

## Response to the Medical Research Future Fund (MRFF) Research Missions Program Consultation

Thank you for the opportunity to provide a submission to the Medical Research Future Fund (MRFF) Research Missions Program (the Program) consultation. As the national peak body for the health and medical research and innovation sector, Research Australia continues to advocate for smarter investment across the system as a critical enabler of a healthy, wealthy, and more productive Australia. A central aspect of this is the need to urgently release the full available MRFF funds from the current \$650m annual disbursement to align with the Future Fund Board of Guardian's determinations (\$1.1 billion in 2026-27)<sup>1</sup>. This will create a pathway to fund more Mission-oriented research, as well as broader research, translation and commercialisation activities under other MRFF themes.

This submission builds on Research Australia's attendance at the MRFF Virtual Consultation for Research and Research Organisations in February 2026, and the contributions of our member organisations - Arthritis Australia, La Trobe University, Macquarie University and WEHI - as well as insights from our broader membership and previous policy and advocacy.

### Recommendations

- Release the full available MRFF funds from the current \$650m annual disbursement to align with the Future Fund Board of Guardian's determinations (\$1.1 billion in 2026-27).
- Underpin MRFF Missions with a clearly articulated and transparent Theory of Change, both at the individual mission level and at the overarching program level.
- Key measures of success should be identified and underpinned by a transparent set of principles / standards for all Missions and reflected in funding, policy, assessment, governance systems, reporting frameworks and data dashboarding.
- The Program should identify its alignment and how it will contribute to other key policy frameworks, such as the National Health and Medical Research Strategy.
- Initiate clearer coordination within individual Missions.
- Models of collective impact should be an explicit focus of MRFF Missions going forward to reduce fragmentation across policy settings and drive further innovation and system performance.
- States and territories should have a role in identifying research priorities and co-investing in mission-led projects.
- Embed a focus on: health services research and implementation science, collaboration, genuine partnership with community and lived experience contributions, early- and mid-career researchers, clinician researchers and equity by including in a set of priorities for all Missions.

<sup>1</sup> Department of Finance. (2025). 'Maximum annual distribution for financial year 2026-27'. Australian Government. See <https://www.finance.gov.au/sites/default/files/2025-12/MRFF-MADA-2026-27.pdf>

- Embed a consumer remuneration framework into MRFF Missions.
- Consider the contribution MRFF Missions - and MRFF grant processes more broadly - can make to addressing systemic discrimination and equity – both in outcomes on the ground as well as the research workforce.

### Progress and impact of the Research Missions program

There is broad support for the mission-driven model under the MRFF Research Missions program, which has become an essential mechanism within Australia’s research funding landscape. MRFF Missions are a favoured model due to the potential of their long-term funding and the ability to drive collaboration across disciplines, institutions, and sectors. Critically, mission-based investment has the potential to build translational pipelines that connect discovery research through to innovation, including early phase clinical trials with engagement from stakeholders throughout. This is an essential and beneficial aspect of the model, given the ongoing gap between research and translation, commercialisation and implementation which continues to hinder the sector and health outcomes.

The duration of Missions is key for enabling meaningful collaboration, consumer involvement, and workforce development, which can sometimes be put at risk due to short-term funding insecurity. Having a central and enduring focus within the Missions also enables the consolidation of different sources of investment, with success reported across our member’s case studies in attracting multiple forms of further investment and co-investment, including uniting the sometimes-fractured philanthropic sector behind a common cause.

#### **Case study: Transforming residential aged care through evidence-based informatics**

Following a successful grant application in the 2021 MRFF Dementia, Ageing and Aged Care Mission round, the *Transforming residential aged care through evidence-based informatics* project resulted in new partnerships with the company BESTMED and the Aged Care Quality and Safety Commission.

The project produced short and long-term benefits to the sector and led to ongoing collaborations with industry, for example in 2026 BESTMED and Macquarie University signed an MOU to continue collaborations, who were also a partner on two subsequent MRFF grants.

One of the interventions generated ‘BestConnect’, which has now been made available to over 1200 residential aged care homes in Australia. This intervention provides residents and their nominated family members access to a list of their up-to-date medications and also sends notifications whenever there are medication changes.

## Opportunities for improvement

The MRFF Research Missions Program should be underpinned by a clearly articulated and transparent Theory of Change, both at the individual Mission level and at the overarching program level. This should define the Mission's, and overall Program's, long-term health, research and system impact, supported by an outcome framework alongside the current output measurement. Key measures of success should be identified and supported by a transparent set of principles / standards for all Missions and reflected in funding, policy, assessment, governance systems, reporting frameworks and data dashboard. This should include capability uplift in decision making personnel to ensure the Program moves beyond its current output measurements to an outcomes framework demonstrating impact on holistic, systems-wide change and coordination. The Program should also identify its alignment and how it will contribute to the National Health and Medical Research Strategy, Australian Centre for Disease Control, Australia's National Science and Research Priorities, and other key policy frameworks such as the Strategic Examination of R&D, so as not to duplicate and contribute to a stronger health and medical research and innovation infrastructure.

