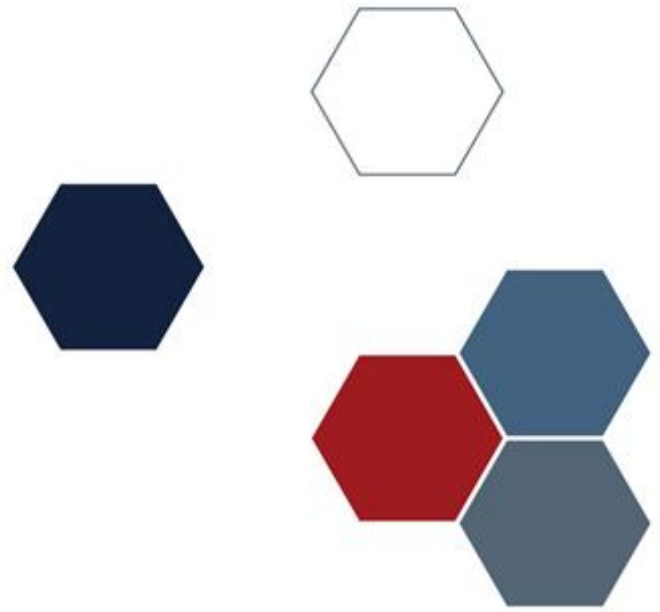




Australian Government



Medical Research **Future Fund**

**Consultation Guide - MRFF Australian Medical
Research and Innovation Priorities 2024-2026 and
MRFF Act Review**

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Consultation Purpose

Every two years, in accordance with the [Medical Research Future Fund Act 2015](#) (the Act), the [Australian Medical Research Advisory Board](#) (AMRAB) consults with diverse stakeholders to set the Australian Medical Research and Innovation Priorities (Priorities). AMRAB then develops refreshed Priorities incorporating feedback for the Medical Research Future Fund (MRFF).

Currently, AMRAB is seeking input to develop its Priorities for 2024-2026. The Priorities 2024-26 are due to be tabled in the Australian Parliament by 5 November 2024.

This document provides:

- an overview of the MRFF
- current Strategies and Priorities
- a review of current Priorities
- a request for stakeholder input on the frequency of Priority and Strategy renewal periods as set out in the Act.

This paper also seeks feedback on options to expand the eligibility of recipients for grant funding under the Act. The Act, which establishes the MRFF, requires regular review to ensure the MRFF benefits all Australians. The Act review is due to be completed in December 2024.

Introduction

The MRFF is an ongoing research fund set up by the Australian Government in 2015. Every year, the Government uses some of the net interest from this investment to pay for [medical research initiatives](#). In December 2023, the fund grew to \$22 billion.

The Government uses the MRFF to improve the health and wellbeing of Australians by funding health and medical research that addresses current, emerging and future health needs, burden of disease, and gaps in translation and health outcomes. The MRFF provides grants of financial assistance to support health and medical research and innovation. These grants support the translation of research towards impact and commercialisation to improve the health and wellbeing of all Australians.

The MRFF is managed by the Future Fund Board of Guardians, which invests the assets of the Fund. The Board of Guardians is required to maintain the nominal value of the credits made to the MRFF to enable a predictable and secure ongoing flow of funding for health and medical research and innovation.

The Act sets up the independent [AMRAB](#) and requires it to [consult](#) before determining the MRFF [Strategy and Priorities](#). This ensures investment in research is flexible and meets the needs of the changing health and medical research landscape.

[Australian Medical Research and Innovation Strategy](#)

Section 32D of the Act specifies that:

- *AMRAB must determine a Strategy for ensuring that a coherent and consistent approach is adopted in providing financial assistance under the Act for medical research and innovation that is in force for 5 years.*
- *In determining the Strategy, AMRAB takes into account the national strategy for medical research and public health research prepared by the National Health and Medical Research Council, as well as any other relevant matter.*

The current [Strategy \(2021-26\)](#) has provided a wide-ranging platform that has allowed MRFF to be responsive to current, emerging, and future health challenges, while continuing to fund projects that stimulate health and medical research across the entire research pipeline and achieve the MRFF's strategic objectives.

