INQUIRY INTO DIABETES

Submission to the Standing Committee on Health, Aged Care and Sport

August 2023



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Summary of Recommendations

National Diabetes Strategies	The previous and current National Diabetes Strategies have been largely ineffective. A new Implementation Plan should be developed as soon as possible.
	The AIHW must be given the opportunity to review the Strategy's indicators of progress and develop a list of indicators that are measurable and fit for purpose.
	The AIHW should be asked to advise on what new data collection is required to accurately measure the success of the new Strategy and the additional resources required to do so. These resources should be provided as part of the expenditure on the Australian National Diabetes Strategy 2021-2030.
	The development of a new Implementation Plan should give particular attention to identifying impact measures for the specific actions, and collecting the data needed to measure the impact of the actions where this data is not already being collected.
Diabetes Research	The Committee should recommend to the Minister that as part of its work to prevent and control diseases, the Australian Centre for Disease Control (CDC) should undertake the function of coordinating the application of research to the prevention and control of disease, including diabetes.
	The Committee should recommend to the Minister that consideration of a role for the CDC in directing or controlling a portion of MRFF funding be included in the Government's current deliberations on the role and function of the MRFF as well as in the current considerations of the CDC.
	The Committee should consider the role of the Australian CDC in improving the Australian response to diabetes and other noncommunicable diseases, and recommend to the Minister the expanded role for the Australian CDC proposed in this submission.

Introduction

Research Australia welcomes the opportunity to make a submission to the Committee's Inquiry into Diabetes. This submission primarily addresses the fifth term of reference:

'The effectiveness of current Australian Government policies and programs to prevent, diagnose and manage diabetes.'

Our submission examines the National Diabetes Strategies introduced in the last decade, the progress that has been made and the barriers to measuring performance. It is clear that we need to improve data collection if we are to evaluate the effectiveness of actions taken to address diabetes.

We also examine the proposed research agenda for diabetes, outlined in the National Diabetes Strategy; and we make several proposals for actions to enable the research agenda to be delivered, including a role for the Australian Centre for Disease Control.

Research Australia represents the entire Health and Medical Research and Innovation pipeline



National Diabetes Strategies

In the last decade, the Australian Government has published two National Diabetes Strategies. These strategies are the focus of Research Australia's submission, as evidence of the current state of play and what needs to change.

The Australian National Diabetes Strategy 2016-2020

The Australian National Diabetes Strategy 2016-2020 (the 2016 Strategy) was published in November 2015.¹ It was developed over a two-year consultation process led by experts on the National Diabetes Strategy Advisory Group, including with the Australian Health Ministers Advisory Council.

The 2016 Strategy identified seven goals:

- 1. Prevent people developing type 2 diabetes
- 2. Promote awareness and earlier detection of type 1 and type 2 diabetes
- 3. Reduce the occurrence of diabetes-related complications and improve quality of life among people with diabetes
- 4. Reduce the impact of pre-existing and gestational diabetes in pregnancy
- 5. Reduce the impact of diabetes among Aboriginal and Torres Strait
- 6. Islander peoples
- 7. Reduce the impact of diabetes among other priority groups
- 8. Strengthen prevention and care through research, evidence and data

The 2016 Strategy recognised the importance of measuring its effectiveness, and that all the required measures were not yet in place.

'This Strategy outlines potential ways to measure progress against each goal. The measures are expressed as high-level indicators, as it is anticipated that refinements will be made through the development of an implementation plan and associated metrics, including units of measurement and reporting responsibilities.'²

The need for 'further work' to develop metrics is also explicitly mentioned in the executive summary.³

An implementation plan for the strategy was published under the auspices of the Australian Health Ministers' Advisory Council in 2017, more than a year after the Strategy was released, and two years into the 2016 Strategy's five-year term.⁴

'Indicators to measure progress against the goals of the Strategy have been developed by the Australian Institute of Health and Welfare (AIHW) in consultation with the Implementation Working Group and are included in this Plan. The indicators are mapped against the

