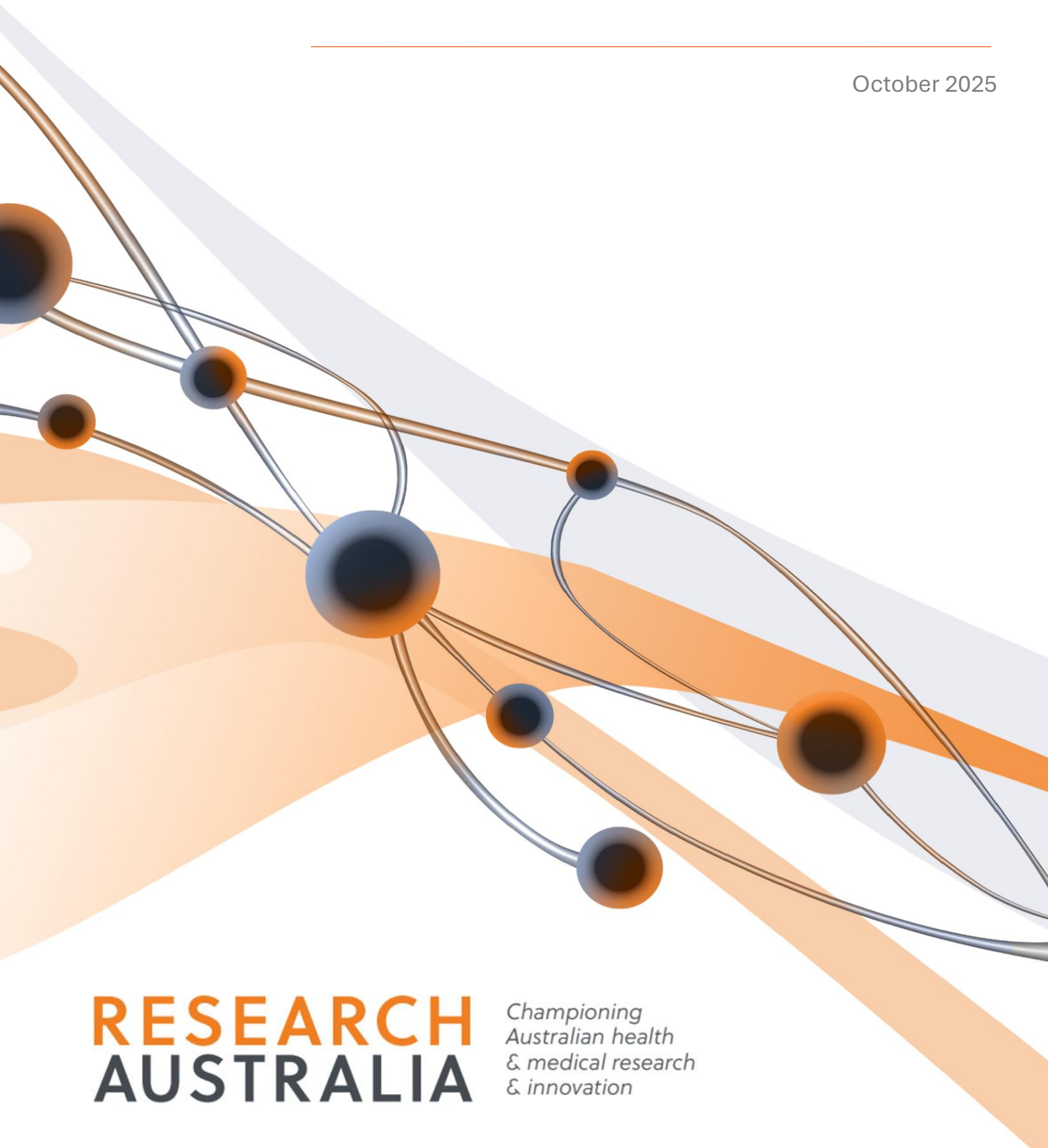
Draft National Health and Medical Research Strategy 2026-2036

Research Australia Submission

October 2025



RESEARCH AUSTRALIA

Championing Australian health & medical research & innovation

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Vision, Goals and Values	*General* • Outline the implementation of the necessary system enablers, investment and governance structures required to achieve the Vision, Values and Goals of the Strategy. • Include "*Embed research as routine care"* as an additional goal.
Focus Area 1: Build a vibrant research system that delivers for the nation	*General* • Reconsider labelling the Focus Areas numerically, as it implies a priority order. If the focus areas do required numbering, then we suggest: 1,2,4,5,3.

	National priority setting and evaluation • Strengthen and clarify the narrative of the cross-portfolio and cross-jurisdictional intent of the Strategy, one that is truly national. • Define the body which will have overall carriage of responsibility for national priority setting and the governance relationship with the National Strategy Advisory Council. • Include time-bound implementation milestones for national priority setting and define clear ownership and accountability architecture. • Define a series of short-, mid-, and long-term goals and outline how they will be achieved, acknowledging that some may require funding. • Clarify how national priority setting aligns with the proposed model in the *National coordination* SERD paper.
	Horizon scanning • Undertake a landscape scan of existing health and medical research and innovation across the entire pipeline in addition to horizon scanning. • Clarify which body will undertake and fund horizon scanning, how collaboration with the ACDC will happen and the regularity and dissemination of scans.
	Collaborative platforms and networks • Outline structures to centrally coordinate collaborative platforms, recognising the multi-faceted barriers to collaboration. • Define an integration strategy of existing collaborative infrastructure alongside new networks. • Embed collaboration within research governance and funding systems. • Embed equity and inclusivity requirements into platform governance and funding criteria to avoid 'equity blind spots'.
Focus Area 2: Embed research processes that are modern, efficient and consumer centred	*Aligning the MREA and MRFF* • Progress unified management of the MREA and MRFF under the proposed Model 2. • Embed a cultural change focussed on innovation as part of the unified management process. • Stakeholders from health systems, commercialisation, finance, and industry must have a meaningful advisory role in both the priority setting and funding processes of the MRFF.