[Australian Medical Research and Innovation Priorities](#)

Section 32E of the Act specifies the matters in relation to the Priorities for providing financial assistance for medical research and medical innovation.

The Act requires AMRAB to take into account the following matters when determining the Priorities:

- the burden of disease on the Australian community
- how to deliver practical benefits from medical research and medical innovation to as many Australians as possible

- how to ensure that financial assistance provided under the MRFF complements and enhances other financial assistance provided for medical research and innovation
- any other relevant matters.

The current [Priorities 2022-24](#) align with the current [Strategy \(2021-26\)](#), and are considered by the Minister for Health and Aged Care before the Department of Health and Aged Care (the Department) decides on the disbursement of funding from the MRFF.

The [Priorities 2022-24](#) are

1. consumer-driven research
2. research infrastructure and capability
3. translation and commercialisation
4. comparative effectiveness research
5. preventive and public health research
6. primary care research
7. health and medical researcher capacity and capability
8. Aboriginal and Torres Strait Islander health
9. priority populations
10. antimicrobial resistance
11. global health and health security
12. health impacts from environmental factors
13. data, digital health and artificial intelligence.

MRFF third 10-year Investment Plan

As part of the 2024-25 Budget, the Australian Government announced the \$6.5 billion [MRFF third 10-year Investment Plan](#) that builds on investments made through previous MRFF 10-year Investment Plans and sets out a detailed proposal for spending from the MRFF.

The third 10-year Investment Plan responds to new and growing health needs and priorities while continuing to fund activities that will stimulate health and medical research across the entire research, translation and commercialisation pipeline. MRFF funding is directed into four themes:

- [Patients](#) – Funding to bring benefits to patients and the Australian population, including supporting life-changing clinical trials, funding innovative treatments and advanced health care and medical technologies.
- [Research Missions](#) – Bringing together key researchers, health professionals, stakeholders, industry partners and patients to tackle big health challenges.
- [Researchers](#) – Supporting Australian researchers, including to help build their skills and capacity, support their research in priority areas and assist them to develop and bring new research discoveries to the market or impact on public health.
- [Research Translation](#) – Translating research outcomes into practice by building the evidence base to support the adoption of best practice care into health care delivery.

There are 22 initiatives under these themes, funded over 10 years to harness innovation, provide vital infrastructure, improve patient outcomes, and generate jobs and economic growth.

The 10-year Investment plan is the mechanism used by the Australian Government to implement the Strategy and Priorities. The third 10-year Investment Plan sets out the levels of financial support from the MRFF for 22 initiatives to be funded from 2024-25 to 2033-34. Many of these initiatives will continue to build on investments made through the prior 10-year Investment Plans. The third 10-year Investment Plan includes two new Research Missions (a Low Survival Cancers Mission and a Reducing Health Inequities Mission) and amends the policy parameters of three existing initiatives (Global Health, Rapid Applied Research Translation and Preventive and Public Health Research) to address clear gaps in the research landscape.

MRFF Act Review

The MRFF is important because it:

- Allows Australians to benefit from life-changing medical discoveries.
- Funds research according to national priorities, filling gaps in areas that need more research.
- Helps our researchers develop and translate their ideas in Australia.
- Develops Australia's growing biotech industry, creating future jobs and exports.
- Builds stronger relationships between researchers, health care professionals, governments, industry, and the community.
- Invests in all research stages — from research ideas, through laboratory research and clinical trials, to the final commercial product and public health impact.

The Act is reviewed periodically to evaluate how well the Act is operating and to inform how it could be improved. The current Act Review is due to be completed in December 2024.

This consultation will focus on the following aspects of the Act:

- Frequency for updating the Australian Medical Research and Innovation Strategy (Strategy) and the Priorities, which are currently set by the Act to occur every 5 years and every 2 years, respectively (*Paragraph 32D(4) and 32E(5) of the Act*).
- Whether States and Territories should be eligible to receive the MRFF direct grant funding from the MRFF Health Special Account (*Division 4, Part 2 of the Act*).