¹ Commonwealth of Australia 2015, Australian National Diabetes Strategy 2016-2020: Canberra

² Ibid, page 7

³ Ibid, page 1

⁴ Australian Health Ministers' Advisory Council 2017. Diabetes in Australia: Focus on the future. Australian Government: Canberra.

potential measures of progress from the Strategy and are important to measure the progress against each goal of the Strategy. The indicator tables show the framework or report where the indicator may be collected and the agency which has the data source. The indicators are not intended to measure or assess the impact of the specific actions outlined in this Plan. The reporting chapter at page 35 provides further detail.⁵

The Reporting Chapter itself provides a warning about how comprehensive the Implementation Plan is.

'It should be noted that this Plan does not purport to address all issues and priorities highlighted in the Strategy, but it is a starting point for governments to identify the key actions and priorities that can be tackled as a first tranche of activity.

Progress of this Plan is the responsibility of all jurisdictions.⁷⁶

It seems that two years into the 2016 Strategy, it had become clear that it could not be achieved. The Implementation Plan states that a quantitative data report is to be produced annually, or at least biennially, and a qualitative report was to be produced in 2019.⁷

In 2018, the AIHW published baseline data for the 55 indicators in the Implementation Plan (no longer available on the AIHW website) and this was followed in December 2020 with the 'Indicators for the Australian National Diabetes Strategy 2016–2020: data update.⁸

The report of the data update is sobering. Favourable progress was only recorded against nine of the 55 indicators, with a further nine unfavourable. Eleven of the indicators were steady.

Total	59
No update/unable to access trend	20
Not statistically significant	10
Steady	11
Unfavourable	9
Favourable	9

(There are more than 55 in the above table because multiple measurements provided for indicators related to diabetes hospitalisations)

Despite the AIHW being involved in the development of the indicators, it was unable to provide measures against 20 of the indicators, more than one third of the total. The resources devoted to developing and evaluating these measures were effectively wasted. The report provides no commentary about why it was unable to report against these indicators, or why indicators had been chosen for which no data was available.

⁵ Ibid, page 5

⁶ Ibid, page 35

⁷ Ibid, pages 35, 36

⁸ https://www.aihw.gov.au/reports/diabetes/diabetes-indicators-strategy-2016-2020/contents/about

The Australian National Diabetes Strategy 2021-2030

The current Strategy, the Australian National Diabetes Strategy 2021-2030 was published in 2021. The current 2021 Strategy effectively retains the goals from the previous strategy and commits to 'updating' the 2016 Strategy's implementation.⁹

'Measures of progress

The Strategy outlines measures of progress against each goal. The Australian Institute of Health and Welfare (AIHW) identified a suite of diabetes-relevant indicators from existing national frameworks with associated metrics, data sources and reporting responsibilities to measure progress against the goals of the 2016–2020 Strategy. These were included in the associated Implementation Plan, which will be updated for this Strategy.¹⁰

While committing to 'update' the indicators, there is no commentary in the new Strategy about the lack of progress between 2016 and 2020 against the indicators, or that more than a third of the indicators were effectively useless. While the current strategy identifies the need to 'Improve and expand data linkage and facilitate ease of access', this is for research purposes, and not about the data needed to evaluate the effectiveness of the strategy.

Advice to Research Australia from the Department about the implementation plan for the 2021 Strategy is

'The department is currently undertaking a review and refresh of the implementation plan for the Australian National Diabetes Strategy 2016-20, with an updated document anticipated to be finalised in 2024'.¹¹

Strategies and measurement ineffective

Research Australia submits the previous and current National Diabetes Strategies have been largely ineffective.

On the evidence provided in the Strategy's own indicators report, progress was made against only nine of 55 indicators, and no implementation plan has been published for the current strategy, despite it commencing two years ago.

Research Australia submits a new Implementation Plan should be developed as soon as possible.

Measuring the effectiveness of any strategy is essential, and Research Australia welcomes the significant attention given to identifying indicators of progress. However, it is clear that not enough attention has been given to ensuring the indicators are measurable, or to undertaking the appropriate measurement.

