



Australian Government

Department of Health



Medical Research Future Fund

Grant Opportunity Gender Data Report

Date: 22 March 2022

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Preface

This report provides an overview of gender data for applicants and grantees for competitive Medical Research Future Fund (MRFF) grant opportunities.

Summary of key findings

- Overall, more men applied for MRFF grants as a Chief Investigator (CI) or as the Chief Investigator 'A' (CIA) compared with women
- More women applied for grants in the Health Services and Public Health Broad Research Areas compared with men
- Funded rates for women and men CIs were relatively comparable across the range of factors assessed in this report

Introduction

The Health and Medical Research Office (HMRO) within the Department of Health is responsible for the management of the Medical Research Future Fund (MRFF). The HMRO is committed to transparency of information within the operational framework of the Department's policy and legislative requirements, including obligations under the Privacy Act 1988. This report assessed an available portion of MRFF grant opportunity data up to 30 June 2021 to monitor any difference in application and funded rates by gender.

The Australian Government is committed to funding quality health and medical research and acknowledges the critical role research plays in contributing to a world-class health system. As part of this commitment, the Government established the MRFF under the *Medical Research Future Fund Act 2015* to provide grants of financial assistance to support health and medical research, improve health outcomes, quality of life and health system sustainability.

MRFF funding is primarily disbursed through expert-reviewed competitive processes to ensure the integrity of the research design, quality and safety for patients, and best return on Government investment. This analysis addresses competitive grant opportunities only using data provided by the grants hubs that administer MRFF grant opportunities on behalf of the HMRO (National Health and Medical Research Council (NHMRC) and the Business Grants Hub (BGH, Department of Industry, Science, Energy and Resources)).

Further information about individual grant opportunities and the process used to assess applications is available in the grant guidelines published on [Grant Connect](#).

Methodology

Personnel data for 60 competitive grant opportunities up to 30 June 2021 was obtained from MRFF applications submitted through the NHMRC and BGH. 56 of the analysed grant opportunities were administered by NHMRC, four (4) by BGH. This is approximately 76 percent of MRFF's completed competitive grant opportunities as of 30 June 2021. Some grant opportunities did not capture personnel data.

The assessment included data for Chief Investigators (CIs), or equivalent¹, who self-identified or were identified by HMRO staff as a woman or man. An individual may be named on more than one application, and therefore totals cannot be compared across categories.

Whilst NHMRC personnel data included gender as woman or man for CIs named on competitive grant applications where gender is self-identified in the application form, BGH personnel data did not include gender. This was manually included by cross-matching names with NHMRC data and desktop research.

For privacy reasons, the published information only includes people identified as a woman or man due to the low numbers of people who did not state their gender or declared it as Indeterminate/Intersex/Unspecified. Further, any subcategory analysis with less than ten (10) people identified has been removed.

Due to the small sample size and time period reviewed, no year-based trends have been identified, at this stage.

These data have not been subject to statistical analysis. At this stage broad assessment by a range of factors has been undertaken to determine whether any clear patterns are visible, and whether any patterns identified suggest intervention may be required (e.g., changes to grant opportunity guidelines, grant assessment processes etc).

Data tables are provided in [Appendix A](#).

¹ Role type differs for NHMRC and BGH applications but has been synthesised as "Chief Investigator, or equivalent" for the purposes of this assessment. This means that all researchers named on BGH applications may not be reflected in this data.

Results and Discussion

Overarching Results

Across all analysed MRFF competitive grants there were almost 15,000 CIs and of these about 2,150 were CIA². Overall, more men apply for MRFF grants as a CI (8,086 compared with 6,818) or as the CIA (1,148 compared with 1,005).

This finding mirrors some of the findings outlined in the recently published [NHMRC CEO communique](#). Caution needs to be taken however when interpreting these results due to the small sample size on which the analysis is based. Direct comparisons should also not be made with the NHMRC due to the different foci for each fund; the MRFF funds priority driven research with a focus on research translation and typically grant opportunities are one off and not cyclical in nature, whereas the NHMRC focuses on investigator-led research and most grant opportunities are available yearly.

Overall, the funded rates for women and men CIs are relatively comparable.

Figure 1a: MRFF total competitive grant opportunity gender data – CIs, or equivalent

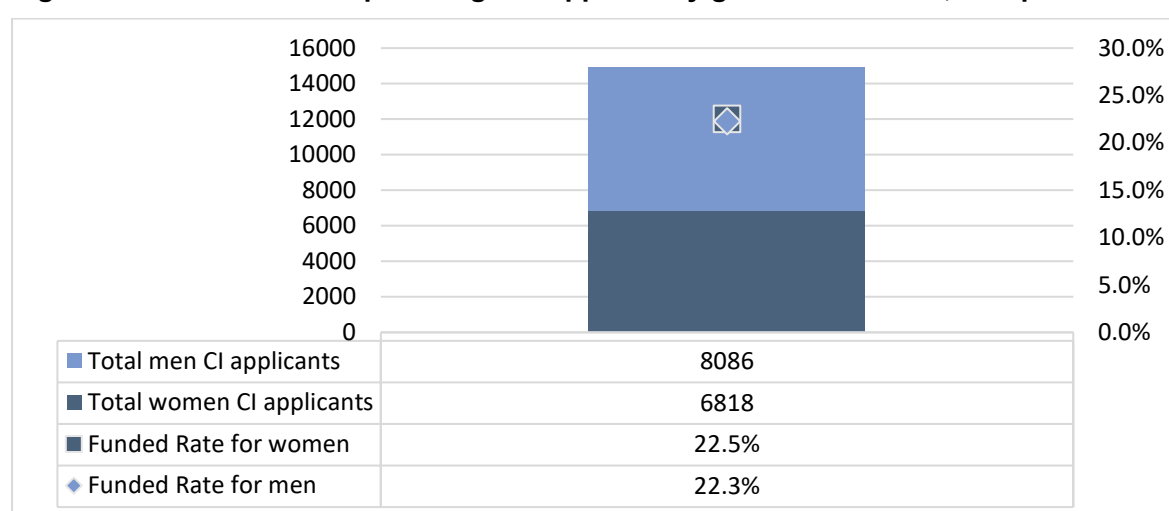
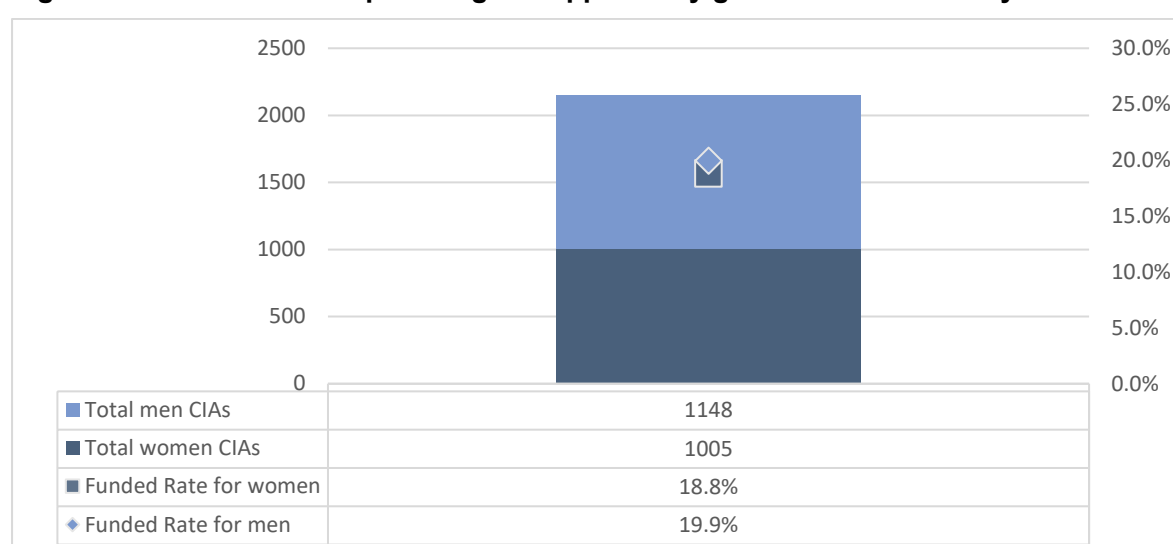


Figure 1b: MRFF total competitive grant opportunity gender data – CIA only



² The CIA is the first named Chief Investigator on a grant application, who will take the lead role in submitting the application, conducting the research, and reporting as required under the grant agreement.

Grants hubs

MRFF grant opportunities are administered by the NHMRC and BGH on behalf of the HMRO within the Department of Health.

HMRO considers the following factors when determining which grants hub will administer a specific grant opportunity:

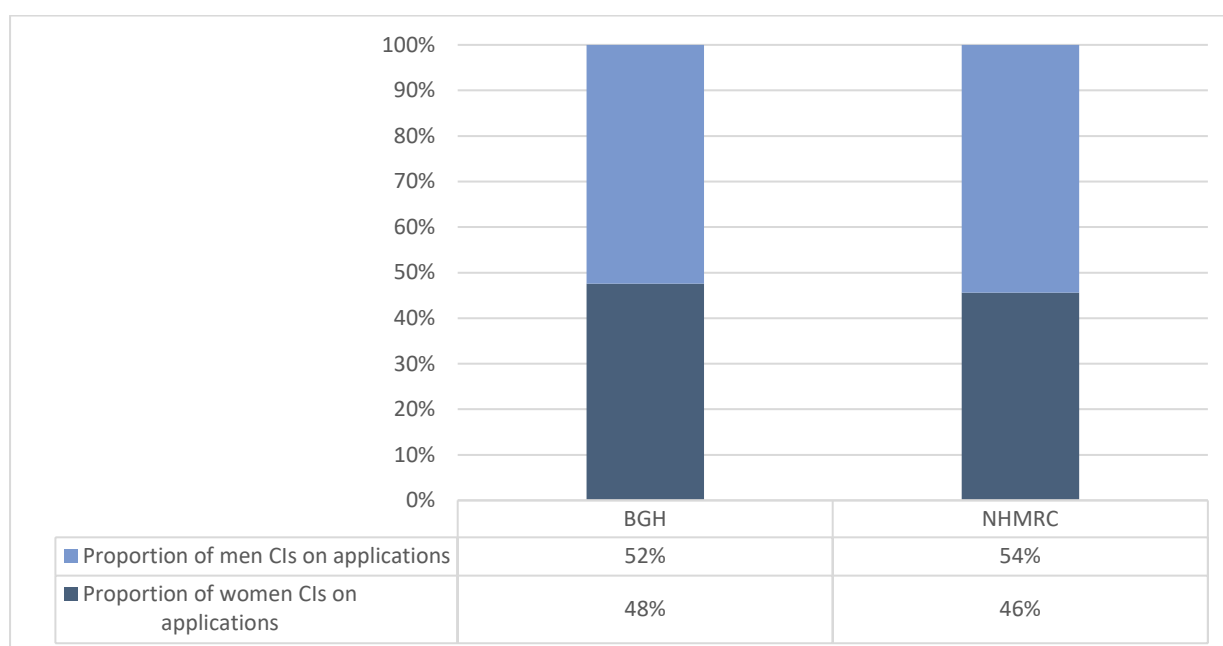
- the research focus of the grant opportunity and the strengths of each hub (e.g. clinical trials and basic research through NHMRC, and commercialisation or infrastructure-based research through BGH)
- the types of organisations expected to apply for funding (i.e. prior to the introduction of the [MRFF Eligible Organisation](#) policy through the NHMRC, applicants were required to be an accredited Administering Institution), and
- the capacity of the grants hubs.

Although there are differences in the types of grant opportunities administered by the two grants hubs, both hubs utilise the same assessment criteria rubric. Read more about assessment criteria in the [Grant Opportunities](#) section below.

BGH did not initially capture personnel data in applications in an accessible manner, and therefore the number of grant opportunities with relevant data available for assessment from BGH is relatively low³. HMRO expect that the data will increase over time as administrative and reporting processes improve.

When looking at application data across the grants hubs, the proportion of men CIs was higher than women CIs on both BGH and NHMRC-administered grant opportunities (Figure 2a).

Figure 2a: Proportion of men and women on applications by grants hub – CIs, or equivalent



³ Personnel/CI data was not collected for all Grant Opportunities by BGH. Only data from the following four (4) Grant Opportunities are included:

- 2020 Communication Strategies and Approaches during Outbreaks
- 2020 Primary Health Care Research Data Infrastructure
- 2020 Quality, Safety and Effectiveness of Medicine Use and Medicine Intervention by Pharmacists
- 2020 Rapid Response Digital Health Infrastructure

The key difference between the hubs is in funded rates. The rates are the same for men and women in NHMRC-administered grants, whereas women had higher funded rates than men on BGH-administered grants. Similarly, the funded rate for women CIAs was higher for BGH administered grants, whereas men had slightly higher funded rates on NHMRC administered grants. These results do need to be interpreted with caution due to the small sample size of BGH data.

Figure 2b: MRFF total competitive grant opportunity gender data by grants hub – CIs, or equivalent

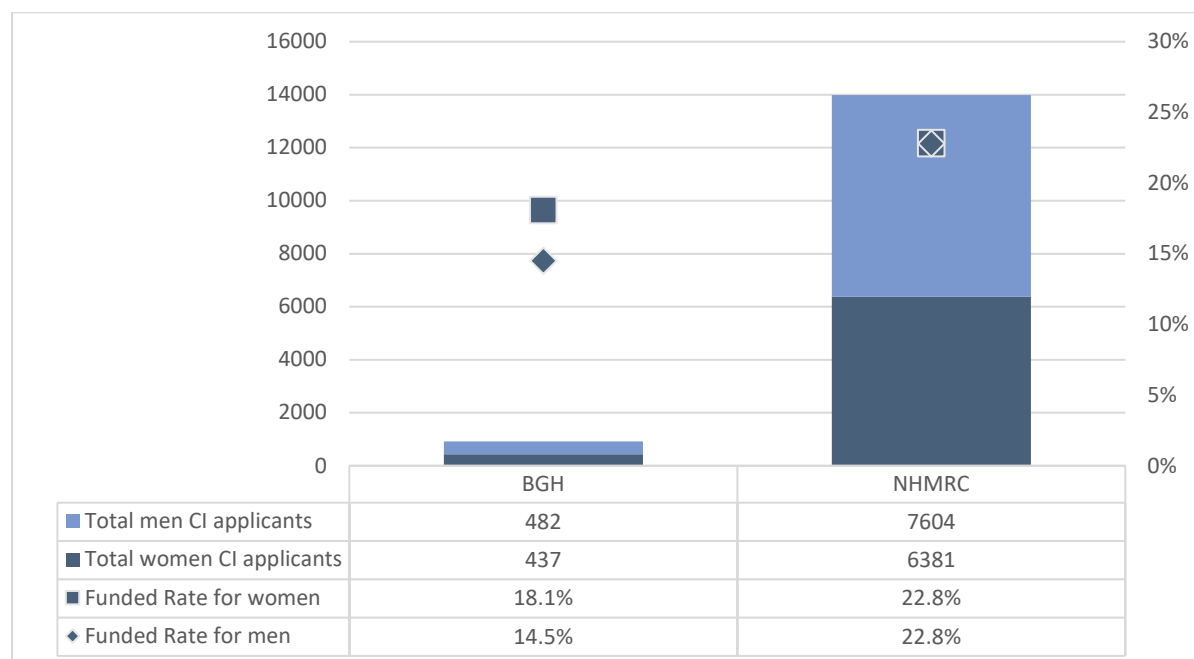
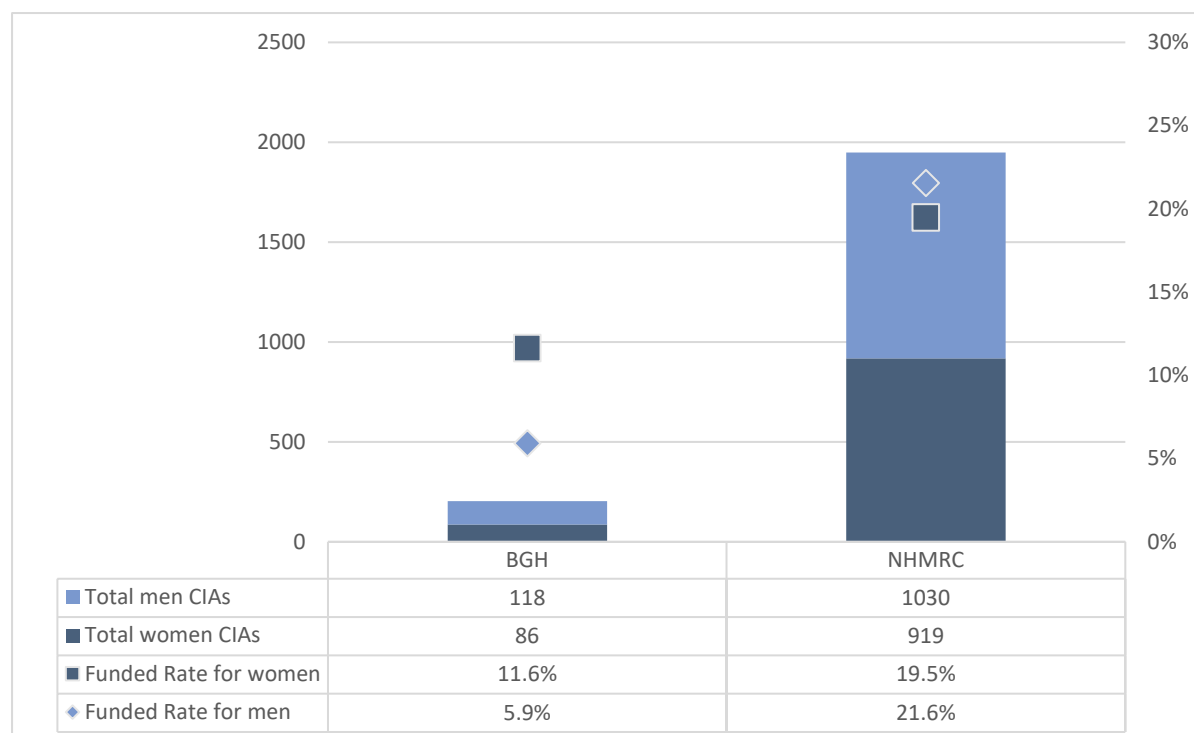