Key Issues and Proposals

Australian Medical Research and Innovation Priorities 2024-2026 (the Priorities 2024-26)

This consultation focuses on reviewing the current [Priorities](#) for better alignment with the 2021-26 Strategy. The consultation seeks **your view** on whether the proposed Priorities 2024-26 are better expressed to guide MRFF investments to support research, especially translation and impact. The additions or amendments will focus on emerging gaps, priorities and particular area(s) of concern.

Appendix A presents a comparative overview of the current Priorities 2022-24 and the proposed Priorities 2024-26.

MRFF Act Review – Frequency of updating the Strategy and the Priorities

Under the Act, AMRAB is required to review and revise the Strategy every 5 years and the Priorities every 2 years. This consultation seeks **your view** on changing the frequency of the Strategy and the Priorities updates, noting that AMRAB consults with the sector on each update.

Table – Frequency of updating the Strategy and the Priorities: options, risk and benefit

Option	Risks	Benefits
Option 1 (no change): Priorities: 2 years Strategy: 5 years	• Inadequate time for the sector to focus research efforts on a priority (between updates). • Consultation fatigue. • Minimal change to health and medical research landscape within this timeframe.	• Consistent practice. • Change can keep pace with technological advancements.
Option 2: Priorities: 3 years Strategy: 6 years	• Similar risks as per Option 1.	• These changes will ensure that 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 on the medical research and medical innovation sector.
Option 3: Priorities: 5 years Strategy: 10 years	• This frequency of consultation may be too dispersed to effectively gauge and respond to changing research needs in the medical research and medical innovation sector. • Sector may feel that regular consultation is lacking.	• These changes will ensure that every second iteration of the Priorities falls due at the same time as a new Strategy is issued, streamlining administrative arrangements, and reducing the burden of consultation processes more than the previous options. • This option has potential better alignment with the review frequency of the 10-year investment plan.

Note: Across all options, new priorities can be added as needed between updates, which allows it to respond quickly to new research priorities.

MRFF Act Review – Whether States and Territories should be eligible for funding through the MRFF Health Special Account

The Act sets out that the MRFF consists of the MRFF Special Account and the investments of the MRFF.

Section 17 of the Act sets out that the MRFF Special Account can be debited for three main purposes:

- (a) to transfer amounts to the Federation Reform Fund in accordance with section 20 for the purpose of making grants of financial assistance to the States and Territories
- (b) to transfer amounts to the MRFF Health Special Account in accordance with section 25 for the purpose of making grants to bodies referred to in section 24
- (c) to make grants to corporate Commonwealth entities in accordance with section 29.

To ensure that MRFF funds are paid to entities that are best placed to deliver these intended outcomes, the Act currently requires that MRFF direct grant funding (from the MRFF Health Special Account) only be provided to the following bodies:

- medical research institutes
- universities
- corporate Commonwealth entities
- corporations (Section 24 of the Act).

States and territories cannot apply for MRFF funding directly, though they can access this funding via indirect means (*i.e.* via the [Federation Reform Fund](#) or formerly known Council of Australian Governments (COAG) Reform Fund). This can be a complex process. There is potential benefit in revising the Act to allow states and territories to apply for direct grant funding administered through the Department. This would mean applications for funding from state and territory governments would complete the same competitive processes as all other MRFF applications.

Consultation Process

AMRAB has agreed the following consultation process will be used to conduct a national consultation on the Priorities 2024-26, which will consist of:

1. Roundtable discussion: Targeted consultation with various stakeholder groups to gather in-depth insights and specific feedback.
2. Broader consultation: All interested parties can provide their input through a survey. This will run from 2 September to 13 September 2024.

Survey respondents are asked to identify themselves and if they are affiliated to an organisation. Respondents will have an opportunity to indicate consent to have their views made public on the MRFF website. The decision to post consenting views on the website will be that of AMRAB.

All views will be reviewed by the Department to inform AMRAB's considerations.

Principles of Engagement

In conducting this consultation process, AMRAB has determined the following principles for engagement. Individuals, representatives and organisations are asked to respect these principles in articulating points of view and position statements on the direction of new Australian Medical Research and Innovation Priorities (2024-2026) and MRFF Act Review.