Research Australia submits the AIHW must be given the opportunity to review the indicators and develop a list of indicators that are measurable and fit for purpose. The AIHW should also be asked to advise on what new data collection is required to accurately measure the success of the new Strategy and the additional resources required to do so. These resources should be provided as part of the expenditure on the Australian National Diabetes Strategy 2021-2030.

⁹ Australian Government, 2021, The Australian National Diabetes Strategy 2021-2030, page 2

¹⁰ Ibid, page 10

¹¹ Email from the Conditions Projects Section; Cancer, Hearing and Chronic Conditions Division; Australian Government Department of Health and Aged Care, received 24 August 2023

Research Australia notes the statement in the Implementation Plan developed for the 2016 Strategy that '. The indicators are not intended to measure or assess the impact of the specific actions outlined in this Plan.'

Without indicators to measure the impact of specific actions, it is not possible to know if a Strategy has been effective. Research Australia submits the development of a new Implementation Plan should give particular attention to identifying impact measures for the specific actions, and collecting the data needed to measure the impact of the actions where this data is not already being collected.

Diabetes Research

Research into the causes, prevention and treatment of type 1, type 2 and gestational diabetes is undertaken in Australia and globally. In Australia, research into diabetes is funded by the Australian Government through the NHMRC's Medical Research Endowment Account (MREA) and the Medical Research Future Fund (MRFF). Funding is also provided by other sources, including state and territory governments, the not-for-profit sector and corporate entities.

The 2016 Strategy identified strengthening prevention and care through research, evidence and data as one of the Strategy's seven goals.

'Diabetes has a significant impact on Australia's health and productivity, and research into the condition-including the basic science of the disease, its social and economic impacts and appropriate clinical responses-is an important priority. Although Australia currently has multiple diabetes research funding streams, research efforts need to be further focused on strengthening evidence-based practice for the prevention of diabetes and its complications, identifying a cure for diabetes, informing health policy decisions and potentially offering more timely access to newer and improved medications.¹¹²

Developing a national research agenda 'to coordinate diabetes research across multiple funding streams,' was identified as a 'possible' action.¹³

This was not developed during the term of the 2016 Strategy, but has been revived as an action in the current strategy (still to be delivered):

'Develop a national research agenda

 Develop a national research agenda designed to coordinate diabetes research across multiple funding streams, with particular attention to:

 $_{\odot}$ examining the barriers to best practice and the availability of, and access to, appropriate health services to develop specific strategies to address and overcome these barriers

 $_{\odot}$ identifying the cause(s) of type 1 diabetes and how to prevent, cure and treat the condition (including research into the potential benefits of stem cell technology and islet cell transplantation)

 \circ identifying the cause(s) of type 2 diabetes and ways to improve outcomes for people, including a focus on Aboriginal and Torres Strait Islander peoples, on children and adolescents and on other priority groups

 ¹² Commonwealth of Australia 2015, Australian National Diabetes Strategy 2016-2020, page 21
¹³ Ibid, page 21

 $_{\odot}$ developing the evidence base for, and the optimal use of, technology in contributing to equitable improvements in diabetes care, including continuous glucose monitoring and insulin pump therapy

o translating research into improved therapies for the optimal management of diabetes, including behavioural, preventive, mental health and wellbeing measures

 $_{\odot}$ developing databases of critical diabetes data to inform policies and indicators for their monitoring and assessment

 $_{\odot}$ examining the impact of the COVID-19 pandemic on incidence of diabetes and related complications, as well as impacts on mental health and behavioural effects and on access to health care, including through data linkage and burden of disease methods

 $_{\odot}$ conducting studies to understand the impact of the COVID-19 pandemic on the future health of those affected

o collating and disseminating research findings in a timely manner.

• Support research and reporting on the cost of diabetes to the community and the health system, including the AIHW Australian Burden of Disease Study expenditure database.

• Continue and enhance Australian translational research into dietary interventions in community-based settings to reduce type 2 diabetes.