Figure 2c: MRFF total competitive grant opportunity gender data by grants hub – CIA only



MRFF Theme & Initiatives

The [MRFF 2nd 10-year investment plan](#) identifies 21 initiatives under four themes.

To find out more about each initiative's purpose, goals, implementation plan, grant status, and contact information click the links below:

Patients

- [Clinical Trials Activity](#)
- [Emerging Priorities and Consumer-Driven Research](#)
- [Global Health](#)

Researchers

- [Clinician Researchers](#)
- [Early to Mid-Career Researchers](#)
- [Frontier Health and Medical Research](#)
- [Researcher Exchange and Development Within Industry](#)

Research Missions

- [Australian Brain Cancer Mission](#)
- [Cardiovascular Health Mission](#)
- [Dementia, Ageing and Aged Care Mission](#)
- [Genomics Health Futures Mission](#)
- [Indigenous Health Research Fund](#)
- [Million Minds Mental Health Research Mission](#)
- [Stem Cell Therapies Mission](#)
- [Traumatic Brain Injury Mission](#)

Research Translation

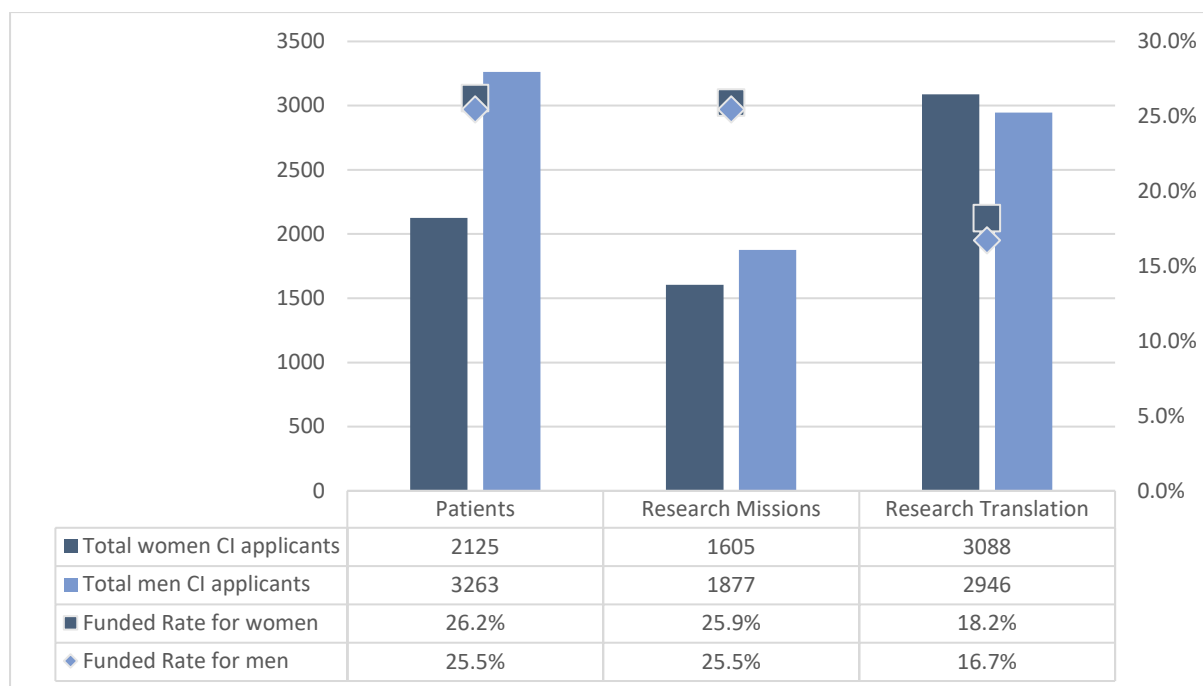
- [Medical Research Commercialisation](#)
- [National Critical Research Infrastructure](#)
- [Preventive and Public Health Research](#)
- [Primary Health Care Research](#)
- [Rapid Applied Research Translation](#)
- [Research Data Infrastructure](#)

MRFF Theme

More men were named on applications under the Patients and Mission themes (all CIs) than women. The difference is much less on Research Translation applications, where there were slightly more women named than men.

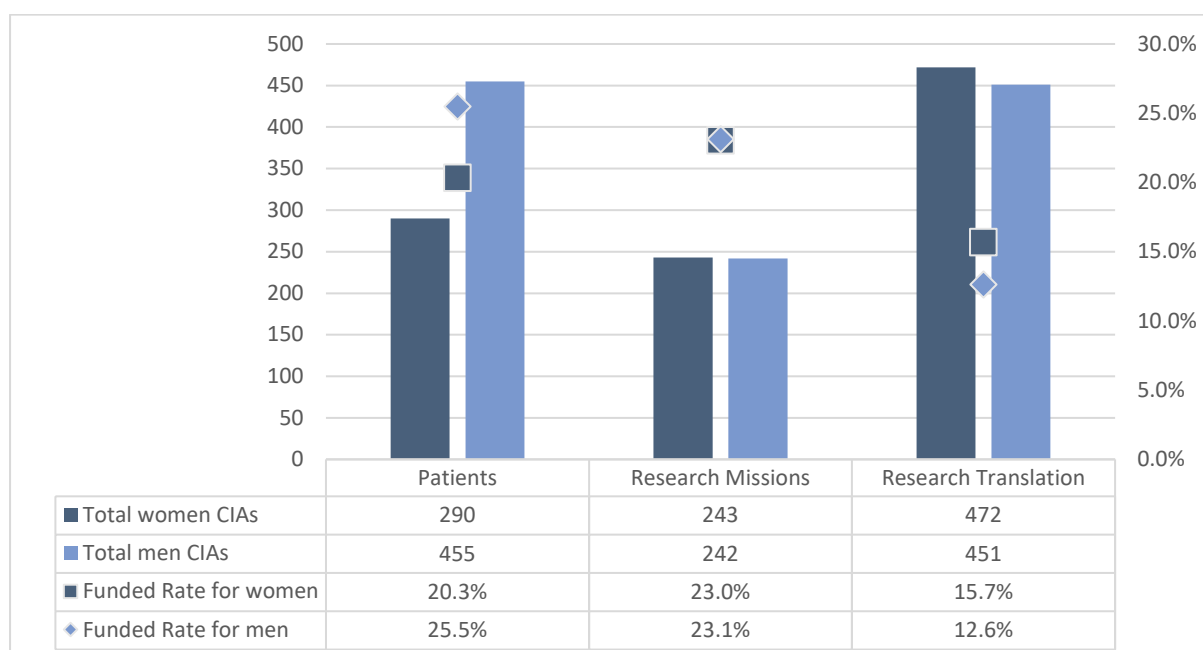
The funded rate for all women CIs was higher than for men across each theme for which we have data.

Figure 3a: MRFF competitive grant opportunity gender data - application numbers and funded rates by Theme - CIs, or equivalent



There were more men named as CIA on Patients applications, whereas there were more women named as CIA on Mission and Research Translation applications. Women CIAs had the same or higher funded rate than men for Research Missions and Translation. This was not the case for grant opportunities under the Patients theme.

Figure 3b: MRFF competitive grant opportunity gender data - application numbers and funded rates by Theme – CIA only



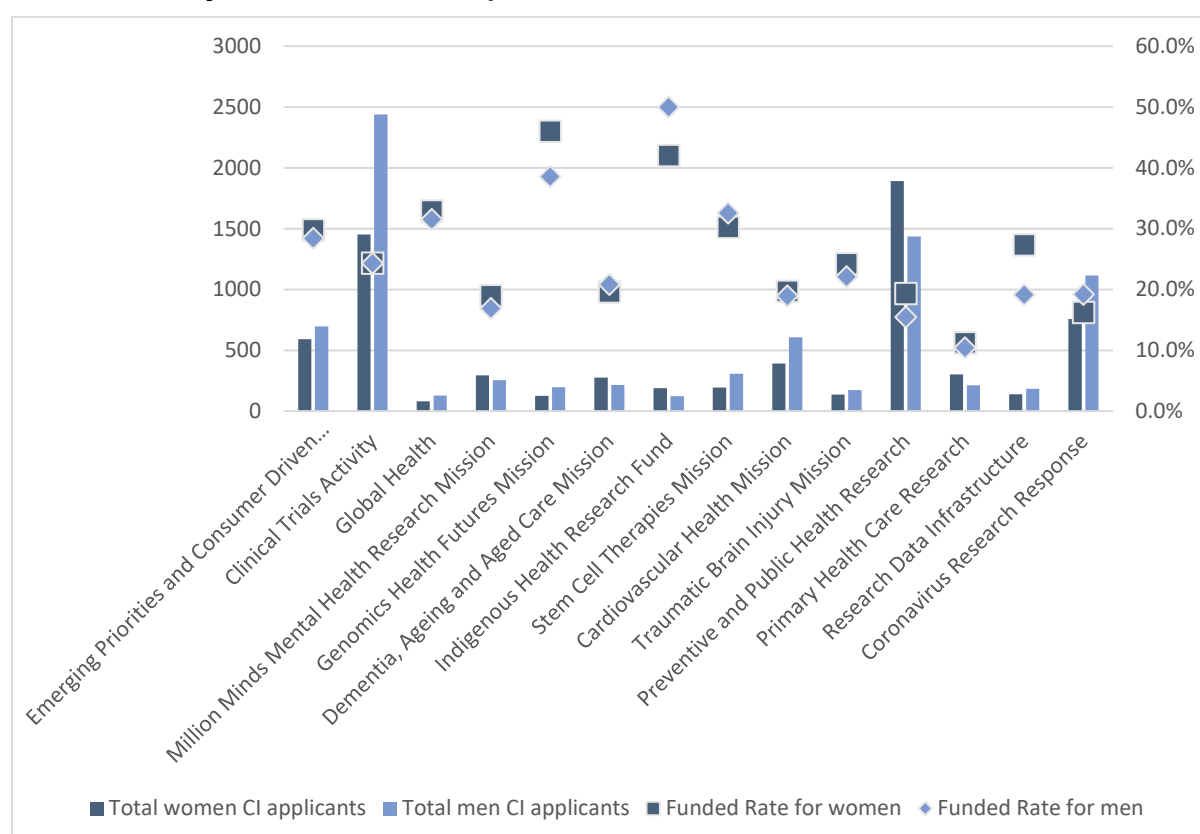
Note: The below MRFF Themes/Initiatives do not have any personnel/gender data available:

| Theme | Initiative |
|----------------------|---|
| Researchers | Frontier Health and Medical Research |
| | Researcher Exchange and Development within Industry |
| | Clinical Researchers |
| | Early to Mid-Career Researchers |
| Research Missions | Australian Brain Cancer Mission |
| Research Translation | Rapid Applied Research Translation |
| | Medical Research Commercialisation |
| | National Critical Research Infrastructure |

MRFF Initiatives

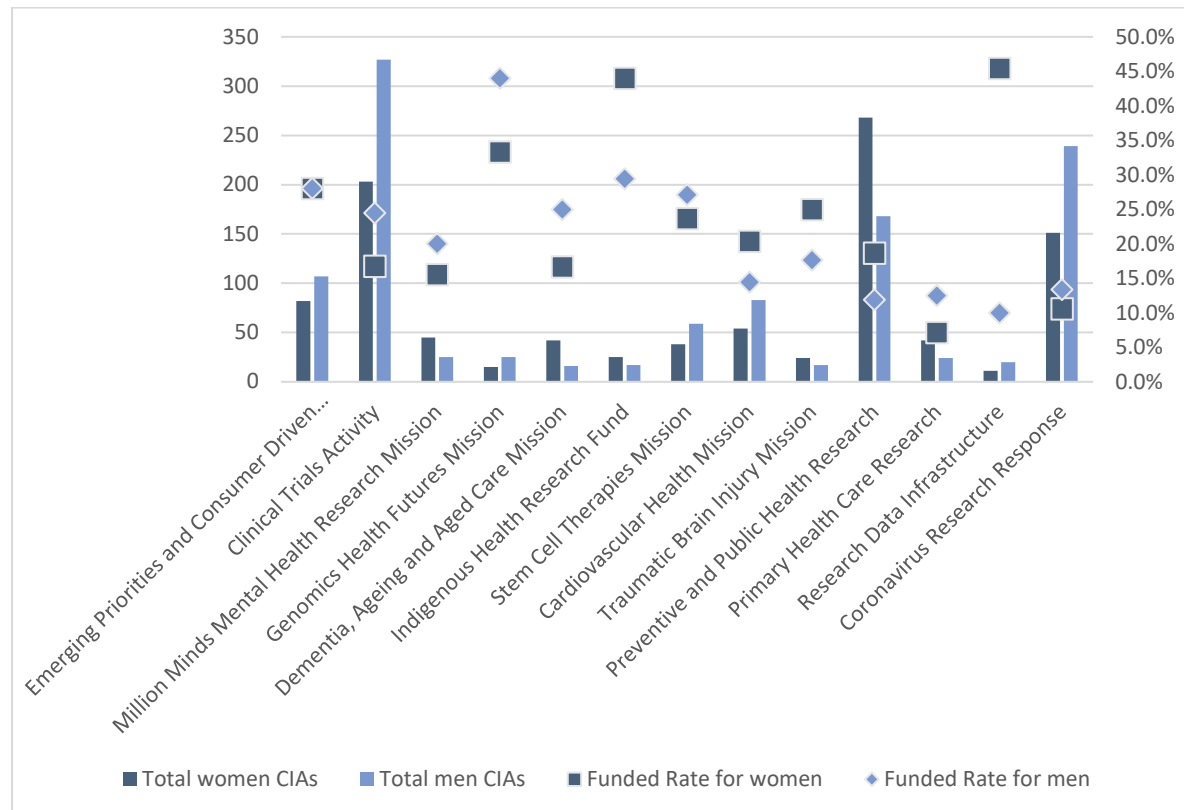
The funded rate for women CIs tended to be equal to or higher than for men CIs across MRFF Initiatives (see Table 2 in [Appendix A](#) for details).

