medical Research and Innovation Priority 2024-26 and Medical Research Future Fund Act 2015 review consultation report

Table of Contents

Introduction 2

Consultation process 2

Consultation feedback 3

Summary of Feedback on Priorities 3

Summary of Feedback on MRFF Act Review 3

Frequency of the update to MRFF Strategy and Priorities 3

States and Territories' eligibility for applying for MRFF funding 4

Additional feedback 4

Appendix A: Australian Medical Research and Innovation Priorities and MRFF Act Review Roundtable Discussion Summary 5

Introduction 5

Attendees 5

Discussion 6

Summary of discussion 6

Appendix B: Consultation Metrics 10

Table 1: Submission type and MRFF involvement: individual/organisation 10

Figure 1: State/territory (individual/organisation) 10

Figure 2: Work sector (individual) 11

Figure 3: Work sector (organisation) 11

Appendix C: Summary of Consultation Feedback on the Proposed Priorities 2024-26 12

Appendix D: Comparative overview of the Priority update process 16

Introduction

The Australian Medical Research Advisory Board (AMRAB) is required to consult on the renewal of the Australian Medical Research and Innovation Priorities (the Priorities) every two years. This report details AMRAB's consultation process to develop the 2024-26 Priorities in accordance with the *Medical Research Future Fund Act 2015* (the Act).

Per section 62 of the Act, the Department of Health and Aged Care (the Department) and the Department of Finance are currently reviewing the operation of the Act. To assist with the legislative review, this consultation also sought feedback on options to expand the eligibility of recipients for grant funding under the *Special Account* and the frequency of AMRAB's review of the Priorities and the Australian Medical Research and Innovation Strategy (the Strategy).

In providing a summary of consultation undertaken this document does not represent the endorsed views of AMRAB or the Department.

Consultation process

A targeted consultation process was conducted from 2 September until 13 September 2024, comprising of:

- a virtual roundtable with AMRAB identified stakeholders (30 participants) on 6 September 2024, and
- written submissions (from individuals and institutions) through the Department's consultation hub and via email (41 submissions).

All consultation with stakeholders was guided by a series of questions. This ensured consistency of input across consultation activities. Participants were provided with a draft revised version of the Priorities which drew heavily from the 2022-24 Priorities,[1] to:

- capture emerging areas and/or
- better align with current Medical Research Future Fund (MRFF), national and international policies and strategies and recent literature.

This process directed stakeholders to reflect on the pre-existing Priorities and identify where enhancements could be made, where Priorities no longer met current need and where new Priorities could be incorporated.

AMRAB elected to have targeted consultation to minimise consultation fatigue in the sector, recognising the in-depth process that occurred for the 2022-2024 Priorities (including more than 200 submissions), and the development of a National Health and Medical Research Strategy.

The virtual roundtable was led by the Deputy Chair of AMRAB. The roundtable included breakout rooms, each chaired by a member of AMRAB, and presented the opportunity for stakeholders to question the rationale of each proposed change directly. The breakout groups were carefully chosen to reflect the diversity of stakeholders and the broader community, including consumers and subject matter researchers. Several amendments were made to the draft Priorities in response to these in-depth discussions. A detailed description of how the roundtable consultation was coordinated is provided in **Appendix A.**

Submissions received through the consultation hub were summarised and feedback was grouped into related themes. Appendix B details a breakdown of respondents who provided written submissions. These submissions, as well as input from the roundtable and emailed submissions, informed AMRAB's deliberations in formulating the final 2024- 26 Priorities.

[1] As consultation comments were in relation to these revised 2022-24 Priorities, some consultation comments referenced in this report may not necessarily align with the original (publicly available) 2022-24 Priorities.

The consultation process provided AMRAB with assurance that the 2024-26 Priorities reflect national health priorities and future needs. The MRFF takes the Strategy and Priorities into account to ensure disbursements deliver practical benefits from medical research and medical innovation to all Australians. AMRAB and the Department extend sincere gratitude to all participants for their invaluable feedback throughout the consultation process.

Consultation feedback

This consultation report provides a record of the input received from the consultation process described above and aggregates the key inputs from that process.

Summary of Feedback on Priorities

The consultation sought feedback on each of the twelve Priorities, asking whether anything should be removed and emerging or important areas should be added. Stakeholders largely supported the twelve Priorities. Over 70% of online survey participants felt that all topics reflected the Priorities well, except for the Priority "Translation and Commercialisation," which received 54% agreement. At the roundtable, it was recommended to reframe "Comparative Effective Research" to focus on the real-world application of comparative effectiveness tools. In addition, the survey and roundtable participants provided several suggestions to better reflect the intent of the Priorities and capture important or emerging research areas. **Appendix C** provides a detailed summary of the feedback on the Priorities, with key themes consolidated for each Priority. Furthermore, some overarching themes not specific to an individual Priority were identified, such as advocating for aligning MRFF Priorities with government initiatives and recognising linkages between different Priorities.

Appendix D outlines the transition from the Priorities 2022-24 to the initial draft Priorities 2024-26 and the finalised Priorities 2024-26, which have incorporated stakeholder consultation and have subsequently been endorsed by AMRAB.

Summary of Feedback on MRFF Act Review

The consultation addressed two topics to garner feedback on potential amendments to the Act. Feedback has been synthesised to provide a clear understanding of stakeholder perspectives.

Frequency of the update to MRFF Strategy and Priorities

Sixty-seven percent of survey respondents were supportive of a change with 53% recommending three years for Priorities and six years for the Strategy. This option was also the most supported during the roundtable discussion, with similar feedback provided. Respondents highlighted the following benefits:

- Allowing rapid response to emerging priorities while maintaining sufficient time for mobilisation of research efforts.
- Every second iteration of the Priorities will fall due at the same time as a new Strategy is issued, streamlining administrative arrangements, and reducing the burden of consultation processes.
- This change would align with National Health and Medical Research Council's (NHMRC) triennium.

Fourteen percent of respondents preferred changes to five-year review for Priorities and ten-year review for Strategies. They highlighted the need for longer term vision, the benefits in supporting longer-term research projects, and noted that its alignment with the cycle of the National Science and Research Priorities.

Maintaining the current frequency was supported by the remaining 33% respondents to the online survey. Respondents highlighted the climate crisis and the pandemic, emphasising the importance of agility. However, no significant comment on this option was received at the roundtable.

States and Territories' eligibility for applying for MRFF funding

The majority of respondents (72%) to the online survey supported maintaining the current process, with no change to the Act to enable States and Territories to apply directly for MRFF funding in the same manner as current grant applicants. They raised the following concerns about potential changes:

- Changes may lead to fragmentation of Australian research and dilution of research funding.
- There is a lack of skills and infrastructure in States and Territories, which may cause delays in delivering any intended outcomes.
- Potential risk of using the fund for business as usual within health services rather than research.
- Introduction of risk of bias and political influences.
- Further isolation of healthcare and universities while integration of health workforce with academic workforce is important.
- Concerns about inequity of funding distribution between States and Territories.

Twenty eight percent of respondents supported the changes. They highlighted that this would benefit research translation and contribute to addressing the local needs and filling the gaps in health research. They also pointed out a current gap that public health organisations and NHMRC accredited research translation centres are not eligible to receive funding.

At the roundtable, this question generated diverse views. Some participants noted existing arrangements between States and the Commonwealth and raised concerns about transparency in funding and potential duplication of State-funded projects. The risks of increased competition for funding, especially for early-career researchers, were also highlighted, along with the need for equitable distribution of funds across different-sized States.

There was some support for allowing States and Territories to apply for direct MRFF funding with the caveat that they should follow the same competitive process as other organisations, with mechanisms to prevent inequitable funding distribution. Participants discussed whether allowing States and Territories direct access to MRFF funding would perpetuate a competitive environment. Some believed it would benefit smaller States by giving them flexibility, while others raised concerns about creating inequities, noting that States already have access to NHMRC funding and the potential for overlaps in research funding.

Additional feedback

Respondents through the roundtable and the survey raised additional comments on related topics. Common themes included that the scope of MRFF funding should be broadened to capture nursing, midwifery and allied health, the needs of consumers and industry partners, and research from social sciences. Several respondents recommended that the MRFF funding eligibility should be expanded to include statutory bodies, NHMRC accredited research translation centres and administering organisations. A few respondents also emphasised the importance of quality review process of funding mechanisms. There were also calls for more flexibility in distributing fundings across different areas, allowing unspent funds from under-researched area to be redirected to other priorities.

Appendix A: Australian Medical Research and Innovation Priorities and MRFF Act Review Roundtable Discussion Summary

Introduction

The Roundtable on 6 September 2024 engaged a range of stakeholders from across the medical research and medical innovation sector (see Attendees). This summary provides a high-level overview of insights obtained on the proposed Priorities for 2024-26 and the MRFF Act review.