There is a further opportunity to strengthen the model by creating clearer coordination and impact within individual Missions. The current Program funds multiple projects under each Mission, yet it is unclear how collaboration and coordination take place to achieve the overarching goal of each Mission. By better coordinating Mission-level projects to focus more on long-term outcomes, there is an opportunity to initiate collective impact models, whereby the bringing together of different sectors and organisations can help to address complex problems (such as the social, economic, cultural and commercial determinants of health). This should be an explicit focus of the model going forward to reduce fragmentation across policy settings and drive further innovation and system performance, including collaborative funding models.

Under the current program, there is no clear role or involvement of the states and territories. As critical funders of health and medical research and innovation, service delivery and implementation partners, the evaluation should consider a role for the jurisdictions in identifying research priorities and co-investing in Mission-led projects. Alongside this, ring fenced health services research streams (implementation science, safety/quality, health economics, workforce research, scale up studies) should be embedded within every existing Mission to ensure discoveries can be effectively adopted, evaluated and sustained, but also up scaled. Embedding health services research and implementation science should be included in the set of priorities for all missions as noted above.

The Missions also have an opportunity to strengthen collaboration across the sector, therefore embedding collaboration should also be included in the set of priorities for all Missions. Furthermore, genuine partnership with community and lived experience contributors is critical for the success of research and its translation and should be embedded throughout MRFF Missions, alongside a consumer remuneration framework. Research Australia recently partnered with the National Centre for Epidemiology and Population Health at the Australian National University with the aim of co-designing a national recognition framework (including

remuneration) for recognising consumer contributions in health research. The co-designed recognition framework is the first of its kind in Australia.

Further consideration should be given to the contribution MRFF Missions – and MRFF grant processes more broadly – can make to addressing systemic discrimination and equity – both in outcomes on the ground as well as the research workforce. In order to improve equitable outcomes and access to Missions funding, the MRFF should address short application timelines which, especially when in two stages, presents a challenge for genuine community engagement and co-design. Our consultation feedback also highlighted that a lot of processes in grants don't consider diversity and inclusion, such as cultural safety or accessibility (for disability). This can result in researchers from under-represented groups being excluded from the grant process, and reducing the ability to do co-design, all of which contributes to both workforce and impact inequity.

Specific attention should also be applied to the impact all Missions can make to regional, rural, remote and very remote (RRRvR) communities, to ensure that innovations secured through MRFF Mission funding, such as medical technologies, can be efficiently validated, implemented and scaled at the same pace as metropolitan areas. Research Australia's [policy discussion paper](#) identified a clear unmet need for long-term RRRvR translation infrastructure, therefore addressing this gap would ensure that future MRFF investments translate equitably, efficiently and at scale across Australia. Embedding a focus on RRRvR in Missions should be included in the set of priorities for all Missions.

From a workforce perspective, there is currently no requirement within the Program to include, and develop the capacity and capabilities of, early- and mid- career researchers (EMCRs) in projects. EMCRs are a critical part of the health and medical research and innovation workforce and should be embedded in the Program. This should include a scope for EMCRs to carve their own research agendas as part of capacity and capability development. Furthermore, there are significant gaps in capacity building for translational researchers – such as clinician researchers and multidisciplinary teams who drive discovery into clinical impact. The workforce underpins the success of the Program; therefore, the lack of fellowships and career pathways that specifically support this workforce should be addressed. Embedding a focus on EMCRs and clinician researchers should be included in the set of priorities for all Missions.

## **Conclusion**

Whilst there are strong elements of the MRFF Missions Program, there is a need to more clearly articulate a Theory of Change, clearly coordinate individual Missions and align to national policy frameworks, and embed genuine partnerships with community, priority workforce cohorts and the states and territories. Without transparent impact and outcome measures the risk is that the Program will not achieve the potential of being a longer-term program that brings about systems-wide change, driven by health and medical research and innovation.

Thank you for the opportunity to provide a submission to the MRFF Research Missions Program. We look forward to continuing partnering with government, our members and all relevant

stakeholders to ensure smarter investment in the health and medical research and innovation sector.

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Warm regards,



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### **About Research Australia**

Setup by government following a landmark review in 2000, Research Australia is the national peak body for the health and medical research and innovation sector. Our membership is drawn from the whole pipeline of health and medical research and innovation, from universities and medical research institutes to charities and patient groups, and health care providers and companies commercialising new health technologies. Our priorities include a whole of systems approach to health and medical research and innovation, smarter investment, workforce and advancing prevention. Underpinning these priorities are equitable health outcomes; collaboration; AI and digital health, data and data linkage.