Figure 4a: MRFF competitive grant opportunity gender data - application numbers and funded rates by Initiative - CIs, or equivalent



There was more variability when assessing CIA only data, with higher funded rates for women across half of the Initiatives (see [Table 3](#) in [Appendix A](#) for details).

Figure 4b: MRFF competitive grant opportunity gender data - application numbers and funded rates by Initiative - all CIA only



Grant Opportunities

The MRFF [Australian Medical Research and Innovation Strategy 2021-2026](#) (the strategy) and the [Australian Medical Research and Innovation Priorities 2020-2022](#) (the priorities) inform where the Australian Government directs its research funding. In addition, the design of grant opportunities takes into account the [10-year investment plan](#), the goal/s of the relevant initiative and for MRFF Research Missions the Roadmap and Implementation Plan, where available.

The assessment criteria for MRFF grant opportunities are centred around three weighted technical criteria and one non-weighted (non-technical) assessment criterion:

- Project impact
- Project methodology
- Capacity, capability and resources to deliver the project, and
- Overall Value and Risk of the Project (non-technical).

Scores are assigned to the three weighted technical criteria (1-7 through the NHMRC, and 1-10 through the BGH; with one (1) being the lowest score) and a rating scale is used for the non-weighted non-technical assessment criterion (excellent, good or marginal) by Grant Assessment Committee members.

The MRFF utilises a range of stakeholders to assist with grant review and assessment processes, which embrace diverse perspectives including alternative disciplines, industry, health care and consumer experience. MRFF Grant Assessment Committees include members with translation, implementation, and a health and medical consumer focus, who can demonstrate experience and/or expertise in the following areas:

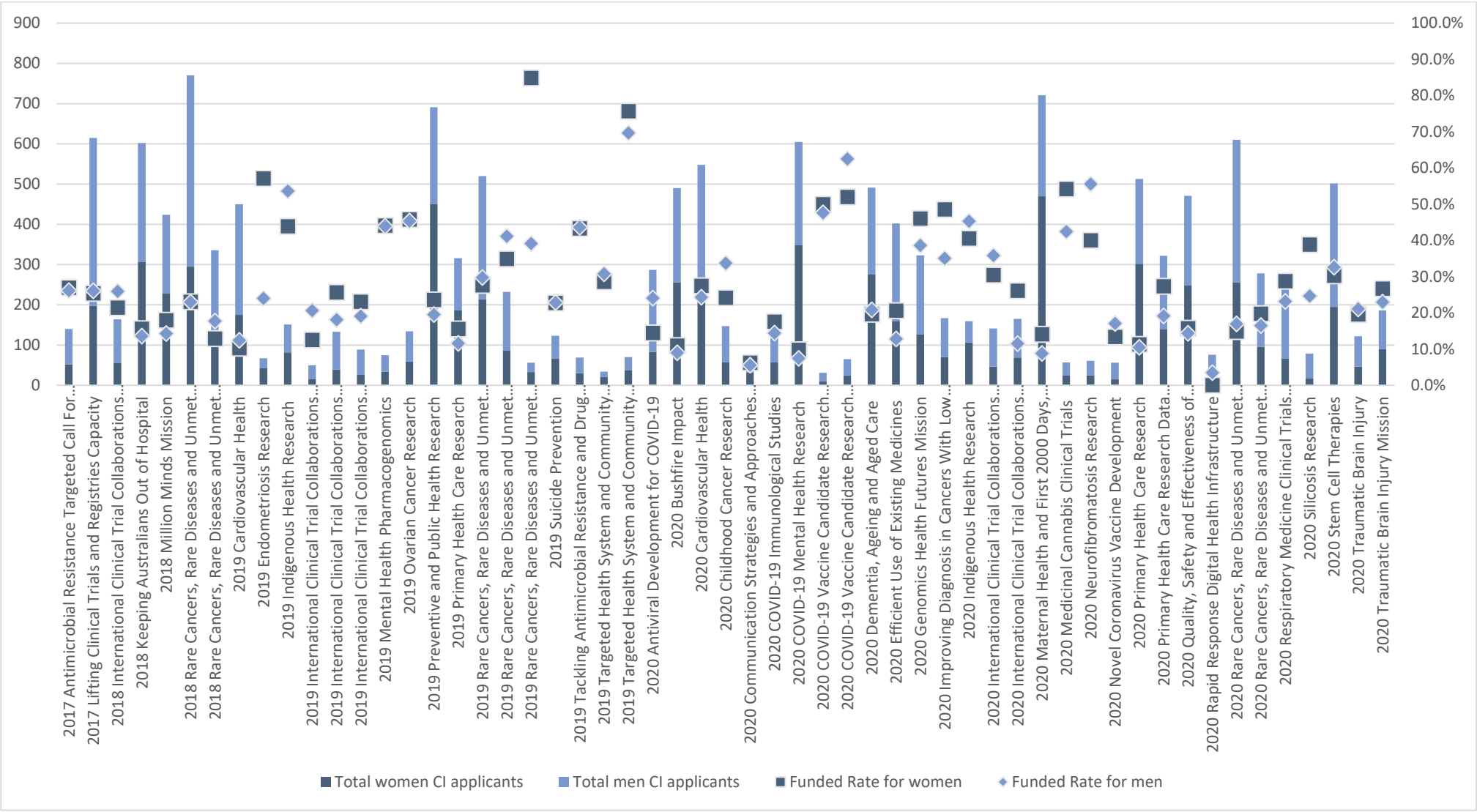
- Translation of research into clinical practice
- Commercialisation of health research
- Transdisciplinary research, e.g., collaboration and/or engagement between researchers, consumers, patient groups, those involved in health service delivery and industry
- International research projects, including clinical trials.

Funding is only awarded to applications that score satisfactorily against all criteria.⁴ The outcomes of the assessment process are provided to the Department of Health's Delegate who then approves grants drawing on the outcomes of the assessment process.

The trend of more men CIs applying (Figure 1a and 1b), and funded rate being equal or higher for women CIs (Figure 4a) is visible across grant opportunities however there is significant variability across grant opportunities. This variability may be due to the targeted research areas of the grant opportunities.

⁴Applications must score a 4 or more (NHMRC) or a 5 or more (BGH) for all weighted assessment criteria and a good or excellent rating for the Overall Value and Risk of the Project.

Figure 5: MRFF competitive grant opportunity gender data - application numbers and funded rates by Grant Opportunity - CIs, or equivalent



Research Area

The majority of MRFF grant opportunities are focused on Clinical Medicine and Science, though there are also grant opportunities where funding is awarded for Basic Science, Health Services Research and Public Health.

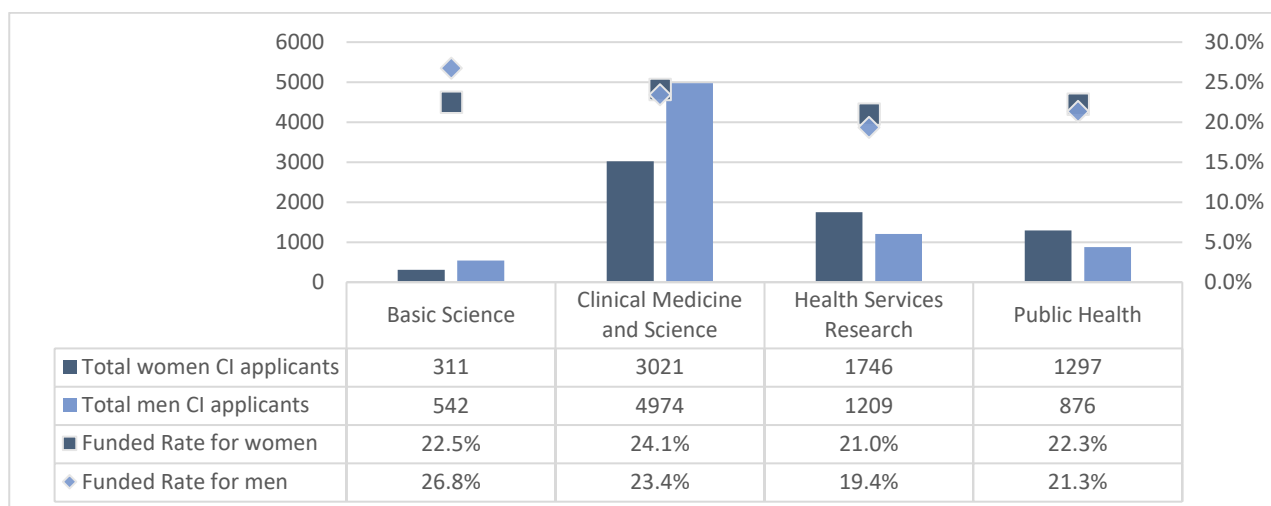
Note: Broad Research Area and Field of Research data is only available for NHMRC-administered grants. This information is nominated by applicants in the application form.

Broad Research Area

Reflecting the NHMRC [Outcomes](#), more men applied for grants in Basic Science and Clinical Medicine and Science; while more women applied for grants in the Health Services and Public Health Broad Research Areas compared with men.

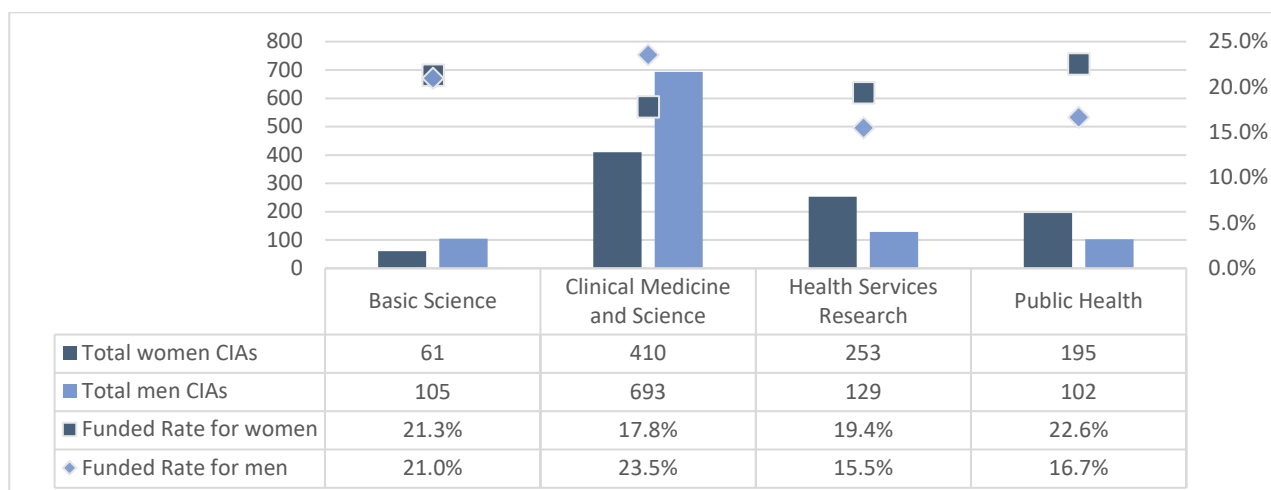
While men had greater funded rates in Basic Science (26.8% compared with 22.5% for women), women had better or equal funded rates in applications than men across the other broad research areas.

Figure 6a: MRFF competitive grant opportunity gender data - application numbers and funded rates by Broad Research Area (NHMRC only) – all CIs



For CIA data only, women had greater funded rates than men for Health Services Research and Public Health applications, whereas men had greater funded rates than women for Clinical Medicine and Science applications. Funded rates for Basic Science applications were approximately equal for men and women CIAs.

Figure 6b: MRFF competitive grant opportunity gender data - application numbers and funded rates by Broad Research Area (NHMRC only) – CIA only



Field of Research

Funded rates by gender vary for some Fields of Research (in particular 'Applied Ethics' and 'Dentistry'), primarily due to the small number of applications with these Fields of Research. Most fields have similar funded rates for women and men (see [Table 5](#) and [Table 6](#)).

Figure 7a: MRFF competitive grant opportunity gender data - application numbers and funded rates by Field of Research (NHMRC only) – all CIs

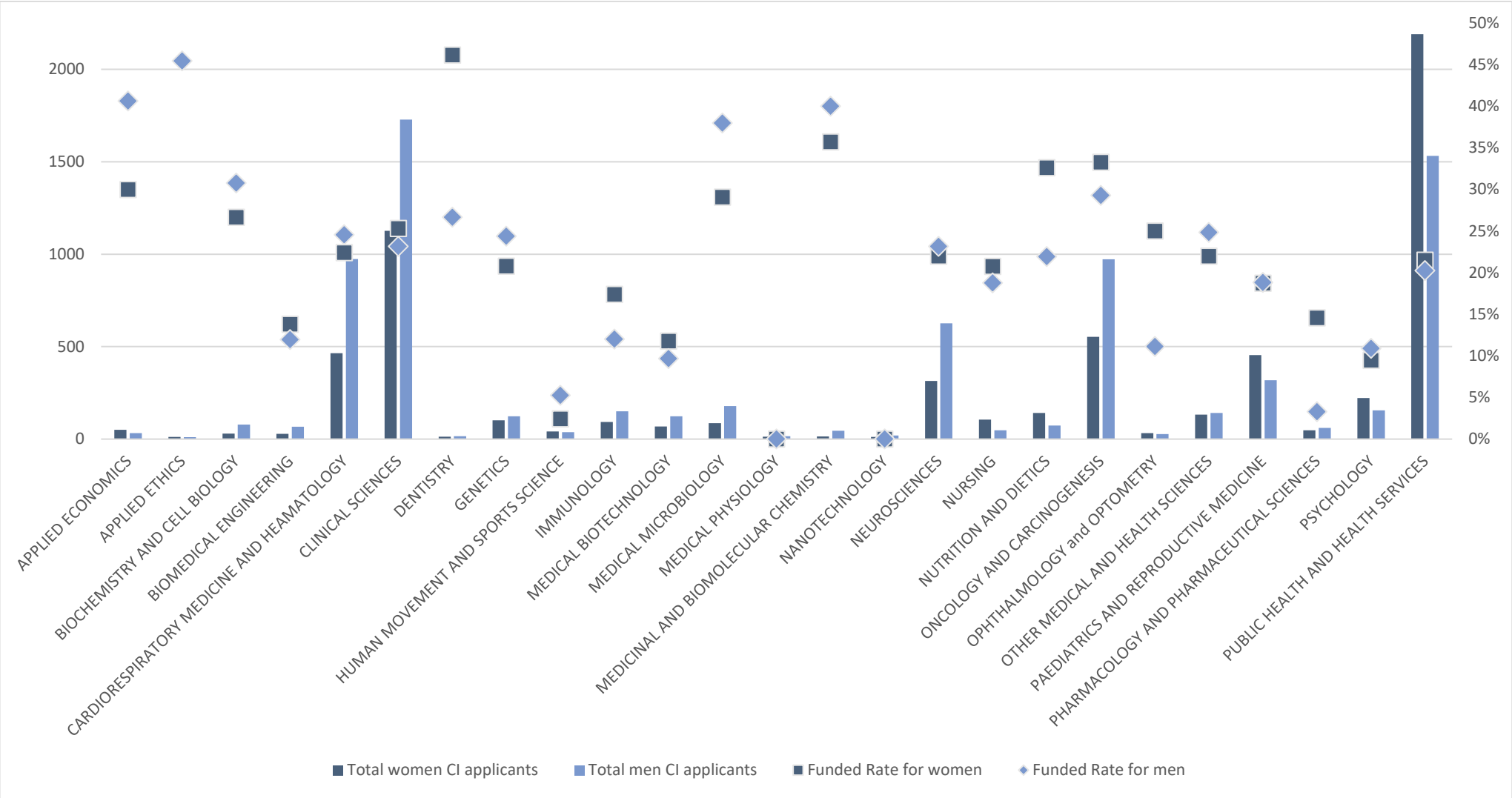
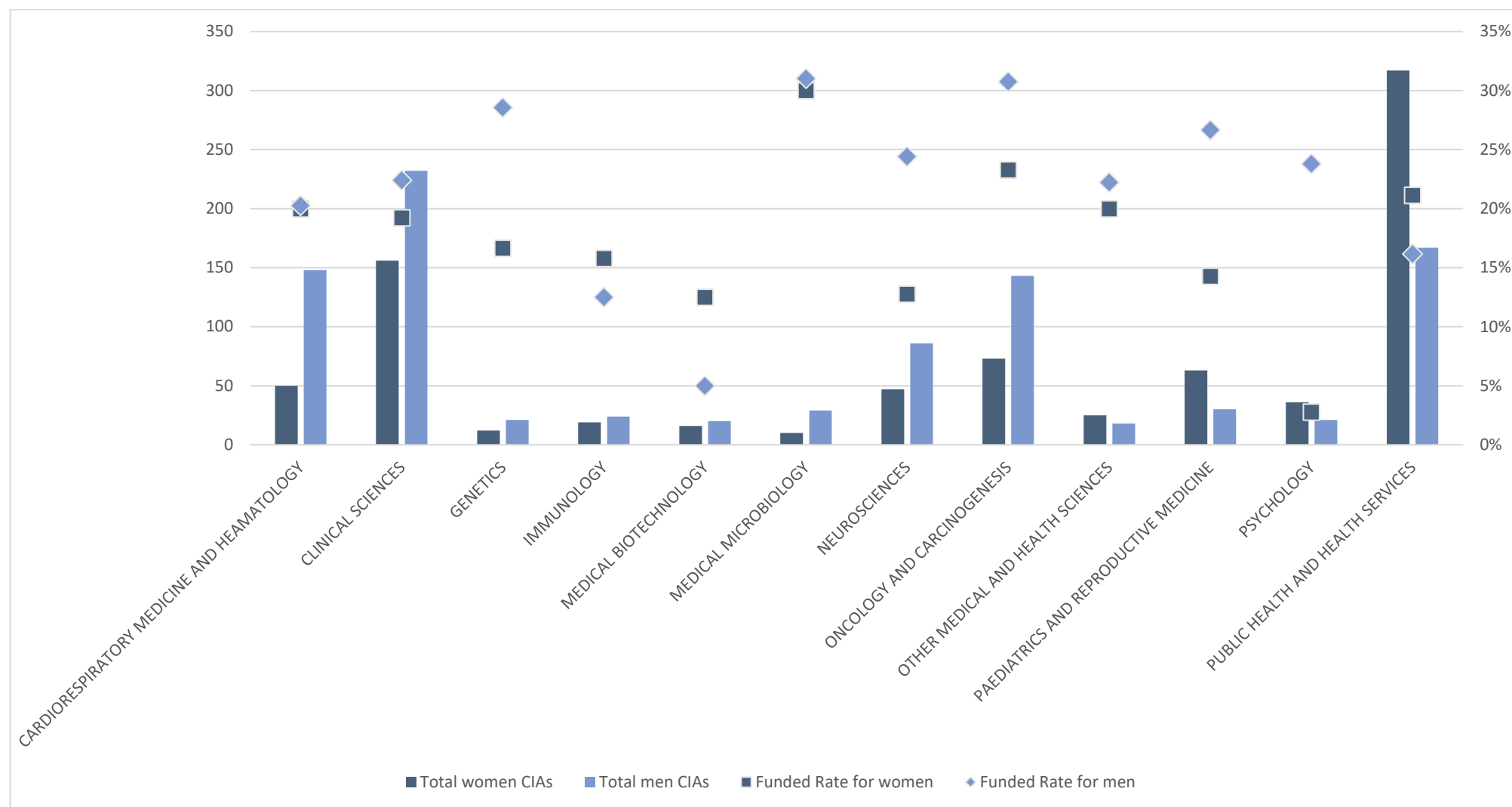