In providing a summary of the roundtable this document reflects the discussion. However, this document does not represent the endorsed views of AMRAB or the Department of Health and Aged Care.

Attendees

Name	**Representing Organisation**
Professor Caroline Homer AO (Deputy-Chair)	Australian Medical Research Advisory Board
Professor Denise Doolan	
Mr Yasser El-Ansary	
Ms Imelda Lynch	
Professor Steve Wesselingh	
Invited organisations/groups	
Heart Foundation	
LGBTIQ+ Health Australia	
Academy of the Social Sciences in Australia	
La Trobe University	
Australasian Association of Academic Primary Care (AAAPC)	
National Health Medical Research Council (NHMRC)	
Hudson Institute of Medical Research	
Victor Chang Cardiac Research Institute (VCCRI)	
VACCHO (Victorian Aboriginal Community Controlled Health Organisation)	
Australian Rural Health Education Network (ARHEN)	
Australian Women's Health Alliance	
Lowitja Institute	
Association of Australian Medical Research Institute (AAMRI)	
AusBiotech	
Australian Technology Network (ATN) of Universities	
Commonwealth Scientific and Industrial Research Organisation (CSIRO)	
Additional 8 organisations chose to remain unnamed	

Discussion

To facilitate discussion, attendees were allocated to one of four breakout groups to undertake an in-depth analysis of three of the Draft Priorities.

Group	Priorities
Group 1	• Consumer-driven research • Primary care research • Comparative effectiveness research
Group 2	• Research infrastructure and capability • Translation and commercialisation • Health and medical researcher capacity and capability
Group 3	• Preventive and public health research • Aboriginal and Torres Strait Islander health • Priority populations
Group 4	• Global health security • Health impacts from environmental factors • Artificial intelligence and digital health

Attendees were asked to consider the following questions within each group.

1. Is there anything in each Priority that should be removed and why?
2. Are there any emerging or important areas of focus not captured in updated Priority that should be included? Why?
3. Do you think the frequency of the update to MRFF Strategies and Priorities should be changed? Why/why not?
4. Would either of the following frequencies be suitable – why/why not?

- Change to review Priorities: 3 years, Strategy: 6 years
- Change to review Priorities: 5 years, Strategy: 10 years

5. Do you propose a change to the MRFF Act to enable states and territories to apply directly for MRFF funding, and why/why not?

Each group was chaired by a member of AMRAB to ensure that they could actively participate in engagement with stakeholders.

Summary of discussion

Discussions on individual specific priorities

Consumer-Driven Research

Participants debated the term “consumer driven.” A shift to “user driven” or “community driven” was suggested to reflect the intent of the Priority to reflect the needs of diverse groups. The discussion considered the need for research to address outcomes as well as accessibility, equity, and the best possible healthcare experiences.

Primary Care Research

There was a suggestion to change the term “clinician research capability” to “clinician capability and researcher capability” as these are two different things. Participants suggested that innovative models of care and self-care should fit into this Priority and including innovative funding models alternate to fee-for-service. Participants acknowledged the addition of “including in regional, rural and remote communities” under “How best addressed” in this Priority and proposed including diverse communities and including

healthcare professional researchers as well as to broaden that around the social scientist and other relevant researchers.

Comparative Effectiveness Research

Discussions focused on how this Priority is framed, with some raised concern it is narrow or outdated. There was a suggestion to reframe it to be more about how comparative effectiveness tools are applied in the real world rather than researching new ways to develop comparative effectiveness tools.

Research Infrastructure and Capability

Discussions stressed the need to reduce duplication and waste when allocating money for infrastructure capability. There were suggestions for increasing integration with health economics and social sciences and building capacity in digital technologies like AI. There was also a call for specific support for clinical trials and biobanks as key research infrastructures, alongside a push for policy innovation as a crucial pathway for translation. The group highlighted the importance of workforce development and collaboration across the research, industry, and government sectors to maximise the MRFF's impact.

Translation and Commercialisation

The group highlighted the importance of workforce development and collaboration across the research, industry, and government sectors to maximise the MRFF's impact. Participants commented that Australia is not bad at commercialisation, but researchers are in need for support and pathways to achieve it. There was a suggestion for shifting the wording to "*Australia must capitalise on its investment in biomedical research and ensure that research discoveries with translational potential have a pathway to commercialisation and/or implementation into the health system*."

Medical Research Capacity and Capability

Discussion called for expanding the focus beyond gender equity to include broader diversity in the workforce, including backgrounds and disciplines. This would ensure support for a wide range of researchers, from biomedical scientists to interdisciplinary teams. There was also strong support for increasing AI and digital capacity, with participants noting the need to create environments conducive to clinician-researcher participation, ensuring that time and resources are allocated to enable more healthcare professionals to engage in research activities.

Preventive and Public Health Research

One of the key challenges identified in this research area is tackling issues at a society level, such as stigma, discrimination, media discourse, which often contribute to minority stress. These are difficult to quantify but significantly impact public health research outcomes. Participants also noted that the current focus does not include language addressing the structural and social determinants of health and health equity. There was a call for a greater emphasis on translating evidence-based approaches tailored to the needs of local communities rather than overemphasising self-care, which can sometimes overlook societal barriers preventing individuals from engaging in self-care.

Aboriginal and Torres Strait Islander Research

The group highlighted the importance of including "wellbeing" alongside health. The group noted that the cultural social determinants and the importance of a rights-centred approach should be included. There was support for using strength-based approach to language and including references and materials from the Lowitja Institute. Participants were keen to use the term capability instead of capacity as it is more about skill development rather than opportunities. The group also noted a few additional issues that could be added, including data sovereignty, Indigenous knowledge, centring the voices of Aboriginal and Torres Strait Islander people, strengthening the role of Aboriginal and Torres Strait Islander people, and recognising intersectionality issues in Aboriginal and Torres Strait Islander health.

Priority Populations

The group emphasised the importance of intersectionality, recognising the multiple challenges people face in their lives. While there was general support for focusing on priority populations, participants advocated for the inclusion of priority populations within *all* groups by integrating standard demographic questions into all research. This would make data more relevant for diverse communities, particularly LGBTIQ+ populations. The group also suggested that the current list of priority populations should be forward-looking and adaptable, ensuring it remains relevant over the next decade as new groups emerge. Concerns were raised that women were not adequately represented as a priority population, and that gender-related barriers could be more clearly articulated. The group also recommended incorporating the cultural determinants of health into the priority framework.

Global Health and Health Security

The group supported merging the antimicrobial resistance (AMR) priority within global health and health security and recommended aligning this priority with the Australian Interim Centre for Disease Control (CDC). They suggested broadening the priority to include medical countermeasures, which is particularly beneficial for the community. Participants also recommended strengthening the definition of "geopolitical environment" to better recognise Australia's role and responsibilities in the global context. There was a proposal to consider the term "one health" within this priority.

Health Impacts from Environmental Factors

The group welcomed the expanded focus on both physical and mental health. It was suggested that terms such as "new" and "communicable" be removed to encompass all diseased influenced by environmental factors. Participants also discussed the need to address equity and access issues, particularly in relation to the effects of climate change.

Artificial Intelligence and Digital Health

There was strong support for including references to "quantum health" within the priority. Additionally, participants recommended broadening the description to focus on ethical considerations and digital security. They also suggested expanding the scope to explicitly cover diagnostics and personalised medicine.

Discussion on MRFF Act Review - Frequency of the update to MRFF Strategies and Priorities

There was broad support for adjusting the frequency to a three-year cycle for Priorities and a six-year cycle for Strategies. Participants noted that this would allow for alignment with rapid technological advances and emerging health threats. Some also commented that this schedule would synchronise with the NHMRC Council Triennium, providing an opportunity for robust evaluations at the end of each cycle. However, a few attendees preferred a five- and ten- year review cycle to better align with other national science and research strategies, while some advocated for a four- and eight-year cycle for Priorities and Strategies, respectively.

Discussion on MRFF Act Review - States' and Territories' eligibility for direct MRFF funding

The discussion on whether States and Territories should have direct access to MRFF funding generated mixed opinions. Some participants highlighted existing arrangements between States/Territories and the Commonwealth, raising concerns about transparency and the potential duplication of projects already funded by State governments. There were also suggestions that MRFF funding could be directed to statutory bodies, rather than opening in up to States and Territories.

Concerns were raised about increased competition for funding, particularly affecting early-career researchers. Ensuring an equitable distribution of funds across States and Territories of different sizes was also considered crucial to avoid unfair advantage.

There was some support for allowing States and Territories to apply for direct MRFF funding, with the condition that they follow the same competitive process as other organisations. To prevent inequities, mechanisms would be needed to ensure fair distribution of funds. While some participants felt this would grant smaller states more flexibility, others worried it could lead to overlapping with NHMRC funding and perpetuate a competitive environment.

Appendix B: Consultation Metrics

Thirty-nine key stakeholders, including organisations and individuals, were invited to the roundtable discussion. They also received an online survey link to provide additional feedback from themselves or their networks.

