

Medical Research Future Fund (MRFF) 2018 - 2020 Priorities Consultation: AFAO submission

31 August 2018



Introduction

The Australian Federation of AIDS Organisations (AFAO) welcomes the opportunity to provide input to the public consultation to inform the development of the second set of Medical Research Future Fund (MRFF) Australian Medical Research and Innovation Priorities (Priorities) for 2018-2020.

The current MRFF Priorities are:

- antimicrobial resistance
- international collaborative research
- disruptive technologies
- clinical quality registries
- national data management study
- MRFF infrastructure and evaluation
- communicable disease control
- National Institute of Research
- building evidence in primary care
- behavioural economics application
- drug effectiveness and repurposing
- National infrastructure sharing scheme
- Industry exchange fellowships
- Clinical researcher fellowships
- Clinical trial network
- Public good demonstration trials
- Targeted translation topics
- Research incubator hubs
- Biomedical translation

More information about the consultation paper and the Priorities can be found at

<https://beta.health.gov.au/resources/publications/australian-medical-research-and-innovation-priorities-2016-2018>.

Which 2016-2018 MRFF Priorities do you think need further focus (select a maximum of three Priorities)

- Communicable disease control: Enhance and coordinate research on national surveillance of and response to current and emerging infectious diseases and antimicrobial resistance
- Antimicrobial resistance: Investment in this global challenge, consistent with Australia's First National Antimicrobial Resistance Strategy (2015-2019), with a focus on research to bring to market point-care-solutions

- International collaborative research: Create a reserve for rapid funding of international collaborative work in priority areas of health and medical research, capable of leveraging multiple agency, discipline, national or industry investment

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

Communicable disease control

As the national peak organisation for Australia’s community HIV response AFAO is appreciative of the inclusion of *Communicable disease control* in the first MRFF Priorities. AFAO acknowledges that the focus on communicable disease control has led to significant and necessary investment by the MRFF in research to develop safe and effective vaccines to fight infectious diseases of pandemic proportion.

AFAO strongly supports *Communicable disease control* being retained in 2018-2020 Priorities, however, suggest it be further focused to also support research that addresses infectious diseases that are not at pandemic proportion. For example, while there are highly effective treatments for HIV, and a range of behavioural and biomedical prevention strategies, nearly forty years into the epidemic there is still no effective vaccine or cure. In the case of another communicable disease hepatitis B, there is an effective vaccine, yet the prevalence of hepatitis B among Aboriginal and Torres Strait Islander people is disproportionately high, indicating the need for investment in social and behavioural research to better understand the contextual factors that contribute to these higher rates.

AFAO recommends that the Australian Medical Research Advisory Board (AMRAB) conceptualise communicable disease through a ‘social’ public health model (Mindal & Kippax, 2013). That is a public health approach that is attuned to the collective nature of epidemics, engages with affected communities and recognises that disease prevention and ‘control’ requires social and biomedical intervention and the engagement of affected communities to succeed. A ‘social’ public health approach to communicable disease also recognises that some infectious disease outbreaks require a sustained and multi-pronged response to enhance control.

Australia is acknowledged internationally for its relative success in managing the HIV epidemic, from the early years to the present. This success has been underpinned by a ‘social’ public health approach, one that rejected the “contain and control” model of traditional public health. Currently, Australia has access to biomedical interventions that can virtually eliminate HIV transmission and cure hepatitis C infection, however, this unprecedented opportunity will only be achieved through additional investment in research and surveillance.

AFAO recommends that in the new Priorities *Communicable disease control* is re-emphasised to explicitly articulate a ‘social’ public health model of disease control by reframing the Priority as *Communicable disease control and response*.

Reference:

Mindal, A & Kippax, S. (2013). A National strategic approach to improving the health of gay and bisexual men: Experience in Australia. In S.O. Aral, K.A. Fenton, and J.A. Lipshutz (eds.), *The New Public Health and STD/HIV Prevention: Personal, Public and Health System Approaches*, Springer Science + Business Media, New York.

Antimicrobial resistance

AFAO strongly supports the retention of the *Antimicrobial resistance* priority in the next set of MRFF Priorities with its focus on investment to meet the global challenge of Antimicrobial resistance and research to bring to market point-of-care solutions. The MRFF creates the opportunity to invest in the development of practical point-of-care

strategies to address antimicrobial resistance. For example, developing rapid resistance tests that can be administered at the point-of-care to identify whether an individual has a drug resistance strain of Gonorrhoea and, if so, what class of drug should be prescribed as treatment.

International collaborative research

AFAO strongly supports the retention of the MRFF Priority *International collaborative research*.