Figure 7b: MRFF competitive grant opportunity gender data - application numbers and funded rates by Field of Research (NHMRC only) – CIA only



Proportion of women and men on a grant

240 applications had less than 10% women CIs in their team, 139 applications included more than 90% women CIs. 17% of all applications have either less than 10% women CIs (11%) or more than 90% women CIs (6%).

The funded rate of a grant changed with the gender composition of the CI team. Based on these data, it appears that a gender balanced CI team is more likely to be funded. An application with less than 10% or more than 90% of CIs identifying as women is associated with a reduced funded rate. Correspondingly, an application with less than 10% or more than 90% of the CIs identifying as men is also associated with reduced funded rates.⁵

An exception to this is in applications to the Research Missions theme, where funded rates were fairly stable and the Research Translation theme, where funded rates vary without following a discernible trend.

Figure 8a: MRFF competitive grant opportunity gender data - number of applications and funded rate by proportion of women CIs on a grant

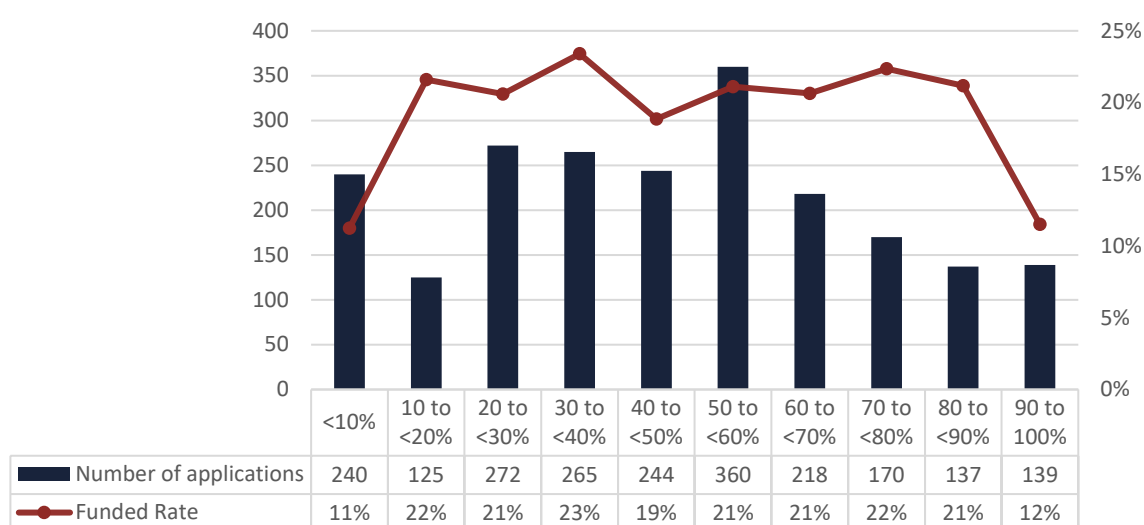
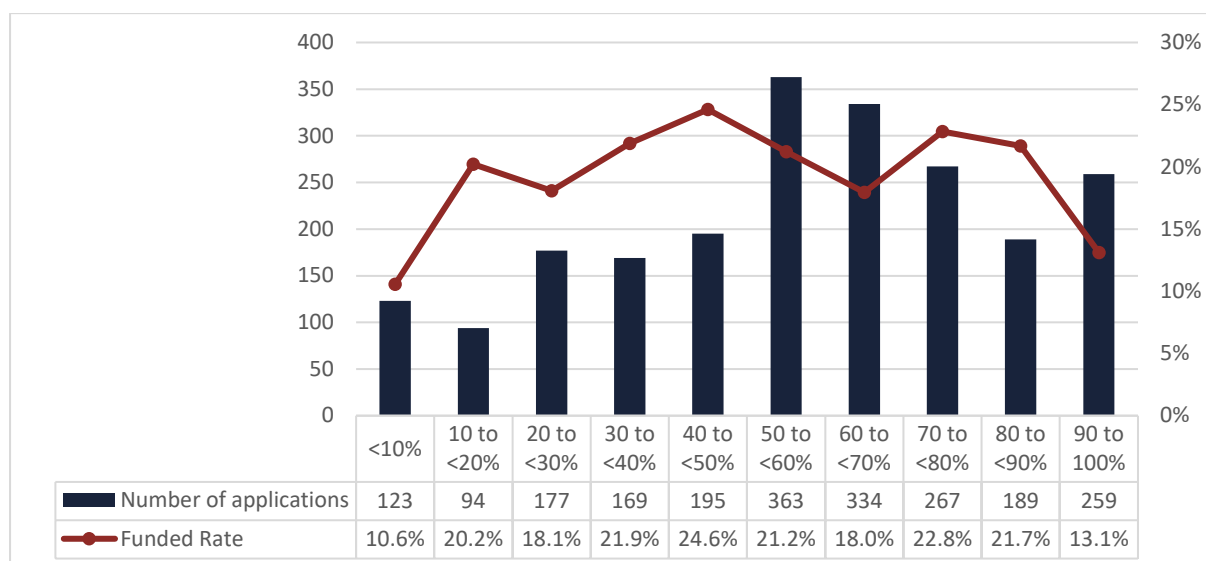


Figure 8b: MRFF competitive grant opportunity gender data - number of applications and funded rate by proportion of men CIs on a grant



⁵ Due to the ranges used in this section, the graphs for proportion of women CIs on a grant will not exactly mirror the graphs for proportion of men CIs on a grant.

Proportion of women and men on a grant by MRFF Theme

Figure 8c: MRFF competitive grant opportunity gender data - number of applications and funded rate by proportion of women CIs on a grant – Patients Theme

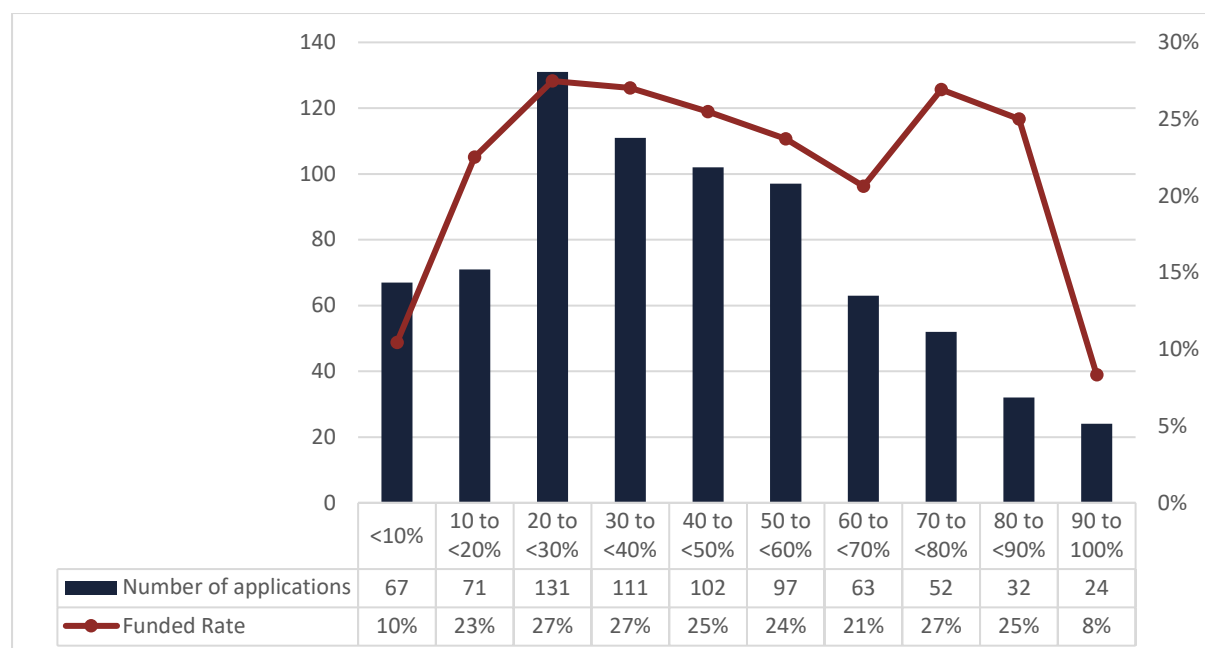


Figure 8d: MRFF competitive grant opportunity gender data - number of applications and funded rate by proportion of men CIs on a grant – Patients Theme

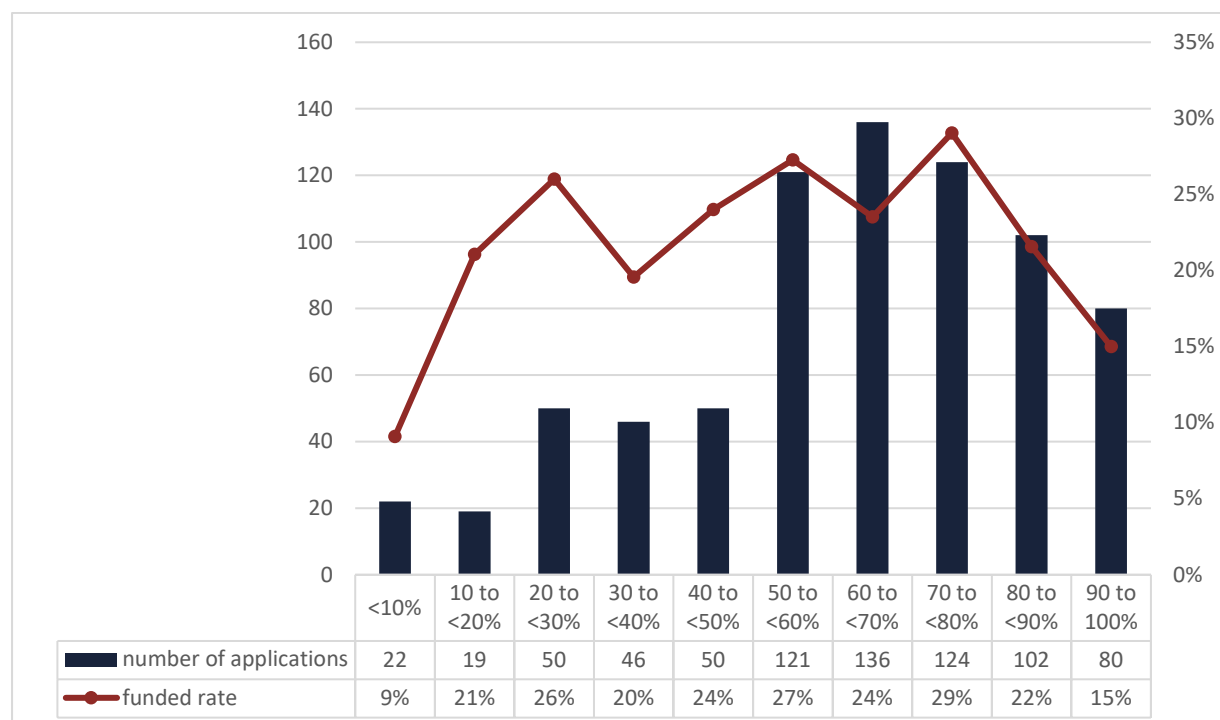


Figure 8e: MRFF competitive grant opportunity gender data - number of applications and funded rate by proportion of women CIs on a grant – Research Missions Theme