The roundtable had 30 participants representing 24 organisations, while 41 respondents made submissions in response to the online survey. Overall, 42 organisations and 19 individuals contributed their insights to the consultation process.

Details about the participant organisations of the roundtable discussion are provided above in Appendix A.

The below table and figures provide the demographic data of stakeholders who participated in the survey.

Table 1 highlights a relatively even distribution between organisations and individuals and if the organisation or individual had been in receipt of an MRFF grant.

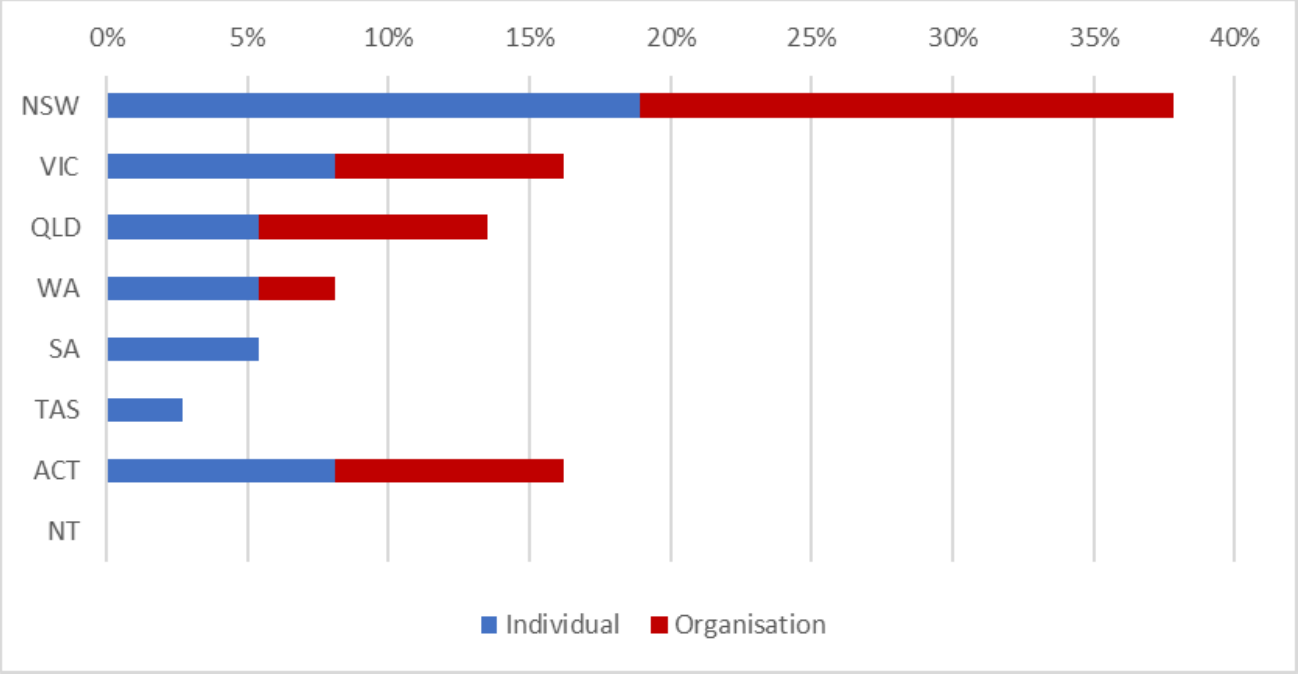
Table 1: Submission type and MRFF involvement: individual/organisation

	Type of submission	MRFF grant recipient*
Individual	54%	55%
Organisation	46%	53%

* Proportion of respondents answering 'yes' to receiving an MRFF grant (individual), or MRFF funding (organisation).

Figure 1 outlines the geographical location of stakeholders involved in consultation activities.

Figure 1: State/territory (individual/organisation)



As seen below, AMRAB actively targeted a diverse range of stakeholders to ensure the Priorities reflected the Australian community. Figures 2 and 3 provide a breakdown of work sector for

individual participants and attendees from organisations. It should be noted that the percentages presented in Figures 2 and 3 may not total 100%, as some respondents consider themselves part of multiple work sectors.

Figure 2: Work sector (individual)

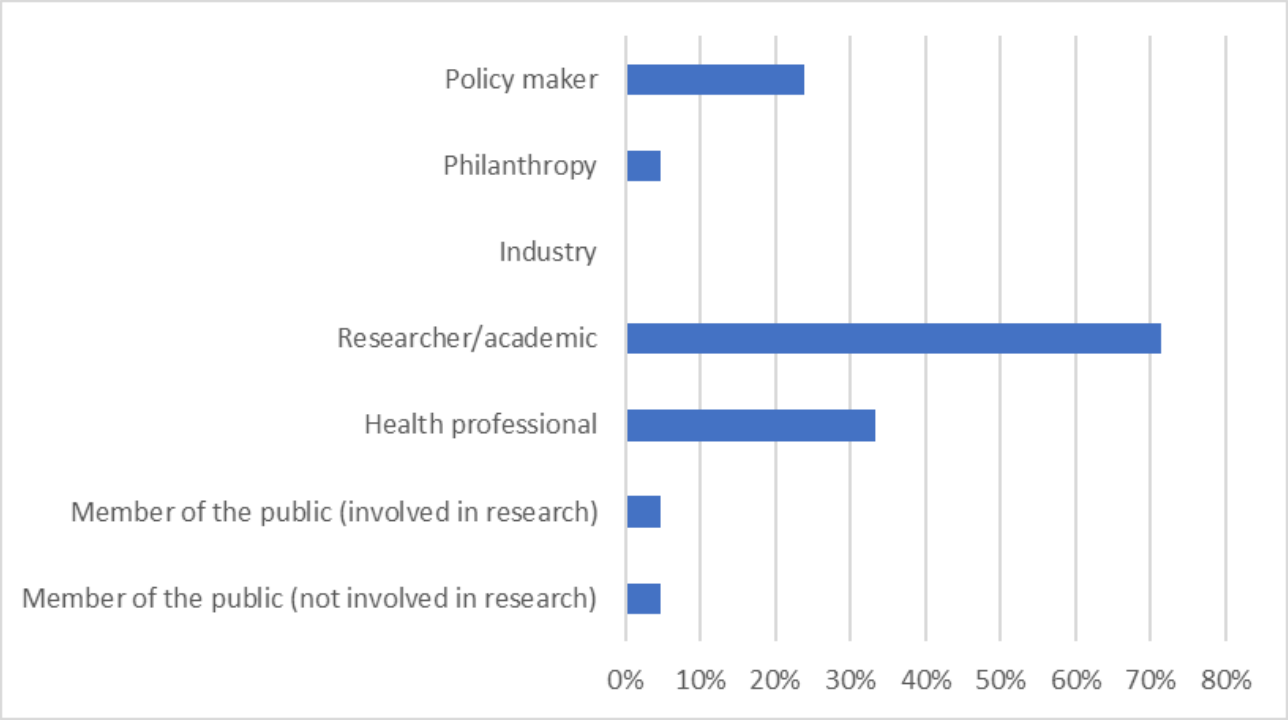
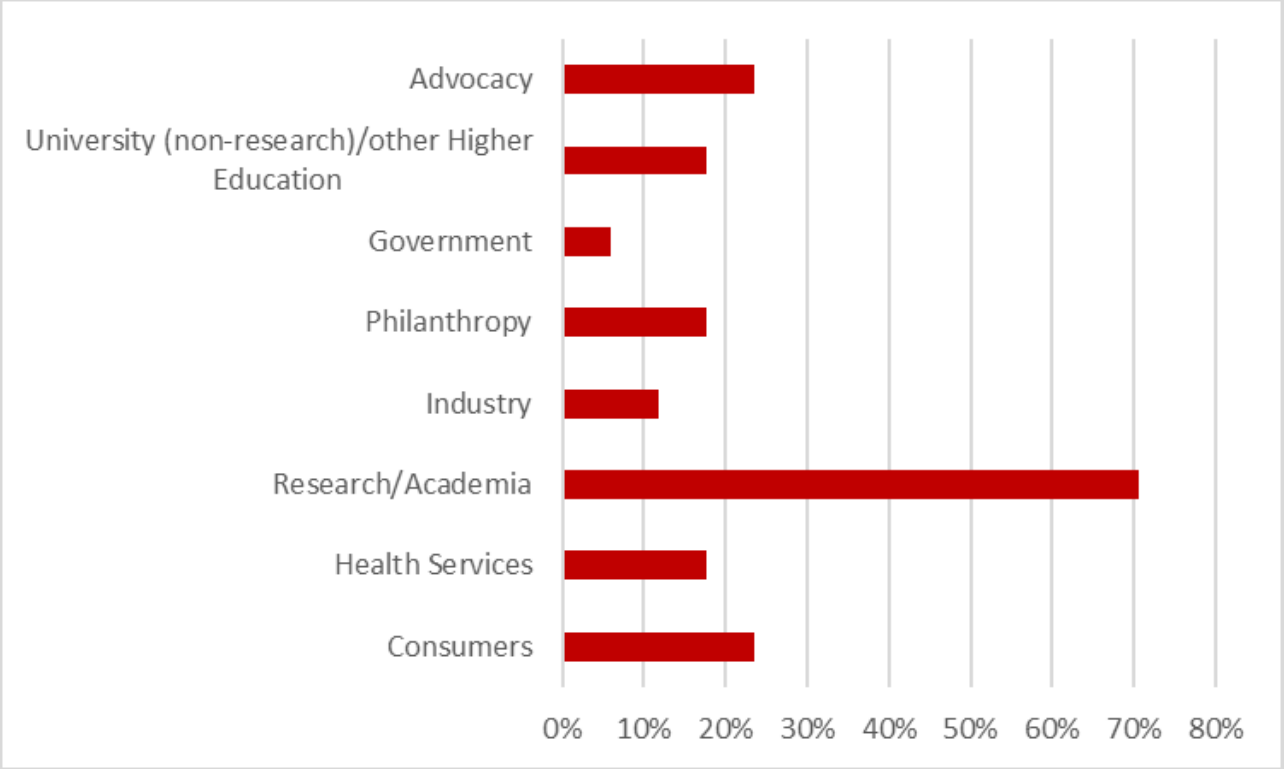