	Clinical trials • Elevate other health and medical research methodologies including implementation science, health services research, qualitative studies, population and data linkage research, health economics, and participatory or community-based designs.
	Consumer and community involvement • Work in partnership with Research Australia to explore embedding their Consumer Recognition Framework, developed with ANU, into the National Strategy.
	RRR health and medical research • Utilise Research Australia's RRRvR policy discussion paper to develop research capacity in non-metropolitan Australia. • Include 'Very remote' in the definition of RRR research.
	Addressing systemic discrimination / equity • Expand a focus in the strategy on addressing the systemic barriers of prioritising priority populations across the strategy. • Clarify and focus on how the National Strategy seeks to engage and include Australia's diverse communities, including First Nations peoples; culturally and linguistically diverse communities; LGBTIQA+ people; people living with disability; people living in regional, rural, remote and very remote settings; and people from low socioeconomic communities. • Develop and embed an institutional / systems wide approach to ensure equity and address systemic intersectional discrimination through the development of an institutional tool, that can be both a monitoring and evaluating framework as well as aligned to an individual and organisational capability development program for the health and medical research sector.
Focus Area 3: Accelerate research and its translation to improve Aboriginal and Torres Strait	*General* • Identify and align how the Strategy addresses Priority Reform 3 of the National Agreement of Closing the Gap.
	Aboriginal and Torres Strait Islander leadership and workforce capacity and capacity building

Islander Peoples' health and wellbeing	• In recognising the role of Aboriginal Community Controlled Organisations and Health Organisations and a First Nations' led health and medical research and innovation undertake a broad approach to workforce development. • Ensure First Nations leadership, governance and decision making processes are embedded in the Governance and Accountability Framework for the Strategy.
Focus Area 4: Drive impact through research translation, innovation and commercial solutions	*General* • Clearly specify who leads and coordinates the proposals across the Focus Area. • Create measurable objectives or indicators for success, such as reductions in time-to-market, number of new partnerships formed, or increased investment in early-stage health ventures. • Clarify specific areas of alignment and overlap between the SERD process.
	Consolidating and leveraging R&D funding • Establish a measurable path to R&D expenditure of 3% of GDP. • Adopt realistic expectations of Australia's domestic market size, while identifying niche areas of value internationally. • Develop an Australian Spinouts Register.
	Local procurement • Create an Australian equivalent to the US BARDA, the UK's ARIA, and the EU's HERA tasked with financing late-stage medical countermeasure development.
	Encourage and reward researcher movement • Articulate clear numerical targets to inform the scaling of fellowships and industry PhDs.
	Intellectual Property • Develop streamlined IP support to help researchers and businesses navigate and protect IP rights.
Focus Area 5: Position to be ready for future needs and challenges	*Emerging technology* • Designate a lead authority to oversee broader coordination of emerging technology. • Develop a broader narrative of emerging technologies beyond AI and data to include innovations such as quantum technologies and advanced life science technologies such as synthetic biology.

	Environmental sustainability • Elevate a focus on reducing unnecessary care and adoption of best evidence-based models of care through health services research. • Consider the creation of a Centre for Sustainable Healthcare Innovation to identify and develop proposals to mitigate emissions in the health system.
	Global partnerships • Utilise the Strategy to craft a strong national narrative that positions Australia as a global destination for health and medical research and innovation. • Initiate a focus on international science and diplomacy, leveraging bodies like Austrade to progress Australia's health and medical research and innovation interests globally.
	Further consideration: Incorporating prevention policy and investment • Include a key focus on prevention policy and investment in the *Position to be ready for future needs and challenges* Focus Area. • Elevate alignment between the Strategy with the Productivity Commission's National Prevention Framework proposal. • Consider implementation of 'Prevention Responsive Budgeting' to ensure government budgets systematically account for, prioritise, and evaluate investments in disease prevention and health promotion. • Prioritise research into the social, cultural, environmental, and commercial determinants of health and well-being as part of broader prevention reforms. Identify and address data infrastructure and linkage gaps in its capacity to measure alignment between social and commercial determinants of health and health outcomes. • Define a measurable path to allocating 5% of health expenditure to preventative health measures by 2030. • Expand the role of the ACDC to undertake the function of coordinating the application of research to the prevention and control of disease, both communicable and non-communicable.
Enabling Initiative: Workforce	*HMR Workforce Plan* • Identify which body will oversee workforce planning and how funding system reform will be implemented to enable workforce development, with specific milestones for implementation. • Efforts to improve workforce diversity within the Plan should prioritise alignment with existing strategies and leverage other workforce and employment strategies, such as gender responsive budgeting to address the gender disparity.

	• Specific actions relating to equitable career development must also extend across priority populations, including First Nations, people with disability, gender and gender diverse people and RRRvR communities. • Include a targeted focus on workforces experiencing chronic underinvestment and challenges, as highlighted by the sector. • Embed a more bespoke approach to workforce data collection and create a bespoke workforce dataset tailored to the Strategy. • Clarify how an 'optimal' workforce size will be determined. • Revise the statement "the HMR workforce are generally older than the Australian workforce, restricting opportunities for EMCRs".
Enabling Initiative: Funding	*National health and medical research resourcing statement* • Development of the resourcing statement must be rigorous, longitudinal and inclusive of all funders within the ecosystem, including those engaged in research translation and commercialisation. • The resourcing statement should be a public facing dashboard and could also have a focus on providing the data to both government and non-government funders (such as philanthropic funders) on where to invest to avoid duplication and be responsive to gaps. • Define ambitious funding targets for health and medical research and innovation within the Strategy.
	Re-design of current funding models • Embed robust monitoring and evaluation initiatives so that new funding models can be held to account.
	Investing in a knowledge economy • Utilise the opportunity afforded by the Strategy to be bold and ambitious in investments in Australia's knowledge economy.
	Smarter investment • Take a supply chain approach which reframes investment as a connected production and delivery system rather than a series of isolated funding programs. • Establish funding networks and incentives for smaller funders, including those in the philanthropic sector, to pool resources and funding, aligned with national priorities and underpinned by a publicly facing dashboard. • Create a discrete advisory group focussed specifically on funding and smarter investment.