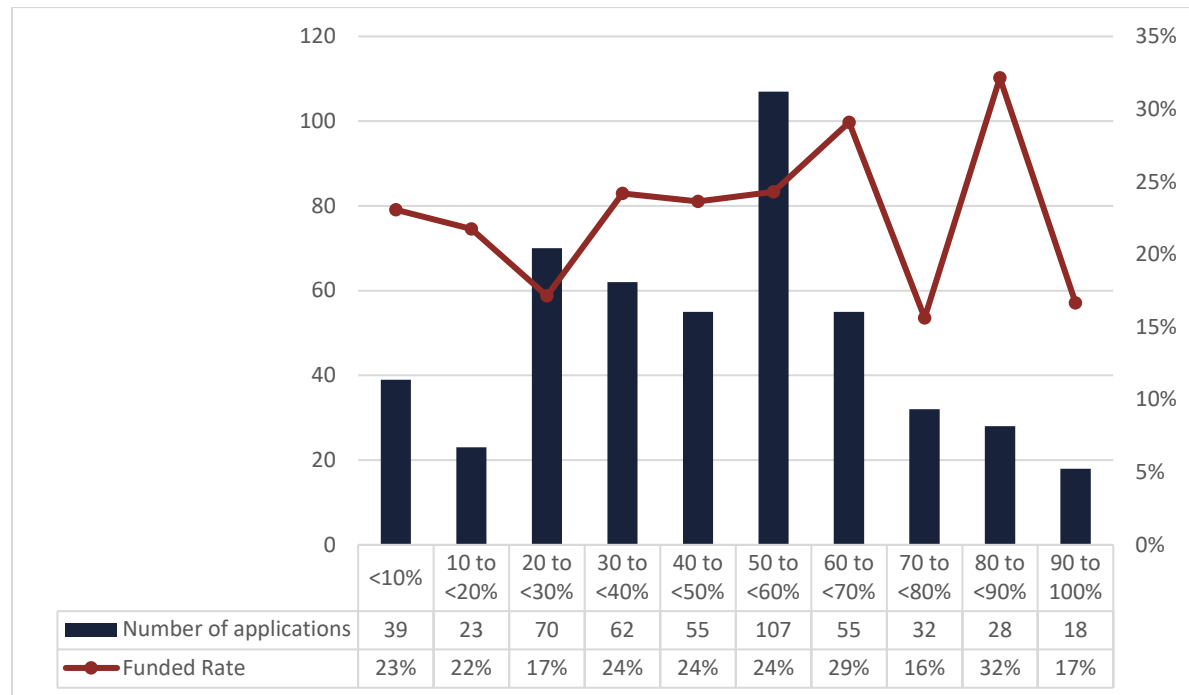


Figure 8f: MRFF competitive grant opportunity gender data - number of applications and funded rate by proportion of men CIs on a grant – Research Missions Theme

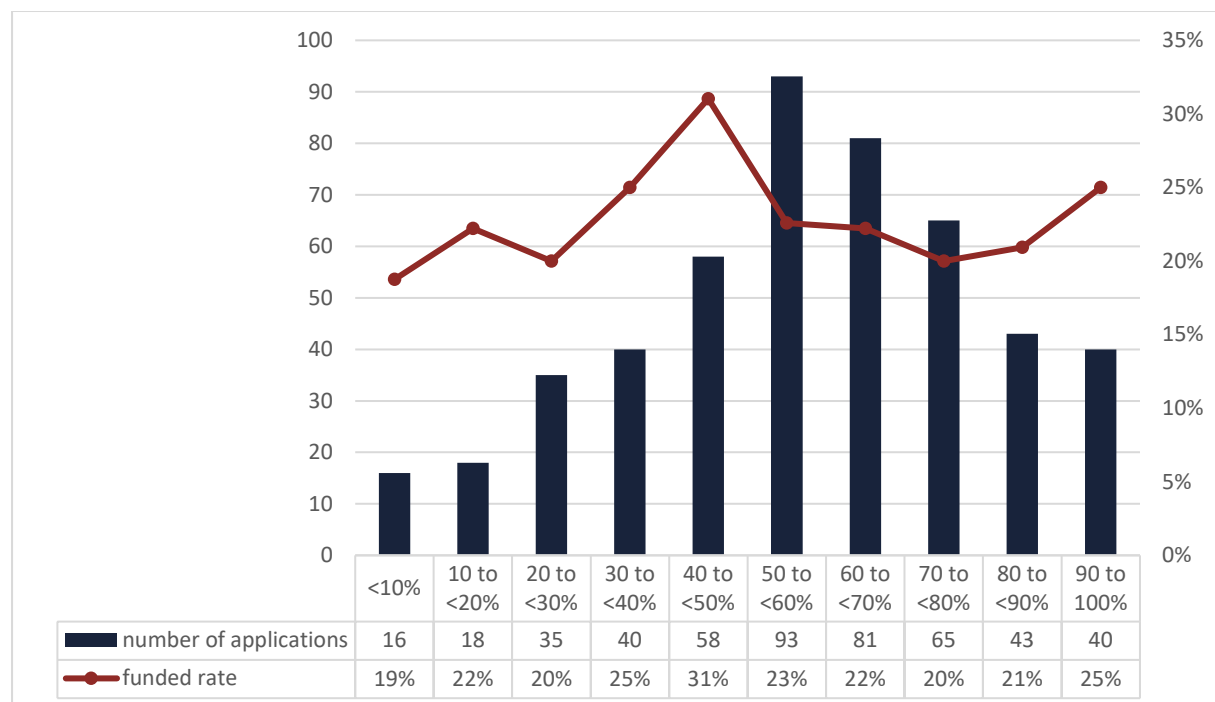


Figure 8g: MRFF competitive grant opportunity gender data - number of applications and funded rate by proportion of women CIs on a grant – Research Translation Theme

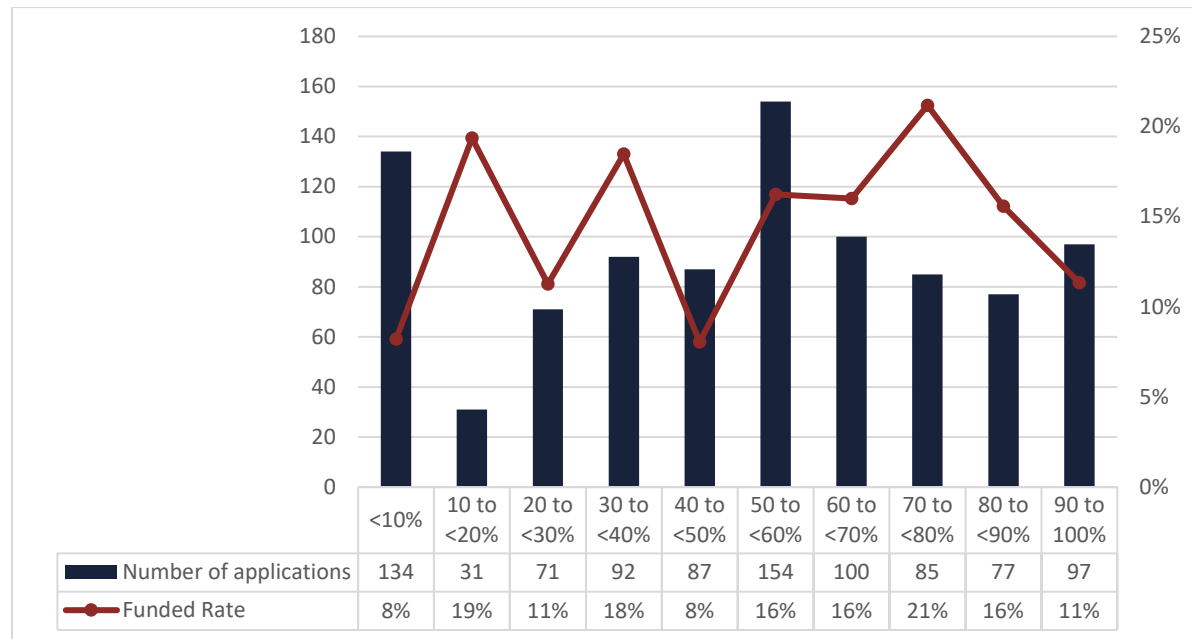
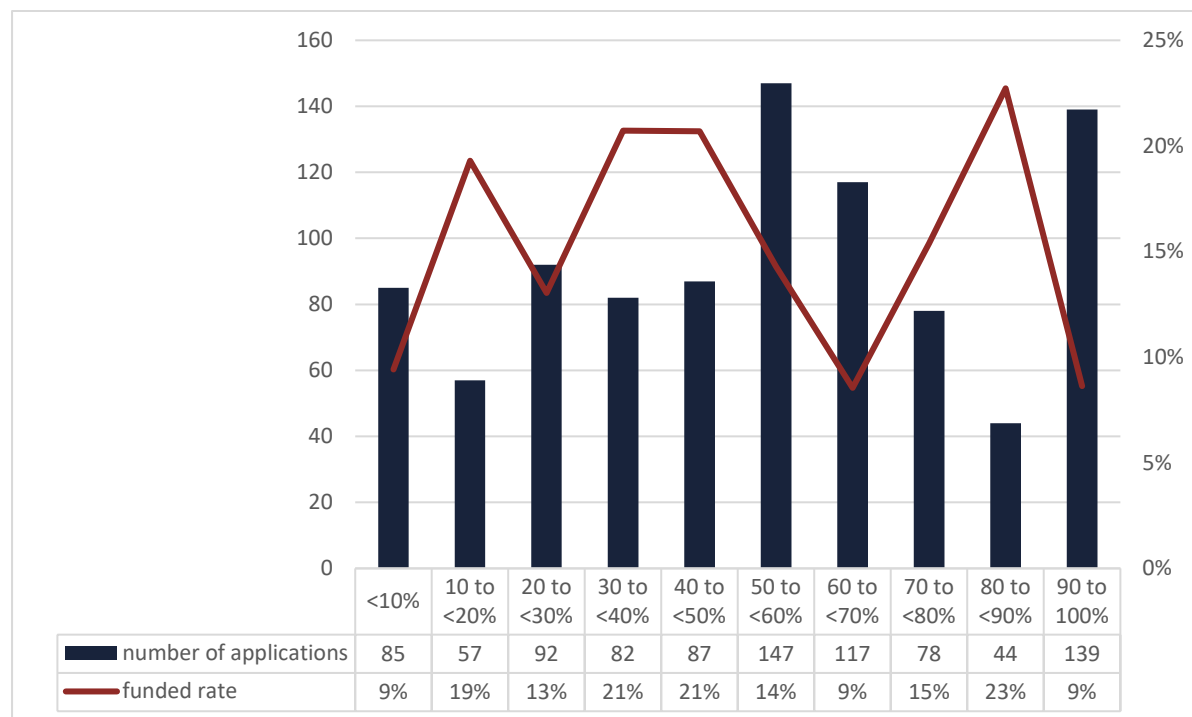


Figure 8h: MRFF competitive grant opportunity gender data - number of applications and funded rate by proportion of men CIs on a grant – Research Translation Theme

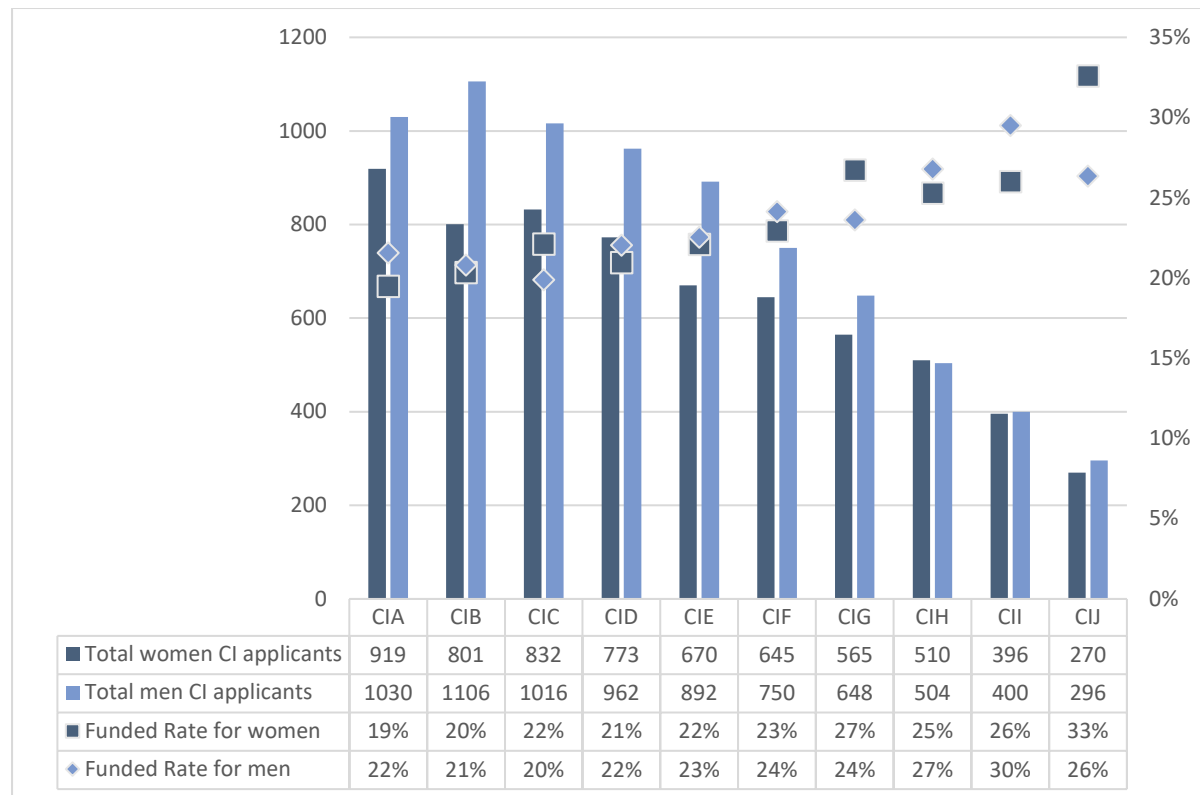


Position on a grant

Reflecting the overall larger number of men named on applications, more men were named in each CI position excluding CIH, where women just outnumbered men.

Funded rates were fairly consistent for women and men from CIA to CIF, after which the overall numbers reduced, and funded rates varied by gender more noticeably.

Figure 9: MRFF competitive grant opportunity gender data - number of applications and funded rate by position (CIA – CIJ) on a grant

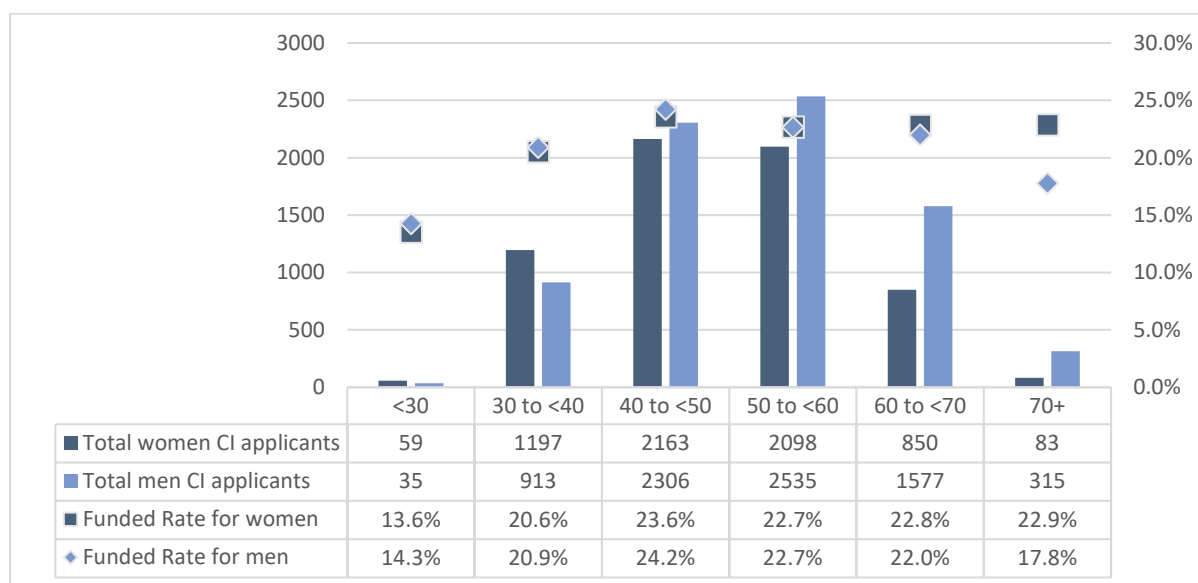


Chief Investigator age

Year of birth data provided in an application was used to calculate the age of the CI at the time of application.

More women than men applied at less than 30 years of age and between 30-39 years of age and men had slightly higher funded rates in these age groups than women. The number of women CIs applying peaked at 40-49 years, while the peak for men CIs was at 50-59 years of age. A far greater number of men CIs applied in the 60+ years of age groups, but the funded rate was higher for women CIs in these age groups.