• Consider translational intervention research on the association of sleep and stress as risk factors and in treatment for type 2 diabetes.

• Consider translational intervention research with a focus on mental health and reduction of diabetes distress.

• Support research into diabetes, its basic/ discovery science, its complications and effects and its prevention and management through various funding channels including the National Health and Medical Research Council and the Medical Research Future Fund.

• Undertake a regular national biomedical health survey that includes diabetes and chronic conditions and has an Aboriginal and Torres Strait Islander people component.¹⁴

The areas outlined for the research agenda are detailed and comprehensive. But what actions would be required to implement such a research agenda?

As noted earlier, diabetes research is already being undertaken in Australia and is funded from various sources. This is reflected in the reference in the first dot point of the research agenda outline to the need to 'coordinate research across multiple funding streams'. A more explicit reference to funding streams is made further on:

 'Support research into diabetes, its basic/ discovery science, its complications and effects and its prevention and management through various funding channels including the National Health and Medical Research Council and the Medical Research Future Fund.'

There is an open question about what 'coordinate' and 'support' mean in the context of existing MREA and MRFF funding, and how this would be achieved.

¹⁴ Australian Government, 2021, The Australian National Diabetes Strategy 2021-2030, pages 32-33

There also seems to be recognition that there are various areas where research is not currently undertaken or more research is needed, with the agenda outline referring to 'supporting', 'enhancing' and 'considering' research. For example:

• Support research and reporting on the cost of diabetes to the community and the health system, including the AIHW Australian Burden of Disease Study expenditure database.

• Continue and enhance Australian translational research into dietary interventions in community-based settings to reduce type 2 diabetes.

• Consider translational intervention research on the association of sleep and stress as risk factors and in treatment for type 2 diabetes.'

A national diabetes research agenda requires coordination and funding

Research Australia believes a national research agenda for diabetes would be valuable. While it is certainly true that there is existing funding for diabetes research from several sources, there is currently no body that can coordinate diabetes research funding across different funding bodies, or coordinate funding along the pipeline from basic research to implementation.

Responsibility for the existing funding streams (NHMRC MRFF etc.) rest with different individuals and entities which have their own strategies and agendas; this makes coordination of the funding they provide for diabetes research by any one body difficult but also essential if the potential of research to improve lives is to be realised.

The NHMRC's MREA

In 2022, \$900 million of grants was made from health and medical research and research training. Disbursements from the NHMRC's MREA are made by the Minister on the advice of the NHMRC's CEO.¹⁵ The design of the MREA's funding programs is the responsibility of the NHMRC's CEO, on the advice of the Council and Committee. The CEO is also required to provide a national strategy for medical research and public health research under the NHMRC's Corporate Plan, and to consult with the Minister and the Council on the Plan.¹⁶ The approach to funding is outlined in the below extract from the current Corporate Plan:

'The themes of investment, translation and integrity encapsulate NHMRC's strategy for health and medical research for the period covered by this plan. We will:

- create knowledge and build research capability through **investment** in the highestquality health and medical research and the best researchers
- drive the **translation** of health and medical research into public policy, health systems and clinical practice and support the commercialisation of research discoveries, contributing to an Australian health system that is research-led, evidence-based, efficient and sustainable
- maintain a strong **integrity** framework, which underpins rigorous and ethical research, and relevant and evidence-based guidelines, thereby promoting community trust.¹⁷

¹⁶ lbid, subsections 16(1) and 16(2)(c).

¹⁵ National Health and Medical Research Council Act 1992 (Cth), subsections 51(2) and 7(1)(c)

¹⁷ NHMRC, Corporate Plan 2022-2023, p.7

The outcome is a research program that is largely investigator led, which is to say researchers nominate the area in which they wish to undertake research, and a peer review process is used to identify the research that is most deserving of funding against criteria largely concerned with the perceived quality of the research, such as novelty of the research, feasibility and capacity, and track record. While there is generally little focus on the research topic in this process, research funded from the MREA is generally broadly distributed across a range of areas.