1. Support for research excellence is paramount, and reference should be made to the [MRFF Funding Principles](#).
2. Appreciate that the MRFF is intended to be transformational - it is a once in a generation opportunity to benefit Australians.
3. Avoid duplication of priorities and effort, and where appropriate identify opportunities to leverage opportunities through collaboration with the purpose of maximising impact.
4. Appreciate the focus on whole-of-system benefit, and stakeholders are encouraged to think beyond single disease or study self-interest.
5. Recognise the importance of priority identification that promotes health and social justice, eliminates discrimination and protects access and equity.
6. Focus on how a refresh of the current Priorities can continue to allow the MRFF to fund national health priorities that improve research effectiveness, efficacy, quality and safety to deliver improved health outcomes and a sustainable health system for all Australians.
7. Focus on how the current Priorities can continue to operate on the 2021-2026 Strategy, including reframing to be more outcome oriented.
8. Be cognisant of the Government's \$6.5 billion, [MRFF third 10-year Investment Plan](#), announced as part of the 2024-25 Budget. Submissions should focus on how the priorities may inform funding decisions within the third 10-year plan themes and initiatives rather than seek to redefine them.

9. Be cognisant of the [MRFF Monitoring, Evaluation and Learning Strategy](#) which sets out the principles and approach used to monitor and evaluate the MRFF.
10. Recognise that whole-of-government approaches are needed to address some complex issues in health and medical research, including indirect costs, research quality and evaluation.
11. Be respectful of other stakeholder perspectives, experiences and opinions.

Further Information

Key Contacts

For any questions relating to this consultation please contact the Department via MRFF@health.gov.au

Staying Informed

Monitor the [MRFF website](#) as it will be regularly updated with notifications of opportunities to either engage with AMRAB or reflect on the ongoing national conversation.

Useful documents

- [Australian Medical Research and Innovation Strategy 2021-2026](#)
- [Australian Medical Research and Innovation Priorities 2022-2024](#)
- [Medical Research Future Fund Act 2015](#)
- [Investment Funds Legislation Amendment Bill 2021](#)
- [MRFF third 10-year Investment Plan](#)
- [MRFF Monitoring, Evaluation and Learning Strategy](#)
- [Financial Assistance to Support the Australian Medical Research and Innovation Priorities 2016-2018](#)
- [Report on financial support for medical research and innovation 2018-2020](#)
- [Financial Assistance to Support the Australian Medical Research and Innovation Priorities 2020-2022](#)
- [MRFF Investment Initiatives](#)
- [AMRAB membership background](#)
- [NHMRC Health Priorities](#)
- [Commonwealth Grants Rules and Principles 2024](#)
- [GrantConnect](#)
- [The National Health and Medical Research Council](#)
- [Business Grants Hub](#)

Appendix A – Comparative overview of Priorities 2022-24 and Proposed Priorities 2024-26

Consumer-Driven Research

	Priorities 2022-24	Proposed Priorities 2024-26
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, health care 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, 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 .
How best addressed	Support partnerships that drive meaningful consumer involvement by pairing researchers with consumers, carers, health care 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.

Rationale for the change:

Wording in this priority was updated to align with the [Principles for consumer involvement in research funded by the MRFF](#). This includes language highlighting the importance of consumer leadership and involvement in all stages and all types of research, in partnership with researchers.

Research Infrastructure and Capability

	Priority 2022-24	Proposed Priorities 2024-26
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.
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.
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.

Rationale for the change:

Wording on this priority was updated to better encompass the research supported under the [National Critical Research Infrastructure](#) and [Research Data Infrastructure](#) initiatives. This addition also better aligns this priority with the “*integration with the [National Collaborative Research Infrastructure Strategy Program](#) (NCRIS)*” previously mentioned in the 2022-24 priorities, specifically with relevance to NCRIS [cloud computing and computational capabilities](#). Finally, language regarding developing expertise, collaborations and networks were included to capture cross-discipline collaboration and network building within the sector.