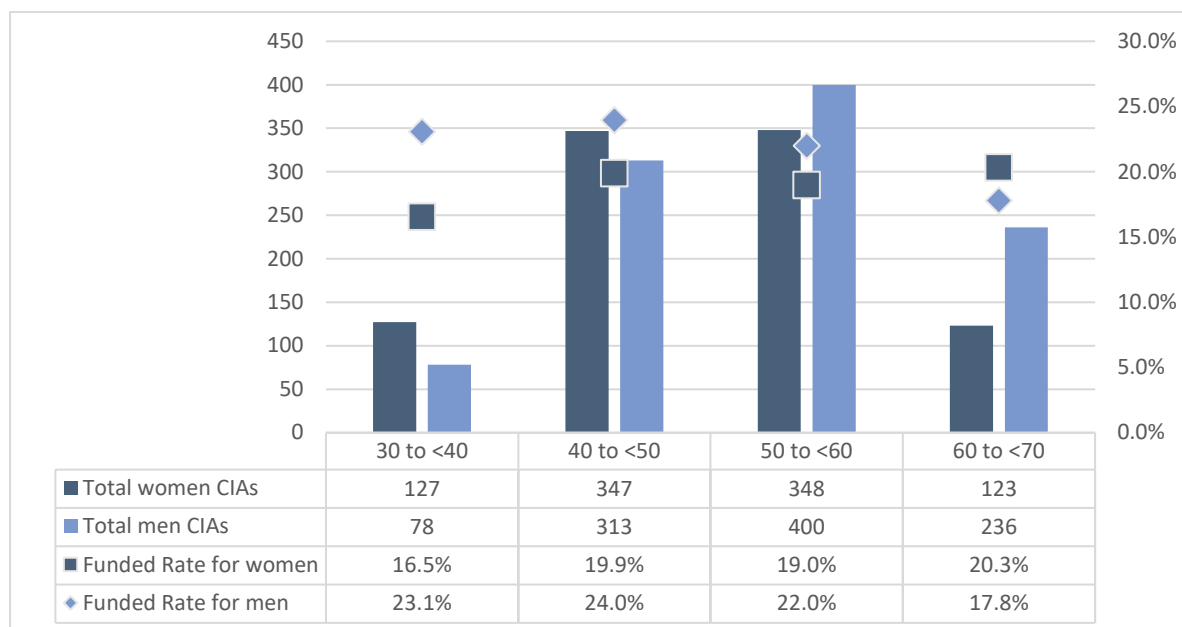
Figure 10a: MRFF competitive grant opportunity gender data - application numbers and funded rates by age – CIs, or equivalent



The general findings across all CIs were reflected in regard to CIAs.

Note: less than 10 women were named as CIAs in the <30 and 70+ age groups and as such these categories are not included due to privacy concerns.

Figure 10b: MRFF competitive grant opportunity gender data - application numbers and funded rates by age – CIA only



Chief Investigator years since PhD

This analysis is based on the year of PhD award date, where it has been provided by an applicant. Early-career researchers are defined as 0-5 years since PhD award date, mid-career researchers are defined as 6-10 years since PhD award date and all other researchers that provided a year of PhD award date are in the 11+ year category. These data do not take into account career disruptions.

Most CIs applying to MRFF grant opportunities are in the 11+ year category. There were 1,052 early-career researchers, 1,993 mid-career researchers and 7359 researchers who were awarded their PhD 11 or more years ago.

There were more women early- and mid-career researchers applying as CIs and CIAs, and more men in the 11+ year category. Funded rates were higher for women as CIs in the early career researchers and the 11+ year categories, whereas funded rates were higher for men in the mid-career category for all CIs and for early- and mid-career researchers as CIAs.

Figure 11a: MRFF competitive grant opportunity gender data - application numbers and funded rates by years since PhD – CIs, or equivalent

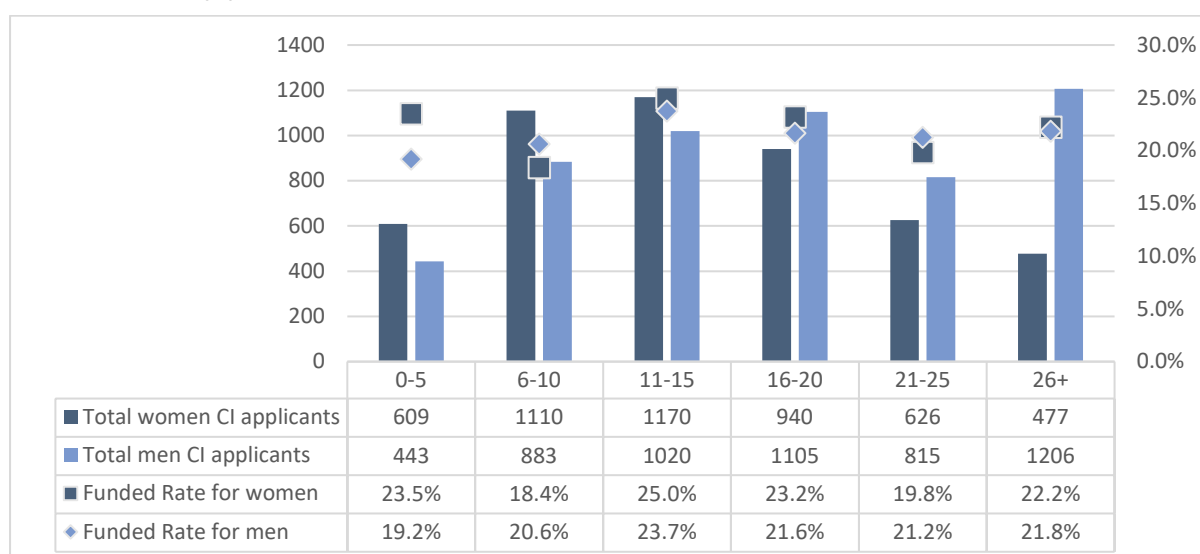
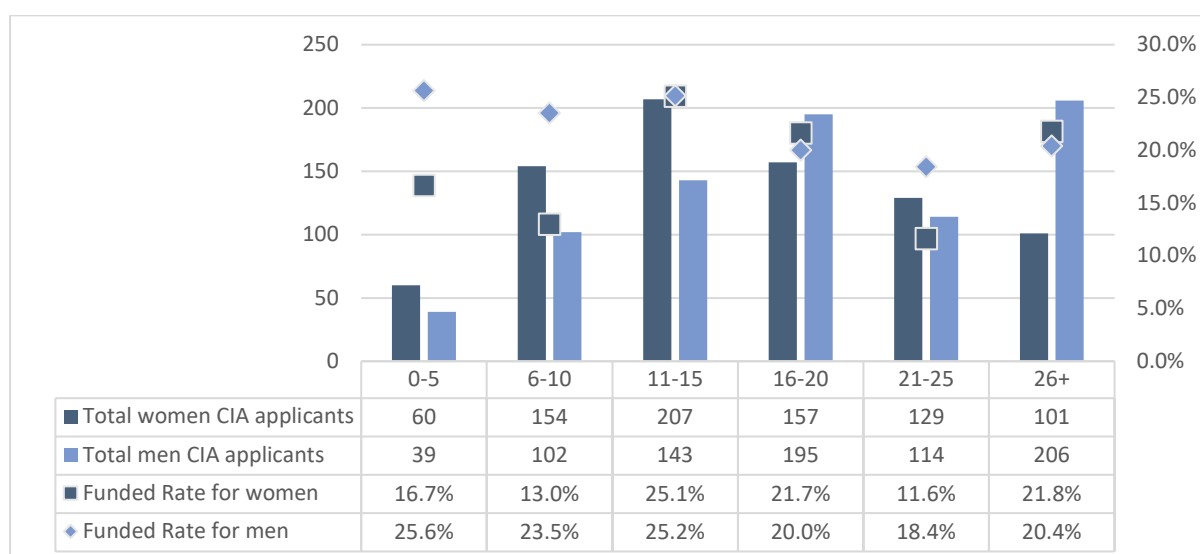


Figure 11b: MRFF competitive grant opportunity gender data - application numbers and funded rates by years since PhD – CIA only



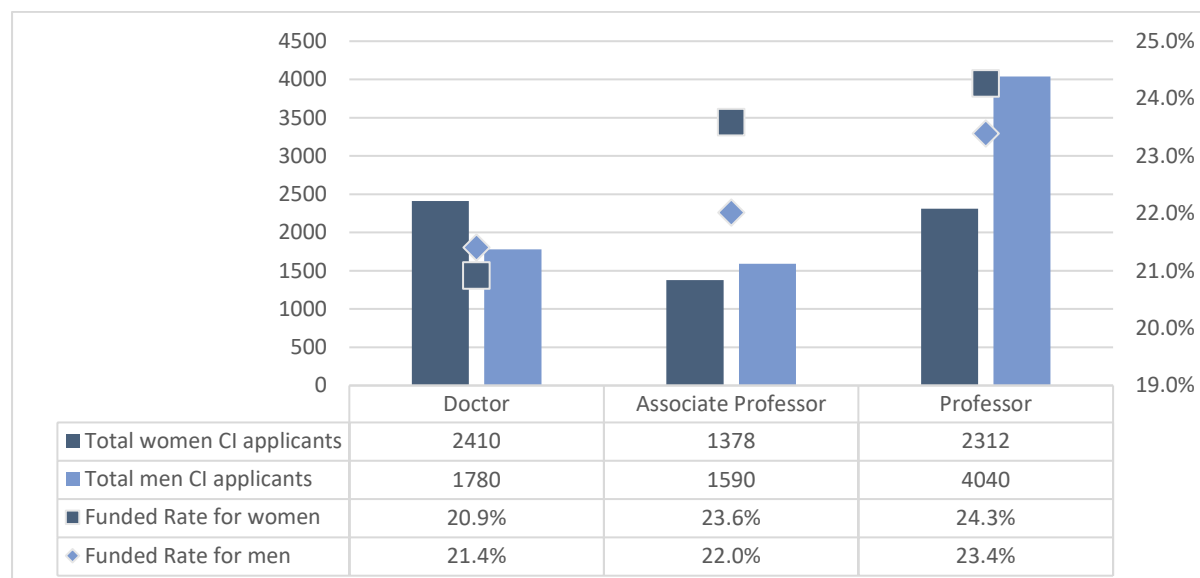
Chief Investigator title

Reflecting those data explored for the Investigator Grant scheme in the [NHMRC CEO communique](#), more women applied to MRFF grant opportunities in the earlier stages of their career. For this analysis, the proxy of title was used to assess career stage by gender. Men outnumbered women applicants with titles of both Associate Professor and Professor.

Funded rates were higher for men than women with the title Doctor, and higher for women than men with titles of both Associate Professor and Professor.

Note: only applicants who identified a title of Doctor, Associate Professor or Professor in their application are included in this analysis.

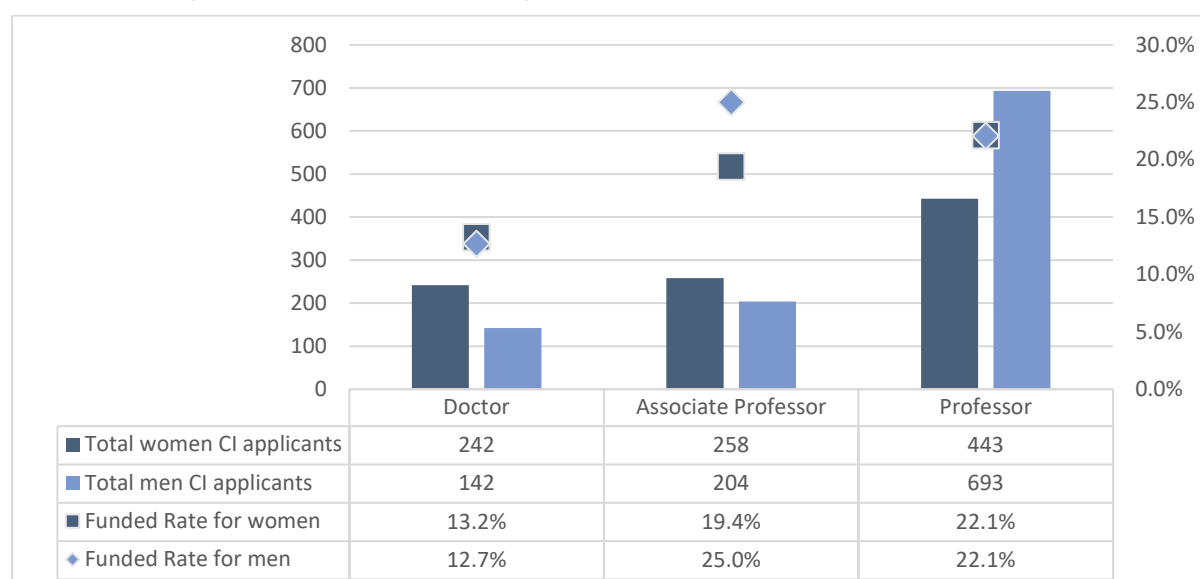
Figure 12a: MRFF competitive grant opportunity gender data - number of applications and funded rate by applicant title – CIs, or equivalent



Reflecting the overall findings, more women were CIAs for MRFF grant opportunities in the earlier stages of their career and men outnumbered women applicants with titles of Professor. Differing from CIs overall, more women CIAs applied as an Associate Professor than men.

Funded rates were the very close for men and women CIAs with the title Doctor or Professor, whereas men CIAs with the title Associate Professor had a higher funded rate than women.

Figure 12b: MRFF competitive grant opportunity gender data - number of applications and funded rate by applicant title – CIA only



Grant size

In assessing whether there is a noticeable difference in gender funded rates according to the size of a grant, there is some difference in outcomes on grants requesting more than \$2 million, however this is variable.

How much funding can be requested differs by grant opportunity, and these are highly variable according to the objectives and intended outcomes of each grant opportunity.

This is demonstrated in the grant size by MRFF Theme and Initiative figures below.