	States and Territories as funding partners • Utilise the Strategy and upcoming National Health Reform Agreement to consider directing unallocated MRFF-pool reserves into co-funded funding buckets with States and Territories.
	Industry funding • Elevate the role of industry, venture capital and angel investment and emerging health-tech enterprises as key funders of health and medical research and innovation. • Models of corporate social responsibility (CSR) should be a targeted focus for scaling funding. • Elevate the role of CSR for health and medical research and innovation, noting it generally garners public / bipartisan support. • Embed whole-of-systems reforms which address inhibitors to industry investment such as IP policies, workforce capability and consolidated investment.
	Philanthropic funding • Include philanthropic investment as a key action within the Funding Enabling Initiative, alongside incentives for smaller and philanthropic funders to collaborate.
	Alignment with SERD • Outline specific areas of alignment with the SERD and, where possible, incorporate these into the Funding Enabler actions.
	Discovery science • Clarify the aspiration to strengthen discovery science, backed by increased investment through the NHMRC and ARC, while also investing in bridging gaps in translation and commercialisation.
Enabling Initiative: Data & Advanced Technology	*General* • Include a broader narrative of emerging technologies in the Enabling Initiative, beyond AI and data.
	Overcoming barriers to shared and open access and cross-disciplinary funding schemes • Work with in partnership with Research Australia and other stakeholders, such as the Digital Health CRC, to progress key reforms within the Data & Advanced Technology Enabling Initiative.

	Expanding training pathways and skills development • Expand training pathways with new dedicated funding in tandem with broader reforms and investment in Australia's digital health and data infrastructure. • Clarify which body will deliver and fund data skills development within the ecosystem. • include measures to develop sufficient capacity and capability in public service agencies which act as data custodians to engage constructively with data-sharing risks.
	Overcoming barriers to the use of AI applications in clinical environments • Align AI implementation with Research Australia's prior recommendations on AI policy and implementation.
Enabling Initiative: Infrastructure	*Infrastructure Roadmap* • Elevate and implement measures to address the expiration of funding arrangements for NCRIS in 2028–29. • Align the Strategy with the SERD proposal to establish strategic governance and secure long-term funding for research infrastructure, including NCRIS. • Commit new funding to NCRIS beyond the funding already allocated in the Budget forward estimates of at least a further $100 million per annum. • Outline specific commitments to discovery science infrastructure and ecosystem support, for example subsidised access to biotech labs, clinical trial networks, AI health data platforms, and the investment of national networks for biobanking, genomics, and proteomics research. • Create or identify a national coordinating mechanism for the Roadmap's development and implementation, alongside transparent funding commitments to translate vision into systems-change.

Governance and Accountability	*General*
	• Develop a governance and accountability framework for the Strategy.
	• Map how the Strategy aligns with all other relevant national strategies.
	• Consider leveraging existing commonwealth-jurisdictional agreements to:
	  ○ Define how accountability will be shared and coordinated across portfolios or jurisdictions.
	  ○ Establish mechanisms for joint decision-making or shared reporting.
	  ○ Require commitments from states and territories to implement and co-fund actions within their remit.
	• Alignment to the proposed models of governance emerging from the SERD should be included in the Strategy.
	• Clarify the mechanism to finalise the Strategy to ensure governance and accountability is established from the onset of the Strategy.

	National Strategy Advisory Council • Specify how the proposed Advisory Council will interact with existing structures or other intergovernmental mechanisms. • Clarify the Advisory Council's authority, reporting arrangements, and capacity to influence implementation decisions. • Articulate how the Advisory Council will connect with mechanisms responsible for monitoring progress, evaluating outcomes, and driving continuous improvement, which should be independent of the Advisory Council.

Introduction

Research Australia, as the national alliance and peak of health and medical research and innovation, is pleased to have the opportunity to make this submission on behalf of our members and the broader sector. The National Health and Medical Research Strategy presents a timely and unique opportunity to reform and reimagine the entire system, laying the foundations for Australia's future national prosperity and the productivity of the nation, driven by health and medical research and innovation. Since 2021, Research Australia has strongly advocated for the development of this Strategy, and we remain committed to supporting its success.

Since the inception of the National Health and Medical Research Strategy, Research Australia has been firmly of the view that it should be developed by the sector, for the sector. As the only national peak body to represent the entire health and medical research and innovation ecosystem, Research Australia is uniquely positioned to ensure the Strategy reflects the voices and priorities of the sector for which it is designed. Throughout the development of the Strategy we have engaged and consulted with our members through surveys, workshops, roundtables and meetings.

The following submission outlines a range of recommendations based on our engagement and consultation with our members across the sector as well as previous work.

General Feedback

The draft National Health and Medical Research Strategy (the Strategy) represents a significant step forward as the first truly national approach to shaping Australia's health and medical research ecosystem. The creation of a strategy signals a maturing research landscape and acknowledgement that national health challenges require national coordination, collective ambition and sustained commitment of the health and medical research and innovation sector over the 10-year horizon period and beyond.