Figure 3: Work sector (organisation)



Appendix C: Summary of Consultation Feedback on the Proposed Priorities 2024-26

The summary below includes the feedback gathered throughout the consultation process, covering both the roundtable input, as detailed in Appendix A, as well as the written submissions.

Priority	Key themes/feedback
Consumer-Driven Research	• Varied views on the term 'consumer' highlighting the need for the terminology to capture diverse populations. • Research needs to address accessibility, equity, and the best possible healthcare experiences in addition to health outcomes. • Principles of equity, diversity, inclusion, and respect should underpin all consumer involvement activities. • Consumer-Driven Research should be considered a cross-cutting enabler, relevant across all Priorities. This reflects a commitment to consumers, and/or those with lived experience. • To action this Priority, consumer involvement should be embedded across grant processes, including assessment processes. There is a need within the sector to build capacity, foster collaborations and create networks.
Research Infrastructure and Capability	• Need to increase integration with health economics and social sciences. • Need to build capacity in digital technologies e.g. AI. Access to other national infrastructure and funding resources, linked data, and databases is important in accelerating innovation and being competitive. • Request for specific support for clinical trials and biobanks as key research infrastructures, alongside policy innovation as a crucial pathway for translation. • Need to include of other dimensions beyond discovery research and technologies as health services research and policy knowledge gaps can also be addressed through better access. • The importance of workforce development and collaboration across research, industry, and government sectors to maximise MRFF's impact and reduce duplication of efforts.
Translation and Commercialisation	• Workforce development and collaboration across research, industry, and government sectors are crucial to maximise the MRFF's impact. • The focus should be broader than commercialising biomedical research innovations and include health system transformation to avoid increasing the influence of commercial determinants of health. • There needs to be recognition that tools and technologies addressing consumer and community needs are more likely to be impactful and contribute to improved health outcomes. This will be achieved through partnership and collaboration with consumer and community. • The importance of supporting new ecosystems for organisations and enterprises that can innovate and translate research findings into the health system.

Priority	Key themes/feedback
Comparative Effectiveness Research	• Suggestion that the Priority is narrow and/or outdated. • Health system evaluation and health services research should be reflected in addition to comparative effectiveness research. Consider cost-effectiveness, financial sustainability of health systems, and value-based decision-making. • Approaches beyond traditional clinical trials, such as adaptive clinical trials and real-world data, can provide important evidence and inform timely decision-making. Infrastructure will be needed to support these approaches. • Australia is considered a world leader in this area. However, further expansion of the workforce is needed to develop skills and capability to support research projects. • Ongoing evaluation and assessment are needed to ensure technologies and health services implemented are of high value, which includes consideration of patient experience and patient reported outcome measures.
Preventive and Public Health Research	• The role of social and commercial determinants of health and structural factors in shaping health and wellbeing and health equity could be included, and there could be a reduced focus on individual factors such as health literacy and self-care. • Approaches to public and preventive health should be tailored to communities' needs. • Effective translation and implementation will require collaboration and engagement with all levels of government. It will also require investment in and access to, infrastructure to inform public health policy. This includes population health data. • Consumers and communities must be involved in the design of research and implementation to ensure a focus on holistic health and wellbeing.
Primary Care Research	• Need to be more inclusive, and should include non-GP researchers, allied health and health services researchers, and those in health economics and health management. Diverse researchers bring additional value and can also help support clinician researchers who are time poor. • Support for including regional, rural, and remote communities under 'how best addressed.' • Research agendas should be driven by those working in primary healthcare and their communities. It should be informed by social and cultural determinants of health and seek to address how these factors can be integrated into models to improve health and wellbeing. • Primary care delivery can be strengthened via access to data and infrastructure. This requires co-ordination and collaboration across the health system. • Involvement of consumers and communities in research are critical to the success of delivery of primary care. Consider having a shared care model between health professionals and consumers.

Priority	Key themes/feedback
Health and Medical Researcher Capacity and Capability	• Equity needs to be expanded beyond gender given the diversity of researchers and impact of intersectionality in the research sector. • Comments on the importance of investment in Australia's research workforce to support researchers in various settings to ensure there are viable career pathways. • Emphasis is needed on providing opportunities for researchers to translate and implement research and research programs into the healthcare system. • There should be focus on strengthening and fostering research communities with diverse skills and experience and include researchers at all career levels.
Aboriginal and Torres Strait Islander Health	• Strong support for adopting a strengths-based approach to language, emphasising the resilience and achievements of Aboriginal and Torres Strait Islander communities. Participants recommended referencing materials from the Lowitja Institute, known for its community-led, culturally informed research, and suggested consulting additional resources such as NHMRC's ethical guidelines and the Indigenous Governance Toolkit. There resources aim to ensure culturally sensitive, community-engaged research that fosters positive outcomes and long-term benefits for Aboriginal and Torres Strait Islander peoples. • Important concepts in this area include cultural determinants of health, data sovereignty, Indigenous knowledges, self-determination and intersectionality. • There is a need to centre the voices of Aboriginal and Torres Strait Islander people and strengthen the role of Aboriginal and Torres Strait Islander people in research. • It is important to include "wellbeing" alongside health. • Leadership and building capability are vital to the success of this Priority and will be an enabler across all MRFF Priorities. To achieve this aim, support of and investment in Aboriginal and Torres Strait Islander researchers is needed. • Comments on the importance of the research agenda being driven by Aboriginal and Torres Strait Islander communities and not defined by government. • Research should include outcomes that are culturally relevant and be informed by cultural knowledge systems and methodologies. • There needs to be acknowledgement of the importance of cultural outcomes of wellbeing and the need to continue to address institutional discrimination and bias.
Priority Populations	• The feedback highlighted the importance of recognising intersectionality. • Additional suggestions for groups that should be added to the list of priority populations and the value of reviewing the list over time. • Those that have experienced, and continue to experience, systematic barriers to health need to be considered across all MRFF priorities. • The importance of inclusivity and connection in fostering health and wellbeing.
Global Health and Health Security	• Broad support for merging the antimicrobial resistance into global health and health security.

Priority	Key themes/feedback
	• Suggestion of strengthening geopolitical environment, recognising the role and responsibility of Australia in the geopolitical ecosystem. • Capacity to respond to pandemics needs to include partnership with industry to accelerate innovation and develop solutions. • Solutions require development of national networks and infrastructure and sharing of data and information. This will also help support future successes. • Global health threats will disproportionately impact priority populations, and so there should be more emphasis on addressing the vulnerabilities and needs of these groups.
Health Impacts from Environmental Factors	• Broad support for the proposed wording. • Health impacts from environmental factors should not be limited to communicable diseases only. • Comments on health impacts from environmental factors being a global concern and will disproportionately impact some groups more than others. Developing countries will require support as well as those living in poverty. • Comments on the importance of engagement with industry to address challenges and developing solutions, including the translation and commercialisation of these solutions. • Value of Indigenous knowledge in addressing knowledge gaps, which needs to be incorporated into multidisciplinary research.
Artificial Intelligence and Digital Health	• Recognise artificial intelligence as a cross-cutting enabler across the MRFF. • Comments on the importance of diverse skilled and capable workforce, along with collaboration and involvement of consumers and community. This is because of the uncertainties, including inherent biases and impact on health system sustainability. • Advocate for research to be undertaken with appropriate ethical, governance and regulatory controls and include transparency and security requirements.
Feedback Not Specific to Individual Priorities	
Cross-cutting themes	• All MRFF Priorities should demonstrate how they are aligned with current government initiatives, policies agendas and statements. This would provide assurance that the Priorities are being developed with consideration of other work occurring across government. This includes for example the National Health and Climate Strategy and the National Science Priorities. • Many of the Priorities have linkages with one another and/or some could be seen as cross-cutting enablers for other sets of Priorities. This needs to be better reflected and acknowledged to provide more cohesion. • The general nature of the Priorities means that the leading causes of disease burden are not explicitly mentioned or reflected, nor the complexity of managing individuals with multi-morbidities in the health system. • To achieve implementation and translation of research, clearer pathways for collaboration and engagement through government and the healthcare system need to be established. This will also need to underpin all MRFF Priorities.