The MRFF

The other main source of Australian Government funding for health and medical research (and medical innovation) is the MRFF, which currently disburses around \$650 million per annum in grants. Responsibility for developing the MRFF's Strategy and Priorities rests with the Australian Medical Research Advisory Board (AMRAB), appointed by the Minister for Health.¹⁸ The AMRAB is responsible for undertaking a public consultation process to guide the development of the Strategy and Priorities.

A key difference from the MREA is that the MRFF can fund not only medical research but medical innovation. The latter is defined as

medical innovation includes:

(a) the application and commercialisation of medical research for the purpose of improving the health and wellbeing of Australians; and

(b) the translation of medical research into new or better ways of improving the health and wellbeing of Australians.¹⁹

In determining the Priorities, AMRAB must take into account:

(a) the burden of disease on the Australian community;

(b) how to deliver practical benefits from medical research and medical innovation to as many Australians as possible;

(c) how to ensure that financial assistance provided under this Act provides the greatest value for all Australians;

(d) how to ensure that financial assistance provided under this Act complements and enhances other financial assistance provided for medical research and medical innovation;

(e) any other relevant matter.²⁰

The Minister for Health is responsible under the Act for making funding decisions and is required to consider the Strategy and Priorities when doing so.

The MRFF operates with a 10 Year Plan that was last updated in 2022. It provides a planned allocation for most of the projected MRFF funding through to 2031-32 against several of initiatives and missions.²¹ Some of these are condition specific (mental health, dementia, traumatic brain

¹⁸ Medical Research Future Fund Act 2015 (Cth), section 32G

¹⁹ Ibid, section 5

²⁰ Ibid, section 32E

²¹ https://www.health.gov.au/medical-research-future-fund-our-10-year-investment-plan?language=und

injury) while others focus more on technology or a mode of delivery (genomics, stem cells, primary care, early to mid career researchers).

There is scope for research that addresses diabetes to be funded under several of these initiatives, but there is no apparent means for a diabetes research agenda to influence or guide these decisions, or to coordinate funding for diabetes across these initiatives.

Other funding bodies

In addition to the MRFF and the MREA there are other funding bodies operating at a national level. Diabetes Australia was established in 1984 and is the national body for people affected by all types of diabetes and those at risk. Funded by donations, its Diabetes Australia Research Program has invested around \$36 million in diabetes research across Australia in the past twelve years.²² JDRF Australia is the Australian partner in a global alliance that funds research to find a cure for Type 1 diabetes. It boasts a \$226 million investment in Australian type 1 diabetes research by the alliance over the course of its existence.²³ What these two have in common is a disease-based focus.

The coordination challenge

How could a research agenda 'coordinate' the existing diabetes research funding when the existing funding comes from various sources with their own strategies, priorities, responsibilities, approaches and governance structures? Research Australia believes that greater coordination is possible but it requires a deliberate process undertaken by a body with the resources and expertise to give effect to a research agenda. No such body currently exists.

Mapping

The first step is understanding what research is currently being undertaken, and cross referenced against the 2021 Strategy's goals and the areas in the research agenda outline. This needs to be followed by an evaluation of where the existing research fits in relation to the objectives of the research agenda and the goals of the 2021 Strategy.

If the research has the potential to improve health outcomes in a way that aligns with the research agenda and the 2021 Strategy's goals, the next step is to identify the further actions required to realise this potential. This might be more research to further test and validate the findings, or it might require implementation research to develop a pathway into our health system or communities.

The above approach will likely identify areas of the research agenda where research is not currently being undertaken. These can be targeted for further action and the development of suitable research funding proposals – once again with clear outcomes defined and evaluation built in.

This deliberate and systematic approach to the identification, cross referencing and adoption of research into practice, is currently missing and continues to be missed in successive plans.

 ²² https://www.diabetesaustralia.com.au/research/
²³ https://jdrf.org.au/about-us/

Funding

The next step is funding the actions required. The simplest approach would be to provide the body with its own budget to commission the research and fund the other activities required to advance the Strategy's research agenda in the areas where research is not already funded.