Figure 13a: MRFF competitive grant opportunity gender data - application numbers and funded rates by Grant size – CIs, or equivalent

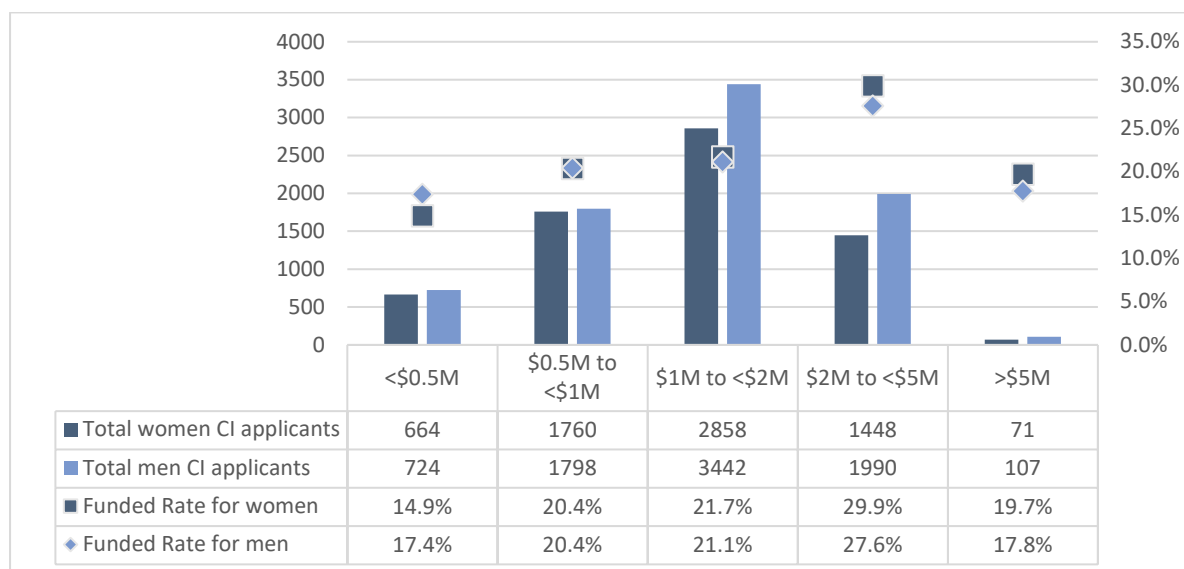
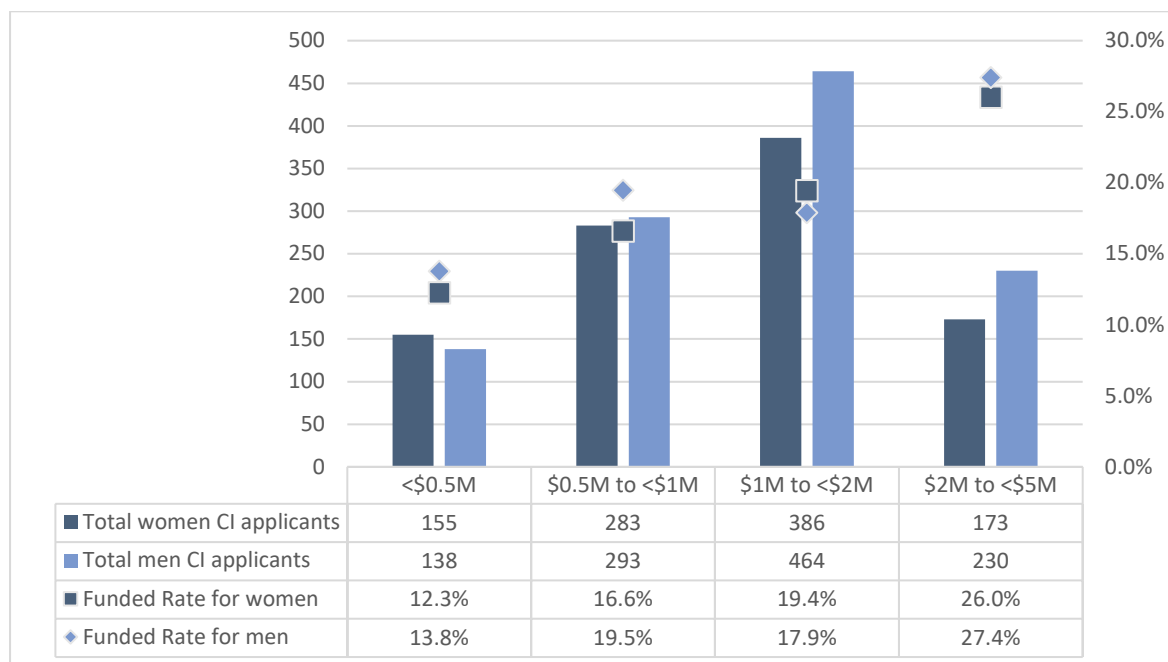


Figure 13b: MRFF competitive grant opportunity gender data - application numbers and funded rates by Grant size – CIA only



Grant size (\$) by MRFF Theme and Initiative

Figure 13c: MRFF competitive grant opportunity gender data - number of applications and funded rate by grant size (\$) – Patients Theme

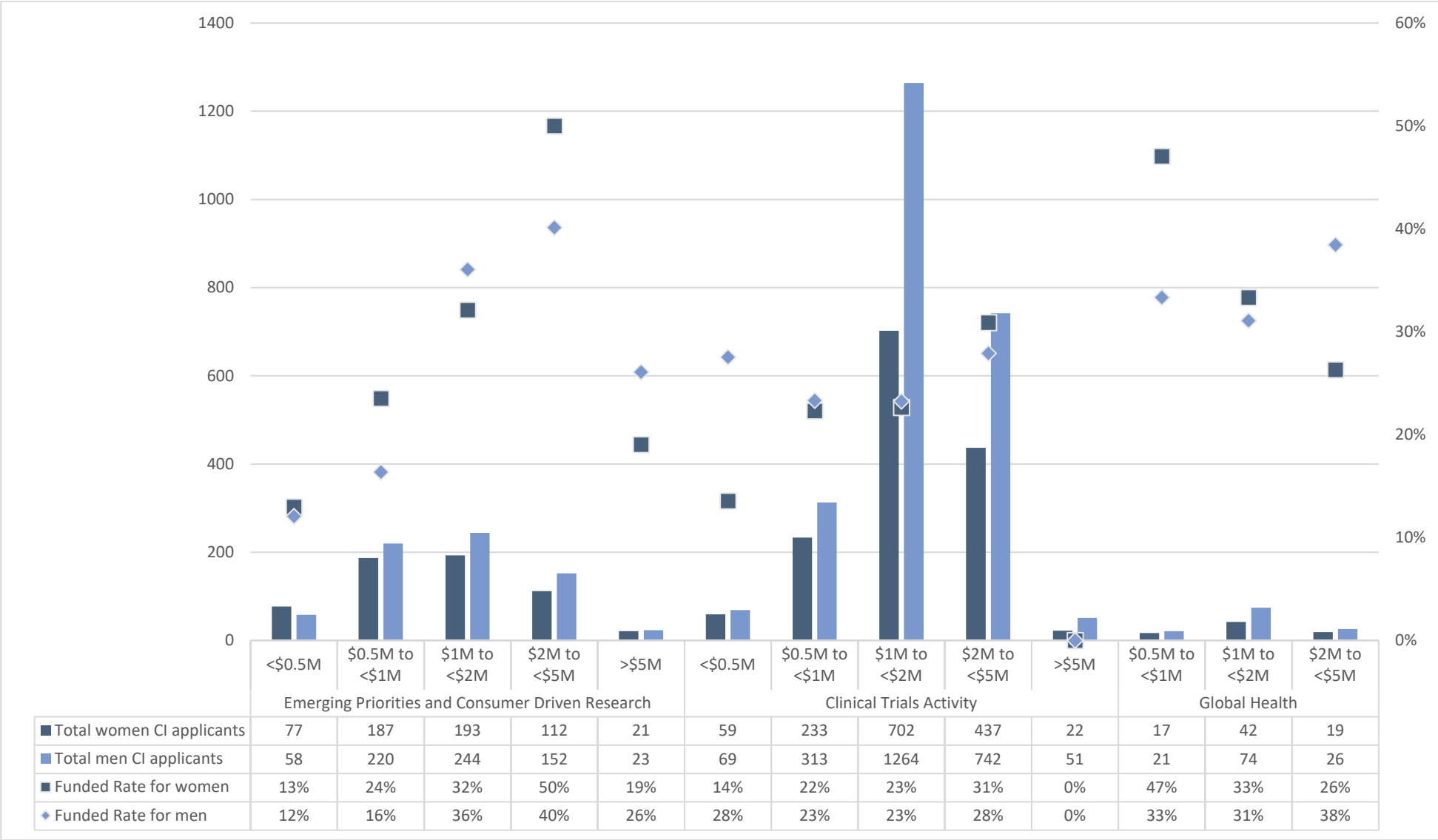


Figure 13d: MRFF competitive grant opportunity gender data - number of applications and funded rate by grant size (\$) – Research Missions Theme

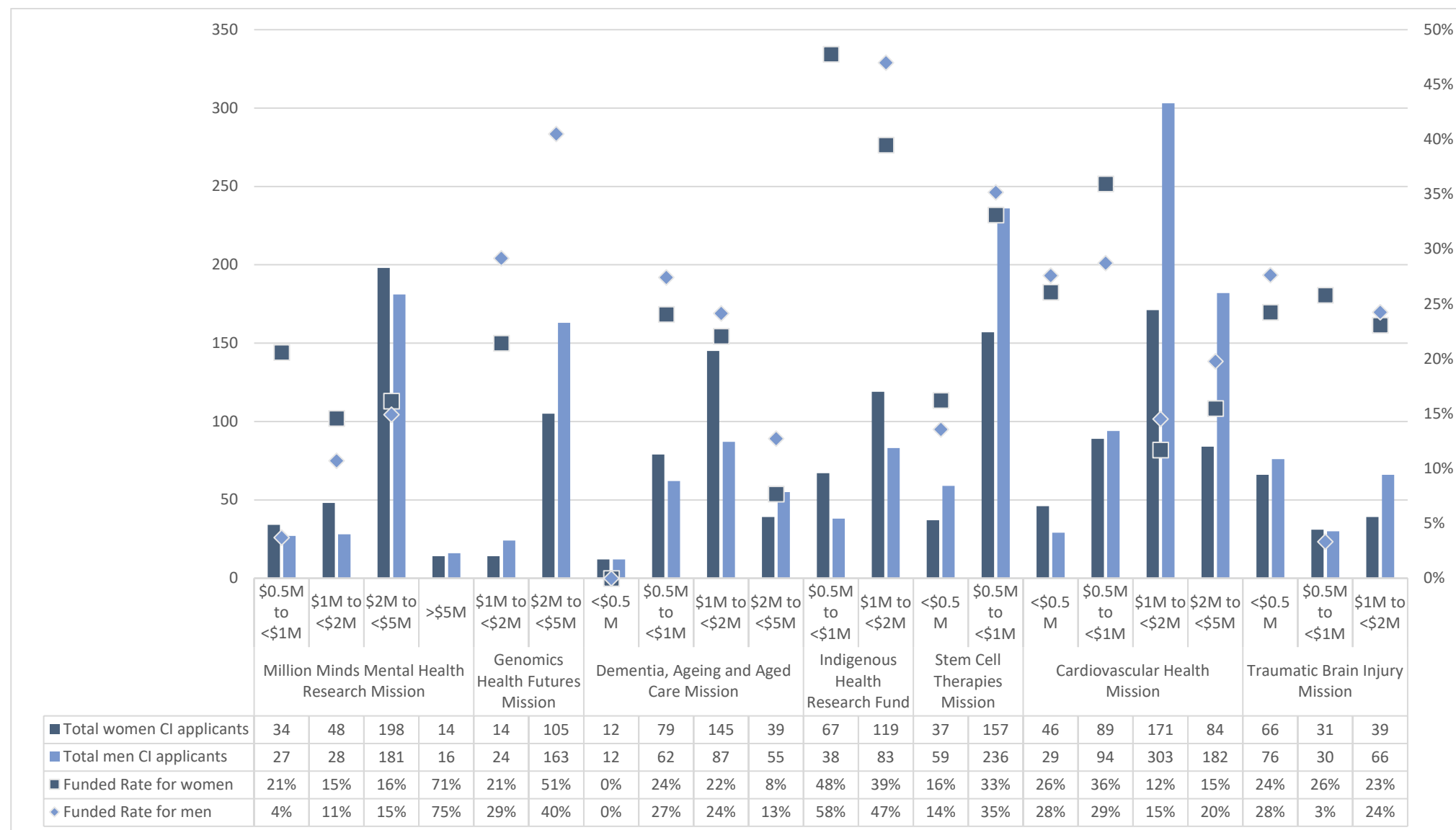
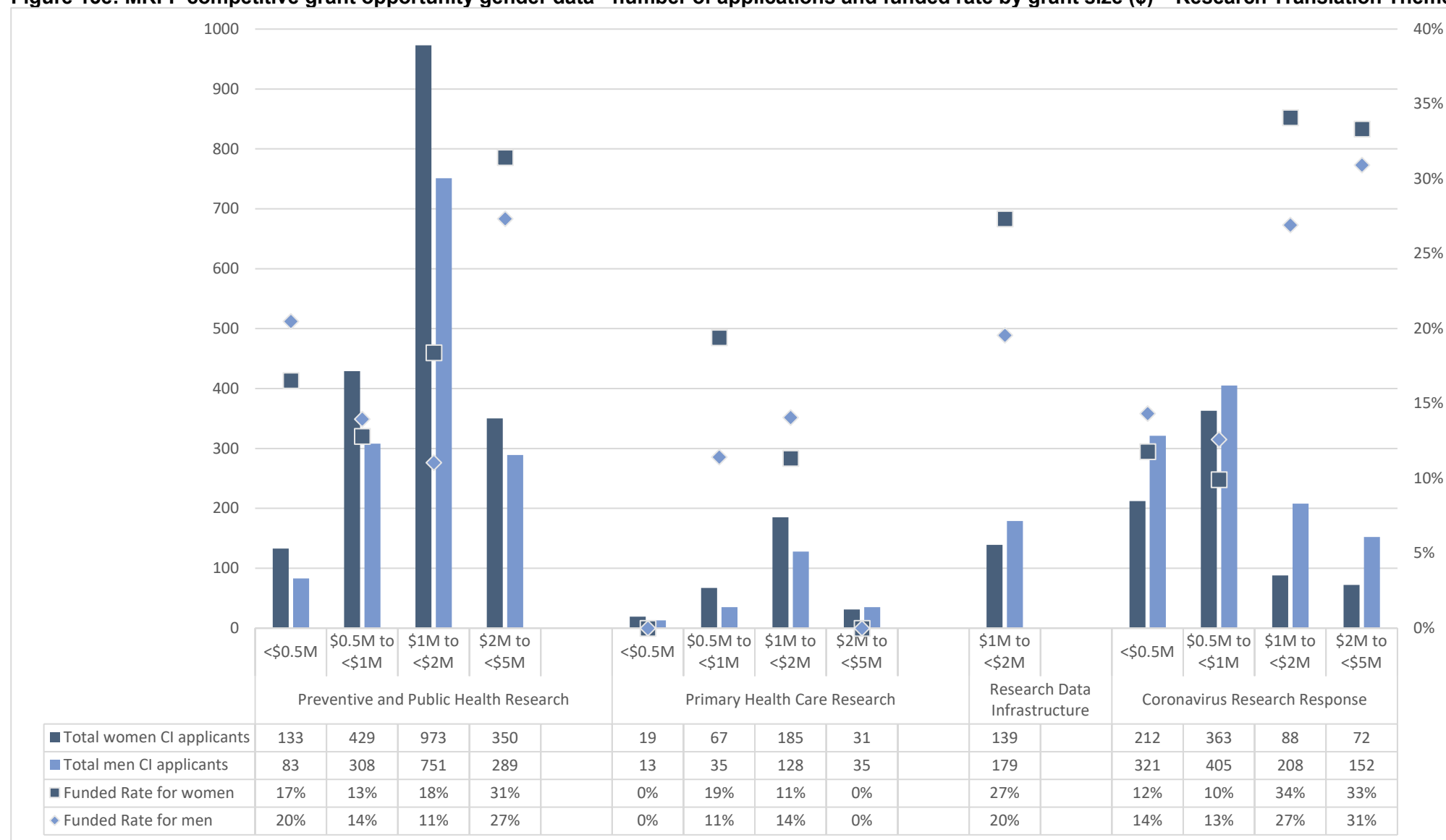


Figure 13e: MRFF competitive grant opportunity gender data - number of applications and funded rate by grant size (\$) – Research Translation Theme



Next Steps

This is the first time the HMRO has been able to analyse application and grant data with a focus on gender outcomes. This analysis will occur annually, and further interrogation of these data will be possible with an ever-increasing sample size.

Consideration will be given to expand the gender analysis to include for example, grant assessment scores (applicant and/or assessor), the part-time or full-time status of CIs, and whether CIs have had a career disruption.

It is hoped that with further analysis, if trends are observed (and continue), changes can be implemented to mitigate any potential biases to outcomes.

The HMRO also intends on undertaking further assessments of other identifying features of grants as sample size and data integrity grow. These assessments are also anticipated to be published.

Appendix A – Data Tables

Note: Any total <10 was removed for privacy reasons.