Appendix D: Comparative overview of the Priority update process

	Priorities 2022-24	Proposed Priorities 2024-26	Priorities 2024-26
		Consumer-Driven Research	
Priority Description	Research that is driven by meaningful consumer involvement and partnerships, to incorporate priorities, needs, values and experiences to deliver fit-for-purpose outcomes that can be adopted by consumers, carers, healthcare professionals and other end-users.	Research that is driven by meaningful consumer involvement and partnerships, to incorporate priorities, needs, values and experiences to deliver fit-for-purpose outcomes that can be adopted by consumers, carers, healthcare professionals and other end-users.	Research that is driven by meaningful consumer and community involvement and partnerships, to incorporate their diverse priorities, needs, values and experiences to deliver outcomes that are accessible, useful and used by consumers, carers, health care professionals and other end-users.
Why action is needed	Increased and more effective consumer involvement will assist in ensuring MRFF funded research delivers the best possible outcome for improving the health and wellbeing of individuals, their families and carers.	Consistent and effective consumer involvement will assist in ensuring MRFF-funded research is fit for purpose, high quality, good value and delivers the best possible outcomes for improving the health and wellbeing of people in Australia.	Consistent and effective consumer involvement will ensure that MRFF-funded research is fit for purpose, high quality, good value, trusted by the community and efficiently delivers the best possible research outcomes for improving the health and wellbeing of people in Australia.
How best addressed	Support partnerships that drive meaningful consumer involvement by pairing researchers with consumers, carers, healthcare professionals and other end-users.	Support meaningful partnerships that embed consumers in the prioritisation, design, conduct, translation, and evaluation of MRFF-funded research, and promote consumer involvement and leadership across all types of research.	Support meaningful and respectful consumer and community involvement and engagement in the prioritisation, design, conduct, translation, dissemination and evaluation of MRFF-funded research, and promote consumer and community leadership and partnership with researchers across all types of research.
AMRAB Comments	Changes to the wording have been made based on the consultation feedback. The word community has been added to the priority description to encompasses involvement of groups, not just individuals, including those who may not identify as consumers. Other details have been added to clarify the expected outcomes and the involvement of consumers through the whole research process.		

Research Infrastructure and Capability			
Priority Description	Address gaps in the generation of knowledge and in early biomedical and medical technology product development by supporting access to expertise, capability and infrastructure (i.e. research facilities, equipment, systems, services), including in partnership with industry, that seeks to drive new research discoveries and accelerate innovation.	Address gaps in the generation of knowledge and in early biomedical and medical technology product development by supporting access to expertise, capability, and infrastructure (i.e. research facilities, equipment, systems, services, networks, and digital infrastructure), including in partnership with industry, that seeks to drive new research discoveries and accelerate innovation.	Address gaps in the generation of knowledge, in early biomedical and medical technology product development and translational research by supporting access to expertise, capability, and infrastructure, in partnership with industry to drive new research discoveries and accelerate innovation. This includes research facilities, equipment, systems, services, networks, digital infrastructure, integrated data, and biobanks.
Why action is needed	Access to advanced biomedical research and translation assets is required to ensure that discoveries are effectively and rapidly converted to new preventive interventions, diagnostics, therapeutic products and medical devices, based on quality data.	Access to advanced biomedical and digital research and translation assets as well as relevant expertise, collaborations, and networks will ensure that discoveries are effectively and rapidly converted to new preventive interventions, diagnostics, therapeutic products and medical devices, based on quality data.	Access to advanced biomedical and digital research and translation assets as well as relevant expertise, collaborations, and networks will ensure that discoveries are effectively and rapidly converted to new preventive interventions, diagnostics, therapeutic products, and medical devices, based on quality data.
How best addressed	Support access to expertise and infrastructure that facilitates innovation and the development of research discoveries for practical impact. Emphasis should be placed on building capacity and capability, including through collaboration and partnerships with industry. This includes better integration with NCRIS on infrastructure support.	Support access to expertise and infrastructure that facilitates innovation and the development of research discoveries for practical impact. Emphasis should be placed on building capacity and capability, including through collaboration and partnerships with industry. This includes better integration with the National Collaborative Research Infrastructure Strategy program (NCRIS) on infrastructure support.	Support access to expertise and infrastructure that facilitates innovation and the development of research discoveries for practical impact. Emphasis should be placed on building capacity and capability, including through increased collaboration and partnerships across the research sector and with industry. This includes better integration with other government infrastructure programs such as the National Collaborative Research Infrastructure Strategy (NCRIS) program and the National One Stop Shop for clinical trials.

AMRAB Comments	Wording in this Priority has been amended based on feedback from the consultation which emphasised the need to include infrastructure that supports linked health data/ integrated data and biobanks, as well as to support capability building across the research sector. In addition, wording to encourage better integration with other national infrastructure resources were strengthened in response to feedback.		
Translation and Commercialisation			
Priority Description	Provide a focus on research translation, implementation and commercialisation by facilitating collaborations between the research sector, industry and community. This includes accelerating and advancing innovation to bring about progress in health outcomes by leveraging opportunities from novel or emerging tools and technologies (e.g. personalised medicine, synthetic biology, advanced communications and manufacturing technologies) that can transform health and medical research, health interventions and care.	Provide a focus on research translation, implementation and commercialisation by accelerating and advancing innovation to improve health outcomes by leveraging opportunities from novel or emerging tools and technologies that can transform health and medical research, health interventions and care. This includes building the evidence base for healthcare adoption, as well as facilitating collaborations between the research sector, industry, and community.	Provide a focus on research translation, implementation and commercialisation by accelerating and advancing innovation to improve health outcomes and impact, and by supporting the development of biomedical research industries in Australia. Leverage opportunities from novel or emerging tools and technologies that can transform health and medical research, health interventions and care. This includes building the evidence base for improved adoption into health care and policy, as well as increasing collaborations between the research sector, industry, health services, governments, and community.
Why action is needed	Australia is recognised as a world leader in biomedical research outputs, but this is not reflected in levels of research translation and commercialisation. Narrowing this gap is critical to realising the benefits of research outputs, through health and economic outcomes.	Australia is recognised as a world leader in biomedical research outputs, but this is not reflected in levels of research translation and commercialisation. Investing in translation and commercialisation will realise the benefits of research outputs, through health and economic outcomes.	Australia is recognised as a world leader in biomedical research outputs. Capitalising on these investments is critical to ensure that research discoveries have a pathway to translation and commercialisation to better realise health and economic benefits.
How best addressed	Support for translation of research into improved healthcare, new healthcare technologies, treatments and models of care. This includes supporting transitions through the ‘valleys of death’ and de-risking projects to	Support for translation of research into improved healthcare, new healthcare technologies and treatments including drugs, devices, and models of care. This includes supporting the ecosystem for small and medium enterprises (SMEs) to translate early-stage medical research with	Support for translation of research into improved health care, new health care technologies and treatments including therapeutics, drugs, devices, and models of care. Support the ecosystem for small and medium enterprises (SMEs) or not-for-profits to translate

	support commercial viability and implementation	commercial potential into healthcare products or healthcare delivery processes by facilitating progress along the translation and commercialisation pipeline and de-risking projects to support commercial viability and implementation.	early-stage health and medical research with commercial potential into products or services. Facilitate progress along the translation and commercialisation pipeline and de-risk projects to support commercial viability and implementation.
AMRAB Comments	Based on consultation feedback, this priority was reframed from a strength-based perspective in relation to Australia's translation and commercialisation outputs and opportunities. Based on recommendation, the stakeholders relevant to this priority was expanded to include governments, health services and not-for-profits that contribute to the translation and commercialisation of Australia's health research outputs. Research with translatable and commercialisable potential was also expanded beyond medical research to better encompass other health outputs.		
	Comparative Effectiveness Research		**Effective and High Value Care**
Priority Description	Systematic evaluation and demonstration of the comparative value of therapeutics, devices and health interventions to inform the decisions by policy makers, clinicians and consumers regarding healthcare, and to minimise unnecessary, ineffective and harmful health interventions.	Systematic evaluation and demonstration of the comparative value of health interventions to inform decisions by policy makers, clinicians, and consumers regarding healthcare, and to minimise unnecessary, ineffective, and harmful health interventions.	Demonstrate the comparative clinical and cost effectiveness of health interventions to identify and improve the delivery of high value care and to minimise unnecessary, ineffective, and harmful health interventions. This includes the generation of a range of evidence, including through innovative clinical trials, health economic evaluation, and analysis of real-world data, to enable ongoing assessment of interventions, care models and health technologies.
Why action is needed	Knowledge of the benefits and harms of alternative means to prevent, diagnose, treat, and to monitor care, can transform health outcomes. Evidence generated by comparative effectiveness research improves treatments and informs decision-making about investment and disinvestment.	Knowledge of the benefits and harms of alternative means to prevent, diagnose, treat and monitor clinical conditions or improve the delivery of care is needed to transform health outcomes. This evidence will allow informed decisions about healthcare investment and disinvestment at the individual and population level.	Knowledge of the benefits and harms of alternative means to prevent, diagnose, treat and monitor clinical conditions or improve the delivery of care is needed to transform health outcomes and reduce the amount of low value care. Evidence of health benefits and economic value will inform decisions about health care investment and disinvestment at the individual and population level.