The only disease area where such an approach is currently taken in Australia is cancer. Cancer Australia was established by the Australian Government in 2006.

'Cancer Australia aims to reduce the impact of cancer, address disparities and improve outcomes for people affected by cancer by leading and coordinating national, evidence-based interventions across the continuum of care.'²⁴

It funds research and other activities to advance the adoption of new interventions and support individuals with cancer, their families and carers.²⁵

Other strategies and research agendas in need of coordination and funding

As already noted, Cancer Australia is unique in Australia and diabetes is not the only disease with a research agenda that lacks funding or the means of implementing it.

The National Obesity Strategy 2022-2032 identifies research as an enabler. It refers to establishing 'a systematic approach to the prioritisation of obesity prevention research and evaluation to address key knowledge gaps' and to accessing 'funding to evaluate promising and more innovative actions to grow the evidence base and to support the translation of evidence into action.'²⁶ There is no funding for research and no mechanism for the Strategy to influence existing research funding bodies.

The National Preventive Health Strategy 2021-2030 identifies research and evaluation as one of the seven enablers of the Strategy. It also lists a host of research related policy achievements to implement by 2030, including 'a systematic approach to prioritisation of preventive health research'; and 'partnership research and interventions with specific population groups... are prioritised'.²⁷ There is no funding proposed, or any mechanism for influencing existing funding bodies. (Both the National Obesity Strategy and the National Preventive Health Strategy seek to address type 2 diabetes.)

The Fifth National Mental Health and Suicide Prevention Plan commenced in 2017, with an action for the 'National Mental Health Commission to work in collaboration with the National Health and Medical Research Council, consumers and carers, states and territories, research funding bodies and prominent researchers to develop a research strategy to drive better treatment outcomes across the mental health sector.'²⁸ The National Mental Health Commission published the National Mental Health Research Strategy in 2022. Principle 1 of the Strategy is 'Strengthen Mental Health Research' and actions to do this include:

• 'Targeted funding through government sources to prioritise high-quality research in areas of high need and research gaps ...

²⁴ https://www.canceraustralia.gov.au/about-us

²⁵ https://www.canceraustralia.gov.au/research-data/grants-and-funding

²⁶ Commonwealth of Australia 2022. The National Obesity Strategy 2022-2032. Health Ministers Meeting, Enablers 2.4 and 2.5, page 69

²⁷ Commonwealth of Australia 2021. National Preventive Health Strategy 2021-2030, page 43

²⁸ Commonwealth of Australia 2017. The Fifth National, Mental Health and Suicide Prevention Plan, page 47

- Establish national collaborative networks and shared governance structures to enhance the quality of clinical trials and prevention trials in Australia...
- Encourage research into social determinants of mental health...
- Support and promote research into substance use problems...'29

There is no funding attached to these actions nor any mechanism for influencing funding provided by existing agencies. Instead there is an action to:

'Establish a national mental health research alliance to generate and coordinate philanthropic funding dedicated to mental health research... If established, a mental health research alliance could lead the mental health research system in the implementation of the principles and actions of this Strategy... and make decisions about funding research in alignment with these. The alliance could build and maintain philanthropic, corporate and public contributions, as well as 'earned income' channels, to create a sustainable, independent funding body for mental health research. This new funding stream would complement key government funders of mental health research, such as the NHMRC and the Medical Research Future Fund (MRFF), to increase the overall funding available for mental health research in Australia.'³⁰

To our knowledge, this alliance has not been created to date. Even if such an alliance existed, relying on it to create a new funding stream to implement the research strategy seems to be little more than wishful thinking and an abdication of the Commonwealth's responsibility to fund implementation of its own National Mental Health and Suicide Prevention Plan. The proposed alliance could play an important role and has Research Australia's support, but it cannot be the sole new source of funding for the research strategy.