While ambitious in intent, the draft Strategy lacks the transformative and actionable change needed to drive forward meaningful reform. In its current iteration, the document reads more like a government green paper and discussion starter rather than a draft strategy ready for implementation. It outlines what Australia *could do* rather than what it *will do*, offering little in the way of firm commitments and the governance and accountability structures needed to verify progression towards achieving its aims. This raises critical questions of how the proposed Focus Areas and Enabling Initiatives will be operationalised and who or which body will be responsible for steering the reforms once the Strategy is approved. In terms of the approval process itself, the draft Strategy does not outline the formal approval process which will guide its adoption. This includes final Ministerial sign-off, the role of jurisdictions in endorsing the Strategy, or the governance arrangements overseeing its approval and implementation. A truly national strategy should not only articulate a vision but also provide a roadmap with short-, medium- and long-term actions over its ten-year horizon alongside clear levers for system change. Furthermore, Research Australia recommends that the title of the Strategy be changed to the National Health and Medical Research and Innovation Strategy to better reflect the integral role of innovation in advancing Australia's health and research ecosystem.

The challenges across the Strategy are underpinned by the very language used throughout the document. The language often obscures the key messages, making it difficult to discern clear priorities or actionable commitments. Aspirational rhetoric takes the place of concise, directive language that conveys a clear sense of implementation and accountability. To improve efficacy, the Strategy should shift from broad statements of intent to clear, action-oriented calls using precise, measurable language and timeframes that translates ambition into implementation. It is also critical that we measure success effectively. Research Australia unequivocally supports the mention of the development of a suite of metrics, however this needs to form part of a rigorous monitoring and evaluation framework, embedded in a transparent governance and accountability framework. This should be led by a trusted, neutral external stakeholder who can also act as an implementation partner. Once finalised, government should consider the creation of a publicly available Health and Medical Research Strategy Hub[1], which includes the final strategy, and related tools and resources, including the governance and accountability framework; roadmap; and monitoring and evaluation framework.

Given the bipartisan support that underpins the initiative, the Strategy has both the social and political licence to be bold, to set an agenda that is agnostic of political cycles and to embed the enduring reform needed to safeguard Australia's future health and economic prosperity and

[1] See https://www.disabilitygateway.gov.au/ads/strategy#toc-australia-s-disability-strategy-2021-2031.

progress government's productivity agenda. Research Australia is of the view that this opportunity is not yet fully seized through the current draft and remain committed to working with all stakeholders to ensure the Strategy is transformative and a catalyst for reimagining the entire ecosystem.

Recommendations:

- Clearly outline the formal approval process for the Strategy which will guide its adoption.
- Move beyond broad statements of intent to clear, action-oriented calls using precise, measurable language and timeframes that translates ambition into implementation.
- Go beyond the development of a 'framework of metrics' to develop a rigorous implementation, monitoring and evaluation framework that is led by external stakeholder.
- Consider the creation of a Health and Medical Research Strategy Hub.
- Create and include a landscape scan of the entire health and medical research and innovation ecosystem to inform strategic planning.
- Reframe the draft Strategy to include specific, actionable priorities which signals genuine intent to deliver change.
- Aim to set an agenda that is agnostic of political cycles and embeds enduring reform.

Vision – Australia: the healthiest nation – driven by research, delivering for all

Research Australia has identified general support for the vision of the National Health and Medical Research Strategy *Australia: the healthiest nation – driven by research, delivering for all*. 63% of respondents to our recent survey strongly agreed or agreed with the overall vision of the Strategy, highlighting its 'ambitious' tone. However, there are concerns about the comparative and competitive nature of the vision, as well as the extent to which the vision addresses a need to be responsive to equity.

While there is broad support to frame reforms towards an ambitious vision, Research Australia questions whether the current draft Strategy contains the bold, transformative and actionable measures to achieve the vision. The disconnect between the aspiration of the vision and the contents of the Strategy is problematic as it risks undermining buy-in from the sector (including jurisdictions and industry), on the prospect of achieving it. To achieve an ambitious vision, we must enact ambitious whole-of-system reforms.

Values

The values outlined in the draft Strategy are well-intentioned and largely uncontroversial. The values reflect principles that have been translated across the narrative of the Focus Areas and Enabling Initiatives and could and should underpin the entire strategy, although there is currently little line of sight between these 3 sections of the document. While these aspirations set the right tone, they remain largely rhetorical without the system enablers, investment and governance structures required to translate the values into sustained change. For example,

equity in research requires attitudinal, behavioural and systems reform across policy, funding, data systems and workforce to address systemic discrimination for many priority populations.

Goals

The draft Strategy sets out aspirational goals which are conceptually sound but expressed too vaguely without specifying who is responsible for delivering them and how progress will be monitored. We recommend inclusion of an additional goal "*Embed research as routine care"*. This would ensure line of sight from research to translation and raise the critical need for a strengthened focus on clinician-researchers, implementation scientists, and health economists within health services, supported by sustained investment in Learning Health Systems (LHS). This has also been recommended by UNSW.

Recommendations:

- Outline the implementation of the necessary system enablers, investment and governance structures required to achieve the Vision, Values and Goals of the Strategy.
- Include "*Embed research as routine care"* as an additional goal.

Focus Areas

Research Australia recommends that the focus areas not be labelled numerically, as it implies a priority order. If the focus areas do require numbering, then we suggest: 1,2,4,5,3.

1. Build a vibrant research system that delivers for the nation

National priority setting and evaluation

The Focus Area's acknowledgement of the importance to "foster coordinated, formalised communication and collaboration across Commonwealth and state and territory governments to align priority settings" is supported and crucial for ensuring the National Strategy is *truly* national. Research Australia notes concerns that there has been little transparency or clarity on how the National Strategy is working with state and territory governments and a feeling during consultations that the "National" Strategy referred to the Commonwealth, rather than being embedded across jurisdictions. Research Australia reiterates that the National Strategy offers an opportunity to be cross-portfolio and cross-jurisdictions, and bigger than any single funding body. This will enable greater collaboration between the Commonwealth and state and territory governments in better aligning funding for health and medical research and investment in existing and emerging health industries.