How best addressed	Support comparative effectiveness research driven by clinicians, consumers and policy makers to inform decisions on the most effective care.	Support comparative effectiveness research, such as clinical trials and approaches that support health technology assessments, that is driven by clinicians, consumers, health technology assessors and policy makers to inform decisions on the funding and delivery of the most effective care.	Support innovative clinical trials and use of real-world data, particularly in areas of unmet need, to generate evidence of the clinical benefits and cost effectiveness of health interventions, to inform policy makers, clinicians and consumers. Support research to address targeted evidence gaps of value to health technology assessment processes in Australia, to inform funding and delivery of the most effective care.
AMRAB Comments	This priority has been updated significantly based on stakeholder feedback. Language was clarified to highlight that research funded and conducted under this priority should focus on evaluating the value of various health interventions through the lens of clinical benefits and cost effectiveness to identify high value care, reduce low value care and inform policy, investment and clinical decisions. We have also applied stakeholders' recommendation that research funded and conducted under this priority should include approaches such as innovative clinical trials, health economics and the use of real-world data. The 'How best addressed' section was rewritten to describe research in clinical trials and health technology assessment, to align with current MRFF initiatives in this area.		
Preventive and Public Health Research			
Priority Description	Invest in preventive health to maximise the social and economic benefits of better health. The investments in preventive health research made through the MRFF are expected to contribute to policy objectives of the National Preventive Health Strategy 2021-2030 and other national initiatives	Invest in preventive and public health research that can be translated into evidence-based approaches to maximising health and wellbeing, reducing the burden of disease and delivering social and economic benefits.	Invest in preventive and public health research that can be translated into evidence-based health care, policies and systemic changes to maximise health and wellbeing, reduce the burden of disease, improve health equity and deliver social and economic benefits.
Why action is needed	Chronic conditions are the leading cause of illness, disability and death in Australia. Primary causes are typically known (nutritional, behavioural and biomedical) and often modifiable. There is great potential for integrating prevention and public health interventions with healthcare to maintain and	Promoting and improving health in Australia requires significant and sustained effort to prevent illness, disability and avoidable death. Effective health promotion and integration of individual and population-based interventions within and alongside healthcare will provide better support for self-care interventions,	Promoting and improving health in Australia requires sustained research effort to define ways of reducing preventable illness, disability, and avoidable death. Effective health promotion and integration of individual, population-based and structural interventions within and alongside health care will improve wellbeing, address risk factors and co-morbidities, provide better

	improve health and wellbeing and reduce the burden of disease.	improved wellbeing, address risk factors and co-morbidities and reduce the burden of disease.	support for self-care interventions, and reduce the burden of disease. This includes consideration of the social, cultural and commercial determinants of health.
How best addressed	Support innovative approaches in prevention and public health interventions through multidisciplinary collaborative teams to improve public health outcomes, including by addressing modifiable risk factors and co-morbidities	Support collaborative, multidisciplinary research to develop implementable approaches to primordial, primary and secondary prevention and health promotion that improve individual and population health outcomes. Conduct research to improve health literacy of people in Australia to empower individuals to make more informed self-care decisions and actions and independently manage their health and wellbeing.	Conduct collaborative, multidisciplinary research to develop and evaluate implementable approaches to primordial, primary and secondary prevention, and health promotion that are tailored to communities. Support research that improves approaches to fostering health literacy, enables individuals to make self-care decisions, and addresses structural barriers to good health to improve individual and population health outcomes.
AMRAB Comments	This priority was updated to emphasise the importance of health equity as an outcome of preventive and public health and to more strongly highlight the need for research that addresses structural factors that influence health, including the social and commercial determinants of health. Wording was also amended to emphasise that prevention and health promotion approaches should be tailored to communities.		
Primary Care Research			
Priority Description	Support primary care research with an emphasis on multi-disciplinary collaboration, adaptive research methodologies, innovative models of care, and clinician capability. This can include developing the evidence base about the efficacy and value of different primary care models and health systems, including to improve primary care intersection with both secondary care and tertiary care for a more integrated and efficient healthcare sector.	Support primary care research with an emphasis on multi-disciplinary collaboration, adaptive research methodologies, innovative models of care, and clinician research capability. This can include developing the evidence base about the efficacy and value of different primary care models and health systems, including to improve primary care intersection with secondary and tertiary care for a more integrated and efficient healthcare sector.	Support primary care research with an emphasis on multidisciplinary collaboration, adaptive research methodologies, innovative models of care, and clinician capability. Develop the evidence base about the efficacy and value of different primary care models and health systems. This includes improving primary care intersection with secondary and tertiary care and promoting shared models of care between clinicians and consumers, including self-care interventions, for a more integrated and efficient health care sector.

Why action is needed	The growing complexity of care environments makes practitioner and care team decisions increasingly difficult. While most healthcare occurs in primary care within the community, most research occurs in tertiary or specialist settings. In primary care, people typically present early with undifferentiated disease and multiple co-morbidities. The growth in chronic and complex diseases calls for a more concerted effort in primary care research that is geographically relevant and, where possible, scalable nationally to maximise impact.	The growing complexity of care environments and increase in chronic and complex diseases make practitioner and care team decisions increasingly difficult. While most healthcare occurs in primary care within the community, most research occurs in tertiary or specialist settings. In primary care, people typically present early with undifferentiated disease and multiple co-morbidities. Investment in primary care research will deliver a more concerted effort in primary care research that is geographically relevant and, where possible, scalable nationally to maximise impact.	The growing complexity of care environments and increase in chronic and complex diseases make practitioner and care team decisions increasingly challenging. Research on effective means to bridge the gap between primary care and specialist care is crucial to ensure that patients get access to the quality care that is available for complex and chronic problems following effective referral practice. While most health care occurs in primary care within the community, most research occurs in tertiary or specialist settings. Investment in primary care research will deliver a more concerted effort that is geographically relevant and, where possible, scalable nationally to maximise impact.
How best addressed	Conduct primary care research that is led by healthcare professionals, which can permeate daily practice and has potential for scalability.	Conduct primary care research that is led by healthcare professionals, which can permeate daily practice and has potential for scalability. Support primary care research across Australia, including in regional, rural and remote communities.	Conduct primary care research that is led by or conducted in collaboration with clinicians, including general practitioners, nurses and allied health care professionals, which can permeate daily practice and has potential for scalability. Support primary care research across Australia, including place-based research in regional, rural and remote communities and engagement with diverse populations.
AMRAB Comments	In response to stakeholder feedback, this priority has been updated to include reference to the role of consumers in developing new models of care and to incorporate the self-care interventions. Wording has been added to address clinicians' capacity as a barrier to leading primary care research by expanding their involvement to include collaboration and better highlight the range of health care professionals who may be involved in primary care research. There is also now emphasis on primary care research in rural regional and remote areas and with diverse populations.		