Translation and Commercialisation

	Priorities 2022-24	Proposed Priorities 2024-26
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 health care adoption, as well as facilitating collaborations between the research sector, industry, 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.
How best addressed	Support for translation of research into improved health care, new health care technologies, treatments and models of care. This includes supporting transitions through the 'valleys of death' and de-risking projects to support commercial viability and implementation.	Support for translation of research into improved health care, new health care 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 commercial potential into health care products or health care delivery processes by facilitating progress along the translation and commercialisation pipeline and de-risking projects to support commercial viability and implementation.

Rationale for the change:

Wording in this priority was updated to better reflect the breadth of translation and commercialisation efforts supported by the MRFF, especially through the [Targeted Translation Research Accelerator](#) and [Medical Research Commercialisation initiative](#). This includes the addition of language to clearly highlight that therapeutics development, translation and commercialisation are key aspects of this priority as well as to clearly emphasise MRFF's support for small and medium enterprises (SMEs) to translate and commercialise research outputs. Additionally, language was simplified to increase clarity.

Comparative Effectiveness Research

	Priorities 2022-24	Proposed Priorities 2024-26
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 health care, 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 health care, and to minimise unnecessary, ineffective, and harmful health interventions.
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 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.

Rationale for the change:

This priority was updated to highlight key aspects of this research area funded by the MRFF, including clinical trials research and the use of comparative effectiveness research to support health technology assessments. Additionally, language was simplified to increase clarity.

Preventive and Public Health Research

	Priorities 2022-24	Proposed Priorities 2024-26
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.
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 health care to maintain and improve health and wellbeing, and reduce the burden of disease.	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 health care will provide better support for self-care interventions, improved wellbeing, address risk factors and co-morbidities and reduce the burden of disease.
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.

Rationale for the change:

This priority was re-framed to strengthen its focus on health promotion, public health as well as primordial, primary and secondary prevention. The reframed priority was designed to provide broader alignment with preventive and public health research across MRFF funding initiatives beyond those of the [Preventive and Public Health Research initiative](#). This addition also better aligns this priority with the [National Preventive Health Strategy 2021-2030](#). Additionally, language was included to reflect the importance of self-care interventions recommended by AMRAB in alignment with the World Health Organization's (WHO) [Guideline on Self-Care Interventions For Health and Well-Being](#). Self-care interventions was incorporated into this priority as its key tenets of enabling the independence and self-determination of individuals, families and communities to promote health, prevent disease and cope with illness and disability aligns well with the intent and aims outlined in this priority.

Primary Care Research

	Priorities 2022-24	Proposed Priorities 2024-26
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 health care 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 health care sector.
Why action is needed	The growing complexity of care environments makes practitioner and care team decisions increasingly difficult. While most health care 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 health care 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.
How best addressed	Conduct primary care research that is led by health care professionals, which can permeate daily practice and has potential for scalability.	Conduct primary care research that is led by health care professionals, which can permeate daily practice and has potential for scalability. Support primary care research across Australia, including in regional, rural and remote communities.

Rationale for the change:

A sentence has been added to specifically highlight the importance of considering regional, rural and remote communities when conducting primary care research.

Health and Medical Researcher Capacity and Capability

	Priorities 2022-24	Proposed Priorities 2024-26
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.
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, in order to ensure the availability of diverse skills within the research workforce, that intersect clinical practice, health care 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.
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.

Rationale for the change:

This priority has been reworded to cover the breadth of capacity and capability building supported by MRFF funding. This includes highlighting MRFF's support for building skills in research translation, including in clinical and commercial settings. This update also emphasises the MRFF's role in creating a research funding environment that supports gender equity (as evidenced by the latest [MRFF Report on gender data for grant opportunities](#)) and diverse researchers. This update also allows for broader alignment with other capacity building opportunities supported by MRFF funding, beyond the [Early to Mid-Career Researchers](#) and [Clinician Researchers initiatives](#). For example, grant opportunities that require CIs who identify as First Nations or who are based in rural, regional, or remote areas.

Aboriginal and Torres Strait Islander Health

	Priorities 2022-24	Proposed Priorities 2024-26
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.
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 sectors, and result in practical and appropriate improvements to health care.
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 with regard to 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.