Research Australia commends the intention to establish mechanisms to ensure industry, philanthropy, researchers, consumers and communities are engaged in the ethical priority setting of health and medical research and the implementation of priority frameworks to incorporate the needs of priority populations and those underrepresented in the current system.

However, the Strategy omits specific details about which body will have overall carriage of responsibility for setting research priorities. The draft Strategy appears to carve out a role for the

National Strategy Advisory Council in overseeing and supporting their implementation, but not in setting. The absence of clear governance and accountability architecture risks achieving the much-needed alignment within the current fragmented system. In addition, the section includes terms like "implement mechanisms" and ''establish frameworks'' which suggests indefinite processes without deadlines, risking drift, de-prioritisation and an implementation gap. Research Australia recommends the inclusion of time-bound implementation milestones and definition of clear ownership and accountability within the *National priority setting and evaluation sub-section*. More broadly, the Strategy must define a series of short-, mid-, and long-term goals and outline how they will be achieved, acknowledging that some may require funding. These goals should provide an overall roadmap to implementation, monitoring and evaluation.

Further clarification is required, specifically in relation to the proposed governance model outlined in the *National coordination* issues paper developed as part of the Strategic Examination of Research and Development (SERD).

Horizon scanning

It is crucial to undertake horizon scanning of the health and medical research and innovation ecosystem and Research Australia strongly supports this as an action under this Focus Area. In addition to the priorities for this horizon scanning action in the draft National Strategy, it is crucial that a landscape scan of existing health and medical research and innovation across the entire pipeline is undertaken. This will help identify what research exists, how funding can be better matched or targeted and set the groundwork for future horizon scans that identify future opportunities and areas of unmet need. This will also identify where extensive duplication in the sector exists, so that we can continue to diversify and strengthen the sector.

Research Australia also notes the intention to undertake horizon scanning in collaboration with the Australian Centre for Disease Control (ACDC). There needs to be greater clarity on which body will undertake and fund this work with the ACDC, the roles and responsibilities of each body, the regularity of horizon scanning and how information will be disseminated to government and non-government organisations across the ecosystem to inform strategic decisions.

Collaborative platforms and networks

The Strategy rightly puts emphasis on creating collaborative platforms and networks, however the reasons for the current lack of collaboration across the sector are multifaceted and therefore will require targeted interventions. In a recent Research Australia survey of health and medical researchers across the pipeline, 43% acknowledged there was little or no collaborative practice across the sector that is working well. The five top factors that were identified were: needing resources specifically allocated to collaborative activities; trust in other organisations; agreed approaches to intellectual property; shared vision and values; and workforce capacity[2]. Without central coordination, networks may form around existing institutional interests rather than addressing the multi-faceted barriers to collaboration.

[2] Research Australia Member Survey 2024.

Furthermore, while "efficient resource utilisation" is cited as an outcome, there is no plan for rationalising current investments or consolidating overlapping infrastructures, instead there is a focus on identifying and funding new networks. Australia already has multiple research networks and platform investments under Commonwealth and state programs. Without a clear integration strategy, new networks could replicate existing functions leading to further duplication and fragmentation. In addition, the section does not address how collaborative platforms will balance influence and access among partners, particularly smaller institutions or of priority populations, often reflected as under-represented research communities – leading to potential 'equity blind spots'.

Recommendations:

- Reconsider labelling the Focus Areas numerically, as it implies a priority order. If the focus areas do required numbering, then we suggest: 1,2,4,5,3.
- Strengthen and clarify the narrative of the cross-portfolio and cross-jurisdictional intent of the Strategy, one that is truly national.
- Define the body which will have overall carriage of responsibility for national priority setting and the governance relationship with the National Strategy Advisory Council.
- Include time-bound implementation milestones for national priority setting and define clear ownership and accountability architecture.
- Define a series of short-, mid-, and long-term goals and outline how they will be achieved, acknowledging that some may require funding.
- Clarify how national priority setting aligns with the proposed model in the *National coordination* SERD paper.
- Undertake a landscape scan of existing health and medical research and innovation across the entire pipeline in addition to horizon scanning.
- Clarify which body will undertake and fund horizon scanning, how collaboration with the ACDC will happen and the regularity and dissemination of scans.
- Outline structures to centrally coordinate collaborative platforms, recognising the multi-faceted barriers to collaboration.
- Define an integration strategy of existing collaborative infrastructure alongside new networks.
- Embed collaboration within research governance and funding systems.
- Embed equity and inclusivity requirements into research governance and funding criteria to avoid 'equity blind spots'.

2. Embed research processes that are modern, efficient and consumer centred

Aligning the MREA and MRFF

Research Australia welcomes the National Strategy's suggestion to better align the MREA and MRFF. In response to consultation on the year Department's *Discussion Paper: Improving alignment and coordination between the Medical Research Future Fund and NHMRC's Medical Research Endowment Account,* Research Australia submitted our preference for Model 2, which would see "*management of the MRFF… transitioned to NHMRC, which maintains the two*

separate funding streams with distinct funding responsibilities under unified governance and administrative arrangements". This model should be further investigated by the Department as the National Strategy progresses.

However, there is clear benefit to maintaining two separate funding streams with distinct funding responsibilities under unified governance and administrative arrangements and the NHMRC is the right home for this. We caution that a cultural change must be part of this or any similar reform. The innovation impetus has not been a natural home for the NHMRC (understandably so), and any new direction must take this into active consideration. This new model must be delivered in such a way that the MRFF's current expertise in health and medical innovation is not lost and that input from outside academia and medical research institutes is retained.