Health and Medical Researcher Capacity and Capability			
Priority Description	Support and enhance Australian health and medical research capacity, especially clinician researchers, with a focus on multidisciplinary engagement and improving the translation and integration of evidence-based research into primary through to tertiary care and commercial outcomes. This includes fostering gender equity and opportunities for early to mid-career researchers in the research workforce.	Support development of Australian health and medical researcher capability, with a focus on improving the translation and integration of evidence-based research into primary and tertiary care settings and commercial outcomes. Create a funding environment that fosters gender equity and increases opportunities for diverse researchers to build research capacity.	Support development of Australian health and medical researcher capability, with a focus on improving the translation and integration of evidence-based research into primary and tertiary care settings, policy and commercial outcomes. Create a funding environment that fosters equity and increases opportunities for researchers with a diversity of backgrounds, career stages, skills and expertise to build research capacity and capability.
Why action is needed	Building and growing this capacity is critical for the long-term development and retention of the next generation of health and medical researchers, especially women, to ensure the availability of diverse skills within the research workforce, that intersect clinical practice, healthcare innovation, research translation, and consumer and end-user engagement.	Building and growing researcher capacity and capability is critical for the long-term development and retention of the next generation of health and medical researchers. This will ensure the availability of diverse skills within the research workforce and enhance career pathways for researchers in academia, industry, and clinical settings.	Building and growing researcher capacity and capability is critical for the long-term development and retention of the next generation of health and medical researchers. This will ensure the increased availability and sustainability of diverse skills within the research workforce and enhance career pathways for researchers in academia, industry, government, and clinical settings.
How best addressed	Support capacity and capability development with a focus on priority areas including clinical researchers and early to mid-career researchers, and building research translation, innovation and commercialisation skills.	Promote research led by early to mid-career researchers and clinician researchers to support capacity and capability development. Promote research that supports health and medical researchers to build innovation, translation, and commercialisation skills.	Support research led by early to mid-career researchers and clinician researchers to promote capacity and capability development and retention. Support research that enables health and medical researchers to build innovation, translation, and commercialisation skills.
AMRAB Comments	Based on stakeholder feedback, the specific focus on gender equity was removed to allow for broader focus on fostering equity across the diversity of backgrounds, career stages, skills and expertise. Wording has been amended to have emphasise the retention and sustainability of the research workforce and to expand on areas that researchers may have impact.		

Aboriginal and Torres Strait Islander Health			Aboriginal and Torres Strait Islander Health and Wellbeing
Priority Description	Improve the health of Aboriginal and Torres Strait Islander people to close the gap in health mortality and morbidity through Aboriginal and Torres Strait Islander leadership and Aboriginal and Torres Strait Islander-led priority setting to drive health-related research.	Improve the health of Aboriginal and Torres Strait Islander people to close the gap in health mortality and morbidity through Aboriginal and Torres Strait Islander leadership and Aboriginal and Torres Strait Islander-led priority setting to drive health-related research.	Improve the health and wellbeing of Aboriginal and Torres Strait Islander people to close the gap in health mortality and morbidity, improve experiences of health care and eliminate discrimination across the health system through Aboriginal and Torres Strait Islander-led priority setting, research leadership and self-determination. Recognise Aboriginal and Torres Strait Islander people's diverse experiences and health needs, including access and engagement across the health sector, including public, private and Aboriginal and Torres Strait Islander community-controlled health, to improve health outcomes.
Why action is needed	Health and social equity for Aboriginal and Torres Strait Islander Australians remains one of Australia's most enduring challenges. The gap between Aboriginal and Torres Strait Islander and other Australians in life expectancy, mortality and wellbeing is unacceptable. Some Aboriginal and Torres Strait Islander health research investment to date has been fragmented and not always prioritised or led by communities.	Research in Aboriginal and Torres Strait Islander health needs to address priorities identified by Aboriginal and Torres Strait Islander people and communities, be governed appropriately and led by or conducted in collaboration with communities, and respect Aboriginal and Torres Strait Islander values, knowledges and worldviews. This approach to research is needed to build a culturally appropriate and informed evidence base that will be most impactful in improving health outcomes and health equity for Aboriginal and Torres Strait Islander people. Research should recognise the diversity of Aboriginal and Torres Strait Islander people's experiences across the public, private and Aboriginal community-controlled health	There is a need to better support health related research that is led by and for Aboriginal and Torres Strait Islander people, recognising the harmful legacy of health and medical research conducted without Aboriginal and Torres Strait Islander people's leadership or involvement, that racism across the health system has ongoing impacts, and that self-determined solutions result in improved outcomes. A culturally centred and rights-based approach to research that is anchored in Aboriginal and Torres Strait Islander ways of knowing, being and doing and that reflects the social and cultural determinants of health and wellbeing will help build an evidence-base to support health

		sectors, and result in practical and appropriate improvements to healthcare.	and wellbeing and health equity for Aboriginal and Torres Strait Islander people.
How best addressed	Support Aboriginal and Torres Strait Islander leadership, agency and community empowerment, the promotion of health equity, elimination of discrimination and strengthening research capacity. Drive this through Aboriginal and Torres Strait Islander governance and regarding the social and cultural determinants of health and the priority reforms of the *National Agreement on Closing the Gap, the National Aboriginal and Torres Strait Islander Health Plan 2021–2031* and the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023.*	Support research that promotes Aboriginal and Torres Strait Islander governance, leadership, agency and empowerment in research, strengthens research capacity and considers social and cultural determinants of health. Research should align with the priority reforms of the National Agreement on Closing the Gap, the National Aboriginal and Torres Strait Islander Health Plan 2021–2031 and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031.	Support research that strengthens Aboriginal and Torres Strait Islander governance, leadership, agency and empowerment in research, applies Indigenous data sovereignty principles and strengthens research capabilities. Promote research that addresses priorities identified by Aboriginal and Torres Strait Islander people and communities, considers social and cultural determinants of health, centres diverse Aboriginal and Torres Strait Islander voices, and embeds Indigenous values, knowledges and worldviews. Research prioritisation should be contextual and, where appropriate, should align with national and local initiatives to support Aboriginal and Torres Strait Islander health and wellbeing, including the National Agreement on Closing the Gap, the National Aboriginal and Torres Strait Islander Health Plan 2021–2031 and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023.
AMRAB Comments	This priority has been significantly updated based on stakeholder feedback. Stakeholders advised that the priority should draw on language from the Lowitja Institute's Culture is Key report, emphasising the importance of cultural determinants of health, Aboriginal and Torres Strait Islander leadership and self-determination and the centring of Aboriginal and Torres Strait Islander voices. Stakeholders also noted the importance of recognising where research has not achieved this in the past. Feedback noted that Indigenous data sovereignty and Indigenous knowledges needed to be drawn out and that elimination of discrimination should be retained as an important goal. Further, it was highlighted that national strategies may not always reflect the priorities of local communities, so the text has been updated to emphasise the need for prioritisation to be contextual. The wording of the priority has been updated to capture all these concepts in a cohesive way.		

Priority Populations			
Priority Description	Ensure equitable health outcomes for all people living in Australia by targeting funding towards biomedical discovery and health service innovation to address specific and unique health challenges for priority populations, including: • older people experiencing diseases of ageing (e.g. cognitive decline and dementia) • people with rare or currently untreatable diseases/conditions • people in remote/rural communities • people with a disability (including people with intellectual disability) • individuals from culturally and linguistically diverse communities. This includes supporting research into specific health and healthcare needs to improve diagnosis, treatment and care to meet the needs of individuals and communities, to improve quality of life.	Ensure equitable health outcomes for all people living in Australia by funding research to understand specific health needs for different individuals and communities and enabling the development of targeted approaches to support health and wellbeing for priority populations, including: • Aboriginal and/or Torres Strait Islander people • older people experiencing diseases of ageing (e.g. cognitive decline and dementia) • people with rare or currently untreatable diseases/conditions • people in remote/rural communities • people with a disability (including people with intellectual disability) • individuals from culturally and linguistically diverse communities • LGBTIQ+ people • youth.	Ensure equitable health outcomes for all people living in Australia by funding research to understand specific health needs for diverse individuals and communities and enabling the development of inclusive and targeted approaches to support health and wellbeing for priority populations, including: • Aboriginal and/or Torres Strait Islander people • people in remote/rural communities • people with a disability (including people with intellectual disability) • people from culturally and linguistically diverse communities (including people who are immigrants or refugees) • LGBTIQ+ people • children and youth • older people experiencing diseases of ageing (e.g. cognitive decline and dementia) • people with rare or currently untreatable diseases/conditions.
Why action is needed	Australia consists of a mix of socially, ethnically, culturally, linguistically and geographically diverse populations, who may have very different health and healthcare needs. In addition, as the Australian population shifts towards a higher proportion of older people, there is a need for a concerted research focus on optimising the physical and cognitive health	Australia consists of a mix of socially, ethnically, culturally, linguistically, geographically, and other demographically diverse populations, who may have very different health and healthcare needs that are not always addressed within the health system, leading to health inequities. Research that considers the specific health needs of priority populations will inform fit-for-purpose approaches to support health and	Australia consists of a mix of socially, ethnically, culturally, linguistically, geographically, and other demographically diverse populations, who may have very different health and health care needs that are not always addressed within the health system, leading to health inequities. Research that considers the specific health needs of priority populations will inform fit-for-purpose approaches to support health and