Table 1: MRFF competitive grant opportunity gender data - application numbers and funded rates for CIs, or equivalent

| Grant Opportunity Name | Administering Hub | Women Funded | Women Total | Women Funded Rate | Men Funded | Men Total | Men Funded Rate |
|---|-------------------|--------------|-------------|-------------------|------------|-----------|-----------------|
| 2017 Antimicrobial Resistance Targeted Call For Research | NHMRC | 14 | 52 | 26.9% | 23 | 88 | 26.1% |
| 2017 Lifting Clinical Trials and Registries Capacity | NHMRC | 50 | 197 | 25.4% | 109 | 418 | 26.1% |
| 2018 International Clinical Trial Collaborations (Round 18.1) | NHMRC | 12 | 56 | 21.4% | 28 | 108 | 25.9% |
| 2018 Keeping Australians Out of Hospital | NHMRC | 48 | 307 | 15.6% | 40 | 295 | 13.6% |
| 2018 Million Minds Mission | NHMRC | 41 | 228 | 18.0% | 28 | 196 | 14.3% |
| 2018 Rare Cancers, Rare Diseases and Unmet Need - General | NHMRC | 68 | 295 | 23.1% | 109 | 475 | 22.9% |
| 2018 Rare Cancers, Rare Diseases and Unmet Need - Low Survival Cancers and Diseases | NHMRC | 15 | 116 | 12.9% | 39 | 220 | 17.7% |
| 2019 Cardiovascular Health | NHMRC | 18 | 175 | 10.3% | 34 | 275 | 12.4% |
| 2019 Indigenous Health Research | NHMRC | 36 | 82 | 43.9% | 37 | 69 | 53.6% |
| 2019 International Clinical Trial Collaborations (Round 19.2) | NHMRC | 10 | 39 | 25.6% | 17 | 94 | 18.1% |
| 2019 Mental Health Pharmacogenomics | NHMRC | 15 | 34 | 44.1% | 18 | 41 | 43.9% |
| 2019 Ovarian Cancer Research | NHMRC | 27 | 59 | 45.8% | 34 | 75 | 45.3% |

| Grant Opportunity Name | Administering Hub | Women Funded | Women Total | Women Funded Rate | Men Funded | Men Total | Men Funded Rate |
|--|-------------------|--------------|-------------|-------------------|------------|-----------|-----------------|
| 2019 Preventive and Public Health Research | NHMRC | 106 | 450 | 23.6% | 47 | 241 | 19.5% |
| 2019 Primary Health Care Research | NHMRC | 29 | 186 | 15.6% | 15 | 130 | 11.5% |
| 2019 Rare Cancers, Rare Diseases and Unmet Need - General | NHMRC | 59 | 214 | 27.6% | 91 | 306 | 29.7% |
| 2019 Rare Cancers, Rare Diseases and Unmet Need - Neurological Disorders | NHMRC | 30 | 86 | 34.9% | 60 | 146 | 41.1% |
| 2019 Suicide Prevention | NHMRC | 15 | 66 | 22.7% | 13 | 57 | 22.8% |
| 2019 Tackling Antimicrobial Resistance and Drug Resistant Tuberculosis in Pacific Island Countries | NHMRC | 13 | 30 | 43.3% | 17 | 39 | 43.6% |
| 2019 Targeted Health System and Community Organisation Research (Round 3) | NHMRC | 28 | 37 | 75.7% | 23 | 33 | 69.7% |
| 2020 Antiviral Development for COVID-19 | NHMRC | 12 | 83 | 14.5% | 49 | 204 | 24.0% |
| 2020 Bushfire Impact | NHMRC | 28 | 256 | 10.9% | 21 | 234 | 9.0% |
| 2020 Cardiovascular Health | NHMRC | 59 | 215 | 27.4% | 81 | 333 | 24.3% |
| 2020 Childhood Cancer Research | NHMRC | 14 | 58 | 24.1% | 30 | 89 | 33.7% |
| 2020 COVID-19 Immunological Studies | NHMRC | 10 | 57 | 17.5% | 15 | 104 | 14.4% |
| 2020 COVID-19 Mental Health Research | NHMRC | 34 | 348 | 9.8% | 19 | 257 | 7.4% |
| 2020 COVID-19 Vaccine Candidate Research (Round 3) | NHMRC | 13 | 25 | 52.0% | 25 | 40 | 62.5% |
| 2020 Dementia, Ageing and Aged Care | NHMRC | 54 | 275 | 19.6% | 45 | 216 | 20.8% |

| Grant Opportunity Name | Administering Hub | Women Funded | Women Total | Women Funded Rate | Men Funded | Men Total | Men Funded Rate |
|---|-------------------|--------------|-------------|-------------------|------------|-----------|-----------------|
| 2020 Efficient Use of Existing Medicines | NHMRC | 33 | 160 | 20.6% | 31 | 242 | 12.8% |
| 2020 Genomics Health Futures Mission | NHMRC | 58 | 126 | 46.0% | 76 | 197 | 38.6% |
| 2020 Improving Diagnosis in Cancers With Low Survival Rates | NHMRC | 34 | 70 | 48.6% | 34 | 97 | 35.1% |
| 2020 Indigenous Health Research | NHMRC | 43 | 106 | 40.6% | 24 | 53 | 45.3% |
| 2020 International Clinical Trial Collaborations (Round 20.1) | NHMRC | 14 | 46 | 30.4% | 34 | 95 | 35.8% |
| 2020 International Clinical Trial Collaborations (Round 20.2) | NHMRC | 18 | 69 | 26.1% | 11 | 96 | 11.5% |
| 2020 Maternal Health and First 2000 Days, Exercise and Nutrition and Early Childhood | NHMRC | 66 | 470 | 14.0% | 22 | 251 | 8.8% |
| 2020 Medicinal Cannabis Clinical Trials | NHMRC | 13 | 24 | 54.2% | 14 | 33 | 42.4% |
| 2020 Neurofibromatosis Research | NHMRC | 10 | 25 | 40.0% | 20 | 36 | 55.6% |
| 2020 Primary Health Care Research | NHMRC | 34 | 302 | 11.3% | 22 | 211 | 10.4% |
| 2020 Primary Health Care Research Data Infrastructure | BGH | 38 | 139 | 27.3% | 35 | 183 | 19.1% |
| 2020 Quality, Safety and Effectiveness of Medicine Use and Medicine Intervention by Pharmacists | BGH | 39 | 248 | 15.7% | 32 | 223 | 14.3% |
| 2020 Rare Cancers, Rare Diseases and Unmet Need - General | NHMRC | 38 | 256 | 14.8% | 60 | 354 | 16.9% |

| Grant Opportunity Name | Administering Hub | Women Funded | Women Total | Women Funded Rate | Men Funded | Men Total | Men Funded Rate |
|--|-------------------|--------------|-------------|-------------------|------------|-----------|-----------------|
| 2020 Rare Cancers, Rare Diseases and Unmet Need COVID-19 | NHMRC | 19 | 96 | 19.8% | 30 | 182 | 16.5% |
| 2020 Respiratory Medicine Clinical Trials Research on COVID-19 | NHMRC | 19 | 66 | 28.8% | 40 | 173 | 23.1% |
| 2020 Stem Cell Therapies | NHMRC | 59 | 195 | 30.3% | 100 | 307 | 32.6% |
| 2020 Traumatic Brain Injury Mission | NHMRC | 24 | 90 | 26.7% | 22 | 96 | 22.9% |

Table 2: MRFF competitive grant opportunity gender data - application numbers and funded rates by Theme and Initiative for CIs, or equivalent

| Initiative Grouping | Initiative | Total women CI applicants | Total men CI applicants | Funded Rate for women | Funded Rate for men |
|----------------------|--|---------------------------|-------------------------|-----------------------|---------------------|
| Patients | Emerging Priorities and Consumer Driven Research | 590 | 697 | 29.8% | 28.4% |
| | Clinical Trials Activity | 1453 | 2439 | 24.4% | 24.3% |
| | Global Health | 82 | 127 | 32.9% | 31.5% |
| Research Missions | Million Minds Mental Health Research Mission | 295 | 255 | 19.0% | 16.9% |
| | Genomics Health Futures Mission | 126 | 197 | 46.0% | 38.6% |
| | Dementia, Ageing and Aged Care Mission | 275 | 216 | 19.6% | 20.8% |
| | Indigenous Health Research Fund | 188 | 122 | 42.0% | 50.0% |
| | Stem Cell Therapies Mission | 195 | 307 | 30.3% | 32.6% |
| | Cardiovascular Health Mission | 390 | 608 | 19.7% | 18.9% |
| | Traumatic Brain Injury Mission | 136 | 172 | 24.3% | 22.1% |
| | | | | | |
| Research Translation | Preventive and Public Health Research | 1890 | 1436 | 19.4% | 15.5% |
| | Primary Health Care Research | 302 | 211 | 11.3% | 10.4% |
| | Research Data Infrastructure | 139 | 183 | 27.3% | 19.1% |
| | Coronavirus Research Response | 757 | 1116 | 16.2% | 19.2% |

Table 3: MRFF competitive grant opportunity gender data - application numbers and funded rates by Theme and Initiative – CIAs

| Theme | Initiative | Total women CIAs | Total men CIAs | Funded Rate for women | Funded Rate for men |
|----------------------|--|------------------|----------------|-----------------------|---------------------|
| Patients | Emerging Priorities and Consumer Driven Research | 82 | 107 | 28% | 28.0% |
| | Clinical Trials Activity | 203 | 327 | 17% | 24.5% |
| Research Missions | Million Minds Mental Health Research Mission | 45 | 25 | 16% | 20.0% |
| | Genomics Health Futures Mission | 15 | 25 | 33% | 44.0% |
| | Dementia, Ageing and Aged Care Mission | 42 | 16 | 17% | 25.0% |
| | Indigenous Health Research Fund | 25 | 17 | 44% | 29.4% |
| | Stem Cell Therapies Mission | 38 | 59 | 24% | 27.1% |
| | Cardiovascular Health Mission | 54 | 83 | 20% | 14.5% |
| | Traumatic Brain Injury Mission | 24 | 17 | 25% | 17.6% |
| | Preventive and Public Health Research | 268 | 168 | 19% | 11.9% |
| Research Translation | Primary Health Care Research | 42 | 24 | 7% | 12.5% |
| | Research Data Infrastructure | 11 | 20 | 45% | 10.0% |
| | Coronavirus Research Response | 151 | 239 | 11% | 13.4% |

Table 4: MRFF competitive grant opportunity gender data - application numbers and funded rates by Broad Research Area

| Broad Research Area | Total women CI applicants | Total men CI applicants | Funded Rate for women | Funded Rate for men |
|-------------------------------|---------------------------|-------------------------|-----------------------|---------------------|
| Basic Science | 311 | 542 | 22.5% | 26.8% |
| Clinical Medicine and Science | 3021 | 4974 | 24.1% | 23.4% |
| Health Services Research | 1746 | 1209 | 21.0% | 19.4% |
| Public Health | 1297 | 876 | 22.3% | 21.3% |
| Grand Total | 6375 | 7601 | 22.8% | 22.8% |

Table 5: MRFF competitive grant opportunity gender data - application numbers and funded rates by Field of Research for CIs on NHMRC-administered applications

| Field of Research | Total women CI applicants | Total men CI applicants | Funded Rate for women | Funded Rate for men |
|--|---------------------------|-------------------------|-----------------------|---------------------|
| Applied Economics | 50 | 32 | 30.0% | 40.6% |
| Applied Ethics | 12 | 11 | 75.0% | 45.5% |
| Biochemistry and Cell Biology | 30 | 78 | 26.7% | 30.8% |
| Biomedical Engineering | 29 | 67 | 13.8% | 11.9% |
| Cardiorespiratory Medicine and Haematology | 464 | 974 | 22.4% | 24.5% |
| Clinical Sciences | 1126 | 1728 | 25.3% | 23.1% |
| Dentistry | 13 | 15 | 46.2% | 26.7% |
| Genetics | 101 | 123 | 20.8% | 24.4% |
| Human Movement and Sports Science | 41 | 38 | 2.4% | 5.3% |
| Immunology | 92 | 150 | 17.4% | 12.0% |
| Medical Biotechnology | 68 | 124 | 11.8% | 9.7% |
| Medical Microbiology | 86 | 179 | 29.1% | 38.0% |
| Medical Physiology | 13 | 15 | 0.0% | 0.0% |
| Medicinal and Biomolecular Chemistry | 14 | 45 | 35.7% | 40.0% |

| Field of Research | Total women CI applicants | Total men CI applicants | Funded Rate for women | Funded Rate for men |
|---|------------------------------|----------------------------|--------------------------|------------------------|
| Nanotechnology | 12 | 20 | 0.0% | 0.0% |
| Neurosciences | 314 | 626 | 22.0% | 23.2% |
| Nursing | 106 | 48 | 20.8% | 18.8% |
| Nutrition and Dietetics | 141 | 73 | 32.6% | 21.9% |
| Oncology and Carcinogenesis | 553 | 973 | 33.3% | 29.3% |
| Ophthalmology and Optometry | 32 | 27 | 25.0% | 11.1% |
| Other Medical and Health Sciences | 132 | 141 | 22.0% | 24.8% |
| Paediatrics and Reproductive Medicine | 454 | 319 | 18.7% | 18.8% |
| Pharmacology and Pharmaceutical Sciences | 48 | 61 | 14.6% | 3.3% |
| Psychology | 222 | 156 | 9.5% | 10.9% |
| Public Health and Health Services | 2190 | 1532 | 21.5% | 20.2% |

Table 6: MRFF competitive grant opportunity gender data - application numbers and funded rates by Field of Research for all CIAs on NHMRC-administered applications

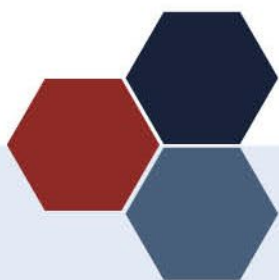
| Field of Research | Total women CI applicants | Total men CI applicants | Funded Rate for women | Funded Rate for men |
|--|---------------------------|-------------------------|-----------------------|---------------------|
| Cardiorespiratory Medicine and Haematology | 50 | 148 | 20.0% | 20.3% |
| Clinical Sciences | 156 | 232 | 19.2% | 22.4% |
| Genetics | 12 | 21 | 16.7% | 28.6% |
| Immunology | 19 | 24 | 15.8% | 12.5% |
| Medical Biotechnology | 16 | 20 | 12.5% | 5.0% |
| Medical Microbiology | 10 | 29 | 30.0% | 31.0% |
| Neurosciences | 47 | 86 | 12.8% | 24.4% |
| Oncology and Carcinogenesis | 73 | 143 | 23.3% | 30.8% |
| Other Medical and Health Sciences | 25 | 18 | 20.0% | 22.2% |
| Paediatrics and Reproductive Medicine | 63 | 30 | 14.3% | 26.7% |
| Psychology | 36 | 21 | 2.8% | 23.8% |
| Public Health and Health Services | 317 | 167 | 21.1% | 16.2% |

Table 7: MRFF competitive grant opportunity gender data - application numbers and funded rates by proportion of women on applications for CIs, or equivalent

| % Women CIs named on an application | Funded | Not Funded | Grand Total | Funded Rate |
|--|---------------|-------------------|--------------------|--------------------|
| <10% | 27 | 213 | 240 | 11.3% |
| 10 to <20% | 27 | 98 | 125 | 21.6% |
| 20 to <30% | 56 | 216 | 272 | 20.6% |
| 30 to <40% | 62 | 203 | 265 | 23.4% |
| 40 to <50% | 46 | 198 | 244 | 18.9% |
| 50 to <60% | 76 | 284 | 360 | 21.1% |
| 60 to <70% | 45 | 173 | 218 | 20.6% |
| 70 to <80% | 38 | 132 | 170 | 22.4% |
| 80 to <90% | 29 | 108 | 137 | 21.2% |
| 90 to 100% | 16 | 123 | 139 | 11.5% |
| Grand Total | 422 | 1748 | 2170 | 19.4% |

Table 8: MRFF competitive grant opportunity gender data - application numbers and funded rates by proportion of men on applications for CIs, or equivalent

| % Men CIs named on an application | Funded | Not Funded | Grand Total | Funded Rate |
|--|---------------|-------------------|--------------------|--------------------|
| <10% | 13 | 110 | 123 | 10.6% |
| 10 to <20% | 19 | 75 | 94 | 20.2% |
| 20 to <30% | 32 | 145 | 177 | 18.1% |
| 30 to <40% | 37 | 132 | 169 | 21.9% |
| 40 to <50% | 48 | 147 | 195 | 24.6% |
| 50 to <60% | 77 | 286 | 363 | 21.2% |
| 60 to <70% | 60 | 274 | 334 | 18.0% |
| 70 to <80% | 61 | 206 | 267 | 22.8% |
| 80 to <90% | 41 | 148 | 189 | 21.7% |
| 90 to 100% | 34 | 225 | 259 | 13.1% |
| Grand Total | 422 | 1748 | 2170 | 19.4% |



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All information in this publication is correct as at 22 March 2022