In the health and medical research context, health 'innovation' refers to the process of translating novel ideas, discoveries, or approaches into practical solutions that improve health outcomes, enhance medical practices, or streamline health care delivery[3]. This can involve the development of new treatments, medical devices, technologies, diagnostics or models of care. Innovation in this field also includes refining existing practices to be more effective, efficient or accessible, as well as leveraging interdisciplinary research and emerging scientific advancements to address unmet clinical needs and societal health challenges.

Research Australia strongly promotes that stakeholders from health systems, commercialisation, finance, and industry have a meaningful advisory role in both the priority setting and funding processes of the MRFF which would need to be strengthened and maintained if MRFF and MREA were to be managed under one body.

In progressing this alignment, the National Strategy must consider:

- The MRFF's role and ongoing expertise in funding health and medical innovation
- The need to clearly identify the distinct roles for MRFF and MREA in such an alignment
- MRFF should still be priority driven – with priorities set by the National Strategy
- More clarity on roles for states and the health system, including opportunities for state governments to apply for funding through the MRFF to support clinical trial and medical device uptake.

Clinical trials

Research Australia strongly supports the inclusion of clinical trials and the direct alignment with existing national reforms in strengthening Australia's clinical trials ecosystem. However, there is a fundamental concern that clinical trials are the only methodology explicitly referenced, in *Embed research processes that are modern, efficient and consumer centred* Focus Area. This suggests a limited conception of what constitutes "modern" or "consumer-centred" research processes. This omission risks sidelining the many other valuable methodologies that contribute to evidence generation, translation, and health system improvement.

[3] Leighann Kimble and M. Rashad Massoud. (2016). 'What do we mean by Innovation in Healthcare?'. European Medical Journal Innovations 1, no. 1.

Other approaches – such as implementation science, health services research, qualitative studies, population and data linkage research, health economics, and participatory or community-based designs are critical to understanding how interventions work in real-world settings and how health inequities can be addressed. By positioning clinical trials as the central or sole exemplar of modern research processes, the Strategy inadvertently reinforces a biomedical model bias and underrepresents systems-level, behavioural, and social science contributions that are essential to improving public health outcomes. This includes contradicting other elements of the same Focus Area, including consumer and community involvement and RRR.

Research Australia reiterates the importance that the Strategy must elevate the whole ecosystem, as omissions could have practical implications for funding priorities and capability building. If clinical trials dominate the policy discourse and investment focus, other research domains that address prevention, health system reform, or population-level change may find it harder to attract support. This imbalance would contradict the Strategy's own goals of fostering a "learning health system" and improving health outcomes for all Australians, especially in communities where large-scale trials are not feasible or appropriate. Expanding the definition of "modern and efficient research processes" to include a diversity of methodologies would strengthen the Strategy's inclusivity, relevance, and translational impact.

Consumer and community involvement

Research Australia strongly supports the focus on consumer and community involvement, both in the National Strategy and in health and medical research. Research Australia highlights the need for a clearer accountability framework outlined in the National Strategy to ensure any engagement with the community or consumers is meaningful. There is also a need for greater clarity and focus on how the National Strategy seeks to engage and include Australia's diverse communities, including First Nations peoples; culturally and linguistically diverse communities; LGBTIQA+ people; people living with disability; people living in regional, rural, remote and very remote settings; and people from low socioeconomic communities. Alignment, or at the very least mention of the National Statement of Consumer Engagement in Research as well as the Australian Public Service (APS) Charter of Partnerships and Engagement (and similar jurisdictional charters) should be noted in the Strategy.

Research Australia, in partnership with ANU and a consumer advisory group has recently developed a Consumer Recognition Framework. We are commencing discussions with the NHMRC about the Framework and such a framework could be embedded into the National Strategy.

RRR health and medical research

We endorse the specific focus on regional, rural and remote (RRR) health and medical research, which Research Australia advocated for early on in the development of the Strategy, including at our University Roundtable in July 2025. Research Australia will shortly be publishing our policy discussion paper *Advancing health and medical research and innovation across Regional, Rural, Remote and Very Remote Communities* which will include a suite of recommendations to progress this important section of the Strategy. We also recommend inclusion of 'Very remote' research in the definition of this section. Research Australia remains committed to working in

partnership with government and stakeholders to undertake the systems reforms to elevate health and medical research and innovation in RRRvR.

Whilst we remain deeply committed to RRRvR being appropriately recognised in the Strategy we are deeply concerned by the omission of other priority populations, besides First Nations communities. The disproportionate health outcomes for people with disability, culturally and linguistically diverse communities, women and gender diverse communities and LGBQTI+ communities, can only be achieved when there is dedicated focus in health and medical research, just like detailed for RRR communities and First Nations communities.

While Research Australia welcomes the proposed actions in the Focus Area, there is a need to strengthen the Strategy's focus on addressing systemic discrimination / equity. We recommend this form part of this Focus Area.

Addressing systemic discrimination / equity

The Strategy should take a systems wide approach to ensure equity and address systemic (and intersectional) discrimination is addressed, including in the Governance and Accountability Framework. Addressing systemic (and intersectional) discrimination embedded in health and medical research needs requires targeted action across multiple levels, including attitudinal and behavioural changes, supported by systemic and institutional monitoring and evaluation, and capacity building approaches (including in policy and funding governance structures) to support changes to address bias and deficit discourses. This needs to be underpinned across all aspects of institutions and systems (policy, funding and data), including leadership and values (beyond mission statements); governance, systems, policies and procedures; workforce – capabilities and capacity; and service offers (e.g. whether that be funders; research institutes; health service systems; research infrastructure such as ethics committees). This needs to align with existing national priorities and frameworks, such as the National Agreement on Closing the Gap, Australia's Disability Strategy, the Women's Health Agenda, as well as existing work, such as Women's Health Research Roadmap developed by Research Australia and to be launched by the end of the year.