	and wellbeing of older members of the community. Research to address differences in health and healthcare needs is important to reduce inequities in health outcomes.	wellbeing for the Australian population as demographics change over time.	wellbeing for the Australian population as demographics change over time.
How best addressed	Support research to understand the complex biomedical, social, socio-economic and health system determinants of health and health outcomes, such as prevention, behaviour, biomarkers, disability and mobility, co-morbidity, models of care, consumer choice and care needs. Investment focus needs to be responsive and complement any research-relevant outcomes relating to the specific priority populations, in line with national initiatives to address health inequities.	Support research to understand the complex biomedical, health system, social and economic determinants of health for priority populations. Promote research that is led by, or conducted in collaboration with, priority populations to investigate appropriate solutions to health challenges.	Support research to understand the complex and intersectional biomedical, health system, social, cultural, and economic determinants of health for priority populations. Promote research that is led by, or conducted in collaboration with, priority populations to investigate appropriate solutions to health challenges. Encourage intersectional approaches to research to ensure the heterogeneity of priority populations is accounted for and that allow for better visibility of people from priority populations in all research projects. Investment focus needs to be responsive and align with national initiatives to address health inequities.
AMRAB Comments	This priority was updated to highlight the importance of intersectionality, based on stakeholder feedback. This covers both the intersectionality within Priority Populations and the need for Priority Populations to be visible and accounted for in all research projects. Text was also updated to emphasise the need for inclusive approaches to support health and wellbeing.		
Global Health and Health Security			
Priority Description	Build capacity for preparedness, prevention, response, eradication and/or management of identified and emerging or potential global health threats, including pandemics and zoonotic disease threats. This includes building and strengthening international	Build capacity for both proactive and reactive action to address identified, emerging or potential global health threats, including pandemics, zoonotic diseases and antimicrobial resistance (AMR), in alignment with international efforts and capabilities.	Build capacity for both proactive and reactive action to address identified, emerging or potential global health threats, including pandemics, zoonotic diseases and antimicrobial resistance (AMR), in alignment with international efforts and capabilities and in consideration of evolving geopolitical environments.

	collaborations and capabilities, particularly within the Indo-Pacific region.		
Why action is needed	Health and medical research are an international effort, as highlighted by the COVID-19 response, which significantly benefits from partnerships across jurisdictions, disciplines and sectors. Australia, as a recognised world leader in health and medical research, has the potential to provide strategic leadership and contribute expertise to address shared health issues.	The emergence and spread of new disease are accelerating in a changing and increasingly connected modern world, causing significant health, social and economic impacts. Research is needed to develop and implement approaches that will improve the resilience of the health system and minimise service disruption in the face of emerging threats to health security. This will ensure that Australia, as a recognised world leader in health and medical research, has the potential to provide strategic leadership and contribute expertise to address public health events that endanger health across geographical borders.	The emergence and spread of new disease is accelerating in a changing and increasingly connected modern world, causing significant health, social and economic impacts that will disproportionately affect vulnerable populations. Research is needed to develop and implement approaches that will improve the resilience of the health system and minimise service disruption in the face of emerging threats to health security. This will ensure that Australia, as a recognised world leader in health and medical research, is well placed to provide strategic leadership and contribute expertise to address public health events that endanger health across geographical borders.
How best addressed	Support multidisciplinary and cross-sectoral research and partnerships to address global health and health security issues of relevance to Australia, including preparedness, prevention, response, eradication and/or management for both identified and emerging global threats.	Support multidisciplinary and cross-sectoral research and partnerships to address global health and health security issues of relevance to Australia, including surveillance, preparedness, prevention, response, eradication and management for both identified and emerging health threats. Support collaborative multidisciplinary research to develop strategies to address the impacts of AMR on human health.	Support multidisciplinary and cross-sectoral research and partnerships to address global health and health security issues of relevance to Australia, including surveillance, preparedness, prevention, response, countermeasures, eradication and management for both identified and emerging health threats. Support collaborative multidisciplinary research to develop strategies to address the impacts of AMR on human health.
AMRAB Comments	The consultation raised the need to acknowledge that vulnerable and socially disadvantaged populations are disproportionately affected by threats to global health security. In addition, the feedback recommended that research focused on this priority should be conducted in consideration of the relevant geopolitical environment to ensure that appropriate and locally applicable solutions are developed.		

Health Impacts from Environmental Factors			
Priority Description	Address the emerging and long-term health impacts of environmental factors, such as bushfires and climate change. The indirect impact of the COVID-19 pandemic has also resulted in delayed health screening, treatment and care for other illnesses.	Understand and address the emerging and long-term impact of environmental factors, such as climate change, natural disasters and new communicable diseases, on physical and mental health.	Understand and address the emerging and long-term impact of environmental factors, such as climate change and natural disasters, on physical and mental health and wellbeing. Address the changing burden of communicable and non-communicable disease linked to environmental causes.
Why action is needed	Increased globalisation and global population size can have an ongoing impact on the environment, resulting in changes to the climate, natural resources, biodiversity and population distributions. These environmental changes can have a significant impact on health in a multi-faceted and complex way.	Diverse environmental factors shape people's health and contribute to the burden of disease, including climate change, globalisation, urbanisation, pollution, housing, occupational exposures and physical activity and food environments. There is a need to understand how these factors intersect to impact health and how to foster healthier environments.	Diverse environmental factors shape people's health and contribute to the burden of disease, including climate change, globalisation, urbanisation, pollution, housing, occupational exposures, physical activity and food environments. There is a need to understand how these factors intersect to impact health, equity and access to health care and determine how to foster healthier environments.
How best addressed	Support multidisciplinary and cross-sectoral research to address health challenges resulting from environmental factors relevant to Australia. This includes research into short and long-term health impacts, early and better diagnosis, prevention, treatments and healthcare delivery.	Support multidisciplinary and cross-sectoral research to address health challenges resulting from environmental factors relevant to Australia. Research into the health impacts of climate change should contribute to the policy objectives of the National Health and Climate Strategy.	Support multidisciplinary and cross-sectoral research to address health challenges resulting from environmental factors relevant to Australia. Research into the health impacts of climate change should contribute to the policy objectives of the National Health and Climate Strategy.
AMRAB Comments	Major themes arising from the consultation on this priority were to ensure that research and solutions must account for people and communities that are most affected by health impacts of environmental factors. This was addressed by including wording to emphasise the need for equity. In addition, feedback from the consultation recommended changes to the wording to more broadly encompass communicable and non-communicable disease that linked to environmental causes.		

Data, Digital Health and Artificial Intelligence		Artificial Intelligence and Digital Health	
Priority Description	Improve data utilisation for more integrated and effective health and healthcare systems. Support for informatics (e.g. data registries, biobanks, data linkage platforms and secure data storage), artificial intelligence, machine learning and predictive analytics research, advanced clinical decision-making tools, wearables, and other emerging innovative digital technologies is the key to realising the benefits of healthcare digitalisation.	Support for improved integration of artificial intelligence and data science approaches, health informatics, and other data-driven digital or technological innovations, such as digital health tools and devices, are key to realising the benefits of more digitally integrated and effective healthcare systems.	Support for the improved, secure and ethical integration and governance of artificial intelligence and data science approaches, health informatics, and other data-driven digital or technological innovations. This includes data-driven innovations such as quantum technologies, precision medicine, diagnostics, digital health tools and devices. This is critical to realising the benefits of more digitally integrated and effective health care systems to improve health outcomes.
Why action is needed	Digital health uses data and information technology to support and enhance clinical safety, improve productivity and efficiency, and connect the health system. There is potential for improved prevention, patient care, behavioural change, and care compliance through better access to existing data and development of new data sets and digital technologies.	Integration of artificial intelligence and other digital tools and approaches in healthcare, including the curation and use of health data, is needed to achieve effective digitalisation of healthcare. This will enhance healthcare delivery by increasing the efficiency of clinical processes, enabling better patient engagement and involvement through equitable access, and promoting health literacy and self-care interventions.	Integration of artificial intelligence and other digital and technological tools and approaches in health care, including the curation and use of health data, is needed to achieve effective digitalisation of health care. This will enhance health care delivery by supporting the workforce's capability to increase efficiency of clinical processes, enabling better patient engagement and involvement through equitable access, and promoting health literacy and self-care interventions.
How best addressed	Support research that leverages and enhances data platforms, linkage, data storage and analytics; applied artificial intelligence, end-user digital utility; and the development of novel decision tools	Support research that will promote the equitable, secure, ethical and responsible acquisition, use and sharing of robust health data. Promote research that improves the integration, performance and safety of artificial intelligence and other digital approaches leading to enhanced analysis, prediction, diagnosis,	Support research that will promote the equitable, secure, ethical and responsible acquisition, use and sharing of robust health data. Promote research that improves the integration, performance and safety of artificial intelligence and other digital approaches leading to enhanced analysis, prediction, diagnosis,

		decision-making, treatment and management (including self-management) of health conditions.	decision-making, treatment and management (including self-management) of health conditions.
AMRAB Comments	Feedback from the consultation focused on the need to ensure that the integration of AI and other data and technological tools into medical research and health care is done securely, ethically and is well governed. The consultation also recommended the inclusion of several emerging and existing data-driven technologies, tools and applications in addition to support for increased workforce capability. The wording of this priority was amended to include this feedback.		