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

Building evidence in the delivery of health and healthcare by the non-government community sector

There is a significant knowledge and capacity gap across the research pipeline and healthcare system in relation to the roles and contributions of the non-government community sector in the delivery of health and healthcare. While AFAO welcomes and strongly supports the *Targeted Health System and Community Organisation Research Initiative* (currently under development), its focus on comparing the effectiveness of health services, addressing areas of practice with low or insubstantial evidence and providing opportunities for consumer-driven research will only partially respond to the identified information and capacity gaps. The initiative is an outcome of the *Building evidence in primary care* priority and, therefore, the emphasis is on comparing the effectiveness of services and not building comprehensive evidence of the strengths and weaknesses and key elements of community sector delivered health and healthcare. There is a need to better understand how community delivered health and healthcare links with other health services and systems. For example, Primary Healthcare, and how it contributes to integrated and coordinated care for individuals with chronic and complex conditions and reduces hospitalisations. There is also a need for research that focuses on the practices of community delivered health and healthcare and explores the impact of non-clinical activities such as health promotion, advocacy and policy.

AFAO suggests that the inclusion of a specific Priority *Building evidence in the delivery of health and healthcare by the non-government community sector* would contribute to health system sustainability and drive a research agenda to strengthen the effectiveness of non-government community delivered health and healthcare.

Consumer and community research collaboration

While the MRFF has a strong commitment to consumer engagement and collaboration across the research pipeline there is currently no specific Priority to support the meaningful involvement of consumers and the community organisations that represent them. The meaningful involvement of consumers would further strengthen MRFF objectives to drive collaboration and innovation across the research pipeline and healthcare system.

In some areas of health such as HIV, STIs, viral hepatitis, mental health and suicide prevention consumers deliver health and healthcare through peer-led interventions and play a critical role in the implementation of new health interventions.

Building a research infrastructure to support consumer participation across the research pipeline has the potential to be 'transformational', improving the quality of research and the effectiveness of the health care system. This could be achieved by harnessing the expertise of the potential end users of biomedical interventions at all stages of the research pipeline. While consumer engagement and collaboration should be embedded across all Priorities and the initiatives that stem from them, AFAO suggests there also needs to be a specific Priority *Consumer and community research collaboration*. The new priority would advance the capacity of researchers,

clinicians, and consumers to collaborate on research projects in meaningful ways from concept to the implementation stage.

Equity of access to the health system and health outcomes

There is a gap in equity of access to the health system and health outcomes and a necessity for evidence to better understand the needs of specific populations disproportionately affected by particular health issues, or diseases, for example, rates of suicide among LGBTI youth. AFAO suggests there is a need to invest in research methods and data collection systems to ensure equity of access across the health system for all users. Here we are suggesting targeted investment similar to that made in Australia to address the HIV epidemic in gay men, in which the investment included epidemiology, behavioural surveillance and social science research.

What specific priority or initiative can address the first gap identified?

AFAO suggests that the knowledge and capacity gap in relation to the role and contributions of the non-government community sector needs to be addressed by including a specific Priority in the 2018-2020. A Priority focused on building evaluation frameworks to capture evidence in non-government community delivered health and healthcare, *Building evidence in the delivery of health and healthcare by the non-government community sector*, this priority would be equivalent to the current *Building evidence in primary care*. The priority would ideally focus on health service and intervention research in order to understand the organisational structures that contribute to effective community delivered health and healthcare.

What specific priority or initiative can address the second gap identified?

AFAO suggests there needs to be a specific priority to advance the capacity of researchers, clinicians, and consumers to engage in meaningful research collaboration, *Consumer and community research collaboration*. The Priority would align with the *Capacity and Collaboration Strategic Platform* in the current *Australian Medical Research and Innovation Strategy 2016-2021* and sit alongside the current Priorities aimed at building capacity and collaboration between clinicians, researchers, and industry.

What specific priority or initiative can address the third gap identified?

The third gap identified by AFAO could be addressed through further Investment in data collection and surveillance methods to identify health issues and diseases that disproportionately impact hard to reach and minority populations. This type of investment is needed to ensure equity across the health system and health outcomes.

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

- Data and infrastructure
- Health services and systems
- Capacity and collaboration

How can current research capacity, production and use within the health system be further strengthened through the MRFF?

The *Australian Medical Research and Innovation Strategy 2016-2021* recognises the potential benefits of consumer engagement and collaboration in the research pipeline in terms of successful research outcomes and

translation into clinical practice. However, the current Priorities do not harness the expertise of consumers in 'research discovery work'. Mechanisms to bring consumers into the research process are required. Investment by the MRFF in specific programs or centres that utilise *Human Centred Design* and *Systems Thinking* approaches would strengthen research capacity and improve health systems. *Human Centred Design* and *Systems Thinking* approaches have been successfully used to solve complex social policy issues around the world. This type of investment in consumer participation would advance the engagement of individuals and communities in the process of research and thereby strengthen research capacity, increase consumer confidence in the system, drive innovation and improve health outcomes.

Achieving the meaningful and sophisticated participation of consumers and communities in research requires resources and infrastructure to support participation. This resourcing needs to include, but not be limited to, remuneration for consumer participation and the resources deployed by organisations to coordinate consumer participation. The MRFF could play a leadership role by requiring all MRFF projects to provide a framework for how meaningful consumer participation in the research process will be supported and resourced.

Do you have any additional comments on the Discussion Paper?

The discussion paper recognises the importance of "Priority identification that promotes health, social justice, eliminates discrimination and protects access and equity", AFAO welcomes this principle and suggests the MRFF clearly articulate these principles across all Priorities and the initiatives that stem from them.