Recommendations:

- Progress unified management of the MREA and MRFF under the proposed Model 2.
- Embed a cultural change focussed on innovation as part of the unified management process.
- Stakeholders from health systems, commercialisation, finance, and industry must have a meaningful advisory role in both the priority setting and funding processes of the MRFF.
- Elevate other health and medical research methodologies including implementation science, health services research, qualitative studies, population and data linkage research, health economics, and participatory or community-based designs.
- Work in partnership with Research Australia to explore embedding their Consumer Recognition Framework, developed with ANU, into the National Strategy.
- Work in partnership with Research Australia to implement the Women's Research Agenda Roadmap.

- Utilise Research Australia's RRRvR policy discussion paper to develop research capacity in non-metropolitan Australia.
- Include 'Very remote' in the definition of RRR research.
- Expand a focus in the strategy on addressing the systemic barriers of prioritising priority populations across the strategy.
- Clarify and focus on how the National Strategy seeks to engage and include Australia's diverse communities, including First Nations peoples; culturally and linguistically diverse communities; LGBTIQA+ people; people living with disability; people living in regional, rural, remote and very remote settings; and people from low socioeconomic communities.
- Develop and embed an institutional / systems wide approach to ensure equity and address systemic intersectional discrimination through the development of an institutional tool, that can be both embedded into the Monitoring and Evaluation Framework as well as aligned to an individual and organisational capability development program for the health and medical research sector.

3. Accelerate research and its translation to improve Aboriginal and Torres Strait Islander Peoples' health and wellbeing

Research Australia unequivocally supports a dedicated focus on improving Aboriginal and Torres Strait Islander Peoples' health and wellbeing. The importance of ethical, culturally safe, responsive and locally informed research, data, governance and accountability approaches, including working with Aboriginal and Torres Strait Islander community-controlled organisations, should be embedded across the Strategy. The international and national policy landscape of both the UNDRIP (including recent Sessions of the UN Permanent Forum on Indigenous Issues (UNPFII) focussing on Indigenous determinants of health and Closing the Gap National Agreement), offer frameworks for ensuring genuine partnerships and self-determination, including in research activities.

During the Twenty-third Session of the United Nations Permanent Forum on Indigenous Issues (UNPFII), 2024, "Improving the health and wellness of Indigenous Peoples globally: operationalization of Indigenous determinants of health" was tabled. Key themes highlighted the centrality of self-determination, cultural identity, traditional knowledge, and connection to land as fundamental determinants of Indigenous health. The Forum recognised that persistent inequities was rooted in colonisation, dispossession, discrimination, and lack of culturally relevant services – continuing to drive poorer health outcomes for Indigenous Peoples globally. The session called for urgent, systemic change: centring Indigenous leadership, respecting Indigenous data sovereignty, empowering communities, and integrating Indigenous concepts of well-being into local and global health policy. The operationalisation of these determinants is critical for addressing health gaps, creating culturally safe health systems, and fulfilling international commitments to Indigenous rights, equity, and sustainable development.

The three suggested actions do go some ways to addressing this however, not far enough. While Research Australia agrees with a stand-alone focus area dedicated to accelerating research and its translation specifically to improve Aboriginal and Torres Strait Islander Peoples' health and wellbeing, we also stress the critical importance that all other focus areas need to be

accountable to equity and addressing the systemic barriers to achieving this. This is the fundamental intent of the National Agreement of Closing the Gap, and in particular Priority Reform 3 of addressing institutional racism (and intersectional discrimination) and needs to be incorporated across the Strategy and its activities, including in the Governance and Accountability Framework.

Aboriginal and Torres Strait Islander leadership and workforce capacity and capacity building

In strengthening this activity, building research expertise across ACCOs/ACCHOs must extend beyond clinicians to include the full spectrum of the health and wellbeing workforce – Aboriginal Health Workers, Aboriginal Liaison or Community Support Officers, Allied Health professionals, and Aboriginal Health Practitioners. These roles bring essential cultural, community, and relational knowledge that strengthens both research relevance and impact. Developing sustainable and shared research-health service positions within ACCOs/ACCHOs can also enhance workforce attraction and retention in both RRRvR and metro areas, while ensuring that research and knowledge translation directly contribute to improved practice, policy, and health outcomes.

Recommendations:

- Identify and align how the Strategy addresses Priority Reform 3 of the National Agreement of Closing the Gap.
- In recognising the role of Aboriginal Community Controlled Organisations and Health Organisations and a First Nations' led health and medical research and innovation undertake a broad approach to workforce development.
- Ensure First Nations leadership, governance and decision-making processes are embedded in the Governance and Accountability Framework for the Strategy.

4. Drive impact through research translation, innovation and commercial solutions

This Focus Area sets out an ambitious agenda to drive impact and collaboration, but it fails to specify who leads and coordinates these activities. Multiple funders including the Departments of Health, Industry, Treasury, Defence are all explicitly and implicitly involved but there is no identification of a lead agency to align their actions or resolve competing priorities. There is also an absence of measurable objectives or indicators for success, such as reductions in time-to-market, number of new partnerships formed, or increased investment in early-stage health ventures – all of which require longitudinal data collection. Research Australia recognises that some of these may be developed through the implementation, monitoring and evaluation framework, however without inclusion in the Strategy, there would be no line of sight to these measures being a priority. We note measures to strengthen Australia's R&D system have been proposed via the SERD process and alignment and coordination with the Strategy should be expedited as a key priority to increase clarity.