A comprehensive approach to utilising research for better health outcomes

The purpose of the above is to highlight that there is a common problem across multiple disease areas with how research is utilised to improve health outcomes, not just restricted to how Australia addresses diabetes. With the possible exception of Cancer Australia there is no body or agency in Australia charged with ensuring research findings are utilised in our health system or public health measures to improve health outcomes. Returning to the Inquiry's terms of reference, the absence of such a body directly limits 'the effectiveness of current Australian Government policies and programs to prevent, diagnose and manage diabetes.'

While it is certainly possible to create a solution for diabetes alone, there is scope for a more comprehensive approach to the provision of funding and expertise to bridge the gap between research and its implementation, to ensure that the potential of research to improve health outcomes is realised.

The US Government's Centers for Disease and Control and Prevention (CDC) 'uses grants and cooperative agreements to fund research and non-research public health programs that advance the agency's public health mission domestically and abroad to keep Americans safe and healthy where they work, live and play.³¹

²⁹ Ibid, page 6

³⁰ Ibid, page 6

³¹ https://www.cdc.gov/grants/index.html

Within the CDC, the 'National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) supports a variety of activities that improve the nation's health by preventing chronic diseases and their risk factors. Specifically, NCCDPHP:

- 'Finds out how chronic diseases affect populations in the United States.
- Studies interventions to find out what works best to prevent and control chronic diseases.
- Funds and guides states, territories, cities, and tribes to use interventions that work.
- Shares information to help all Americans understand the risk factors for chronic diseases and how to reduce them.³²

Australian Centre for Disease Control

The Australian Government has committed to establishing an Australian Centre for Disease Control, and has already undertaken one round of consultation on the Centre's design and purpose.

'The Australian CDC will:

- ensure ongoing pandemic preparedness
- lead the national response to future health emergencies
- work to prevent and control non-communicable (chronic) and communicable (infectious) diseases.³³

The Australian CDC is an emerging element of current Australian Government policies and programs to prevent, diagnose and manage diabetes and other diseases, and as such its future role and function is relevant to the Committee's current Inquiry.

Research Australia submits the Committee should recommend to the Minister that as part of its work to prevent and control diseases, the Australian CDC should undertake the function of coordinating the application of research to the prevention and control of disease, including diabetes. It would approach this task from the perspective of the population and the health system, looking for research in Australia and overseas that can be used to improve the response to various diseases, including diabetes, and providing funding and expertise to support implementation as new interventions.

The Australian CDC could undertake the mapping and funding functions outlined earlier. Research was not envisaged as part of the role of the Australian CDC as proposed in the Government's consultations last year, but there is a glaring need for this kind of implementation research and supporting activity to be undertaken, and this function aligns perfectly with the CDC's responsibility for preventing and controlling disease.

Furthermore, many chronic diseases have common underlying causes. Interventions to, for example, encourage smoking cessation, increase physical activity and improve nutrition can help prevent and control a range of diseases, including type 2 diabetes, respiratory disease, dementia and cardiovascular disease. It makes sense for a single body to be responsible for this function for all chronic diseases. As noted above, both the National Obesity Strategy and the National Preventive Health Strategy seek to address type 2 diabetes. Bringing responsibility for all these strategies under one body would avoid duplication of effort and enhance efficiency.

³² https://www.cdc.gov/chronicdisease/programs-impact/index.htm

³³ https://www.health.gov.au/our-work/Australian-CDC

What would the CDC do that isn't already happening?

The current gap is in the translation of research into practice, both in our health system and in public health policy and programs.

Consider the example of a clinical trial to improve management of diabetes for people living in residential aged care. The clinical trial is undertaken according to a strict trial protocol in several aged care settings chosen as trial sites and is conducted using additional staff and resources funded as part of the trial. At the conclusion of the trial, the staff and resources are withdrawn. An evaluation of the trial finds that it was effective in improving diabetes management, led to better health outcomes for participants and was cost effective.

Adoption of the new model of care into normal practice at the trial sites will not occur unless significant work is undertaken to:

- develop an implementation plan;
- develop training materials and guides;
- train staff; and
- integrate the new model into existing work practices and standard operating procedures to ensure practice and importantly, accountability.