Rationale for the change:

The language in this priority has been updated to take a more strengths-based approach that focuses on highlighting culturally appropriate and impactful ways to conduct Aboriginal and Torres Strait Islander-led health research to improve health outcomes and health equity. The updated language was drawn from the [National Aboriginal and Torres Strait Islander Health Plan 2021-2031](#) and the Lowitja Institute's [researching Indigenous health: a practical guide for researchers](#). Some text has been reworded for clarity and referenced documents have been updated to the latest version.

Priority Populations

	Priorities 2022-24	Proposed Priorities 2024-26
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 health care 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.
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 health care 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 and wellbeing of older members of the community. Research to address differences in health and health care needs is important to reduce inequities in health outcomes.	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 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.	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.

	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.	Investment focus needs to be responsive and align with national initiatives to address health inequities.
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Rationale for the change:

This priority has been updated to align with the full list of priority populations that are included in current MRFF Grant Opportunity Guidelines. Aboriginal and/or Torres Strait Islander people, LGBTIQ+ people and youth have been added to the list. Wording has been updated to ensure the priority sufficiently encompasses all priority populations listed without particular emphasis on any. This update also highlights the need for research conducted in collaboration or partnership with priority populations to better understand determinants of health, develop approaches to address health challenges and find solutions to address inequities. Some language has been simplified for clarity.

Global Health Security - This priority has taken the original Global Health and Health Security priority and merged it with Antimicrobial resistance.

	Priorities 2022-24	Proposed Priorities 2024-26
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 collaborations and capabilities, particularly within the Indo-Pacific region.	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.
Why action is needed	Health and medical research is 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 is 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.
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.

Rationale for the change:

The 2022-2024 priorities of 'Global Health and Health Security' and 'Antimicrobial Resistance' have been merged due to significant overlap across these priorities. The new priority has been updated with language that incorporates AMR in the context of global health security and that aligns with the [Australian Centre for Disease Control](#) and [WHO's](#) definition and description of health security, the [National Antimicrobial Resistance Strategy](#) and the WHO's [Global research agenda for antimicrobial resistance in human health](#) and the United Nations' [Sustainable Development Goals](#).

Health Impacts from Environmental Factors

	Priorities 2022-24	Proposed Priorities 2024-26
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.
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.
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 health care 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.

Rationale for the change:

This proposed priority has been reframed to capture a broader range of environmental factors that influence people's health, drawing on the [Department of Health and Aged Care's](#) and [WHO's](#) descriptions of environmental health. This reframing provides a clearer definitional framework for this priority, that encompasses what was in the existing text, but also allows for a greater breadth of research that captures work that is already being funded by the MRFF, through a variety of initiatives. The proposed priority also references the recent [National Health and Climate Strategy](#), as a document that research into the health impacts of climate change should align with.

Artificial Intelligence and Digital Health (proposed title edit)

	Priorities 2022-24	Proposed Priorities 2024-26
Priority Description	Improve data utilisation for more integrated and effective health and health care 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 health care 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 health care systems.
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 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 increasing the 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, decision-making, treatment and management (including self-management) of health conditions.

Rationale for the change:

This priority was renamed and reframed in response to AMRAB's recommendation to strengthen the integration of artificial intelligence (AI) in the priorities.

The wording of this priority was simplified to disentangle the multiple complex and overlapping digital concepts and provide a clearer focus on the benefits of health care digitalisation. These benefits also include outcomes that promote self-care interventions as highlighted as an important concept by AMRAB.

Additionally the priority was updated to broaden its applicability and alignment to research involving integration of AI, digital health and digital data-driven research across the breadth of MRFF initiatives beyond the [National Critical Research Infrastructure](#) and [Research Data Infrastructure](#) initiatives.

The re-framing of this priority was conducted with reference to recent trends and advances in scientific literature, and to better align with the priorities and emerging areas outlined in the following national and international health strategies/policies:

1. Australian Digital health Agency: [National Digital Health Strategy 2023-2028 and delivery roadmap](#)
2. [World Health Organization: Artificial Intelligence for Health](#) guidance documents
3. [World Health Organization: Global Strategy on Digital health 2020-2025](#)