It will not be adopted beyond the trial sites unless in addition to the above, a concerted effort is made to introduce and test the intervention in a broader pilot/demonstration program at multiple sites and over an extended period.

These activities are not currently funded by research grants provided by the NHMRC's Medical Research Endowment Account (MREA) or the Medical Research Future Fund. Equally, implementing this new intervention is not seen as business as usual by our already stretched aged care and healthcare workforces, and goes beyond the normal remit of researchers.

An Australian CDC could play a role in identifying the intervention as having the potential to help address type 2 diabetes and could then fund and otherwise support the activities identified above to help implement and test the intervention in a pilot program and its subsequent scaling up into routine care.

In other cases, the Australian CDC might identify and support research findings to progress to a clinical trial or support development of a new medical product. The CDC could fund systematic reviews of local and international evidence in particular aspects of diabetes treatment and management, to evaluate evidence and identify new strategies/interventions which could be valuable in the Australian context. Where appropriate it could fund the further evaluation and adoption of the adopt through further trials demonstration projects and other activities to support adoption.

Where will the funding come from?

There are already plans to fund the CDC to undertake work to prevent and control, disease, and the activities described above should be seen as core to its function and funded appropriately.

There is scope for the CDC to be responsible for allocating a portion of MRFF funding as part of its role; many of the activities described above potentially fit within the definitions in the MRFF Act of 'medical innovation', with its emphasis on the application and translation of research to improve the health and wellbeing of Australians.

Research Australia submits that the Committee recommend to the Minister that consideration of a role for the CDC in directing or controlling a portion of MRFF funding be included in the Government's current deliberations on the role and function of the MRFF as well as in the current considerations of the CDC.

Conclusion

Measuring the progress we make in addressing diabetes and understanding what work and what doesn't is critical to achieving better health outcomes for people living with diabetes and for tis prevention. It is clear that we must invest more in data collection and analysis to be able to do this.

Research Australia recognises that we are asking the Committee to look beyond the terms of reference of its current Inquiry but doing so has the potential to bring significant benefits for people living with diabetes, the health system and the Australian population; not only in improving the management and control of diabetes but in the better management and control of chronic diseases more generally. Failure to take this approach will lead to less than optimal outcomes for people living with diabetes and other chronic diseases.

There is currently a gulf between the research we conduct in Australia and the healthcare we provide. Including research agendas in national health strategies such as for diabetes is an important step towards ensuring research is harnessed to improve health outcomes, and something Research Australia has advocated over many years. It is an important step, but not sufficient, as we do not yet have the mechanisms, governance structures and funding programs to ensure the agendas are enacted.

Research Australia suggests the Australian Centre for Disease Control currently under development should be the organisation to bridge this gulf. Doing so would not only improve the effectiveness of current Australian Government policies and programs to prevent, diagnose and manage diabetes but transform the way in which research is utilised. We urge the Committee to consider the role of the Australian CDC in improving the Australian response to diabetes and other noncommunicable diseases, and to recommend the expanded role for the Australian CDC we have proposed in this submission.

We would be pleased to explore any aspect of this submission further; to do so please contact Greg Mullins, Head of Policy <u>greg.mullins@researchaustralia.org</u> in the first instance.

ABOUT RESEARCH AUSTRALIA

Our vision: Health and prosperity through Australian research and innovation.

Our mission: Use our unique convening power to maximise the impact of all stages of health and medical research and innovation.

Our role:

Engage

- Australia in a conversation about the health benefits and economic value of its investment in health and medical research.
- **Connect** Researchers, funders, healthcare providers and consumers to increase investment in health and medical research from all sources.

Influence

government policies that support effective health and medical research and its routine translation into evidence-based practices and better health outcomes.

Established with the assistance of the Federal Government in 2002, Research Australia is the national alliance representing the entire health and medical research (HMR) pipeline, from the laboratory to the patient and the marketplace. Research Australia works to position Australian HMR as a significant driver of a healthy population and a healthy economy.

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