Consolidating and leveraging R&D funding

Research Australia supports consolidation and leveraging of existing R&D funding and recommends the Strategy is utilised to establish a measurable path to R&D expenditure of 3% of GDP. We support pooled investment vehicles and co-investment schemes (e.g. BioBridge, Catalyst Funds), complemented by increased tax incentives for health-tech and medtech investors, noting that changes to the RD&I incentive have been outlined in the SERD. Australia must also adopt realistic expectations of its domestic market size, while identifying niche areas of value internationally. Australia should also explore developing an Australian Spinouts Register to inform the type and quality of information available on spinouts to inform better policymaking and enable better support for these companies.

Local procurement

To support startups and SMEs, we urge the creation of an Australian equivalent to the US BARDA, the UK's ARIA, and the EU's HERA – a national agency tasked with financing late-stage medical countermeasure development. Such an agency would strengthen RD&I, secure sovereign manufacturing, and ensure supply of critical products during emergencies. It should align with streamlined innovation funding, with Frontiers and accelerator streams feeding into targeted BARDA investment.

Encourage and reward researcher movement

We welcome encouraging and rewarding researcher movement across discipline and sector boundaries, including through translational fellowships and industry PhDs. A whole-of-ecosystem effort, not piecemeal reform, is essential. The Strategy should include specific targeted measures to scale fellowships and industry PhDs, alongside clear numerical targets based on previous programs, such as the REDI program.

Intellectual Property

The Strategy should elevate reform of university IP policies as urgent. University IP policies are often complex and inflexible, discouraging industry collaboration and slowing commercialisation. This contributes to the "valley of death," where health innovations fail to progress due to lack of uptake or investment, leading many discoveries to be commercialised overseas – or not at all. We recommend inclusion of reforms that incentivise universities to partner with industry and proactively disseminate innovation to end-users. This includes developing streamlined IP support across the sector to help researchers and businesses

Case Study: MRFF Researcher Exchange and Development within Industry (REDI) program

Launched in June 2020 and supported by the MRFF, the REDI initiative was designed to strengthen the Australian health and medical research workforce by giving researchers exposure to industry, mentoring, exchange programs and skills in translation and commercialisation.

The program was allocated A$32 million over 4 years (2019-20 through to 2022-23) for one service provider to coordinate the initiative, deliver placements, mentoring and exchange programs.

Over the course of the program, REDI delivered to 8,423 participants – nearly double its original target. By embedding researchers in industry or entrepreneurial environments, the initiative helped bridge the academic-to-industry gap where innovations tend to stall.

navigate and protect IP rights, accelerating translation into new products, services, and industries.

Recommendations:

- Clearly specify who leads and coordinates the proposals across the Focus Area.
- Create measurable objectives or indicators for success, such as reductions in time-to-market, number of new partnerships formed, or increased investment in early-stage health ventures.
- Clarify specific areas of alignment and overlap between the SERD process.
- Establish a measurable path to R&D expenditure of 3% of GDP.
- Adopt realistic expectations of Australia's domestic market size, while identifying niche areas of value internationally.
- Create an Australian equivalent to the US BARDA, the UK's ARIA, and the EU's HERA tasked with financing late-stage medical countermeasure development.
- Develop an Australian Spinouts Register.
- Articulate clear numerical targets to inform the scaling of fellowships and industry PhDs.
- Develop streamlined IP support to help researchers and businesses navigate and protect IP rights.

5. Position to be ready for future needs and challenges

Emerging technology

The *Emerging technology* section is conceptually sound but structurally weak. For example, the section rightly mentions protections for sensitive health and medical research data yet lacks operational detail and fails to reference existing frameworks and strategies such as the Privacy Act and Data Availability and Transparency legislation. While we acknowledge the proposal to engage with international horizon scanning initiatives, there are again no pathways or practical steps to enable this, or designation of a lead authority to oversee broader coordination of emerging technology. The section would also benefit from a broader narrative of emerging technologies beyond AI and data to include innovations such as quantum technologies, robotics and advanced life science technologies such as synthetic biology.

Environmental sustainability

We endorse inclusion in the Strategy of consideration of environmental sustainability and the impact of health and medical research and health system outcomes on climate. Research Australia acknowledges that to meet net zero targets, and by extension safeguard a healthier population, the health sector must decarbonise at pace. To enable this, we propose elevating a focus on reducing unnecessary care and adoption of best evidence-based models of care through health services research. In addition, we propose consideration of the creation and funding of a Centre for Sustainable Healthcare Innovation. This Centre would have two primary purposes:

1. Identify and evaluate areas for potential mitigation of emissions across the supply chain, medicines and gases, waste and prevention and optimising models of care.

2. Solicit proposals for solutions to the identified areas for mitigation.

Global partnerships

Research Australia welcomes the promotion of strategic collaborations that address shared health priorities to strengthen Australia's leadership globally and in the Indo-Pacific. As a foundation, the Strategy should be utilised to craft a strong national narrative that positions Australia as a global destination for health and medical research and innovation. This includes promoting our world-class research and clinical trials ecosystem to attract multinational pharma and medtech research and development.

Furthermore, we acknowledge the Australian government's current consultation on possible association to Horizon Europe as non-binding exploratory talks commence and recommend the progression of associate country status in Horizon Europe as a pathway to greater level of access to EU research and innovation funding for Australian researchers and industry. This should be followed by a broader focus on international science and diplomacy, which was outlined as a key consideration in the Science System Advisory Group Report[4]. International science diplomacy offers areas of great opportunity and should be harnessed through bodies like Austrade to progress Australia's health and medical research and innovation interests globally.

While Research Australia welcomes the proposed actions in the Focus Area, there is a need to strengthen the Strategy's focus on prevention. We recommend this form part of this Focus Area.

Incorporating prevention policy and investment

Research Australia is deeply concerned that prevention policy is significantly underemphasised throughout the Strategy and should be elevated within this section given its critical role in shaping future health needs and challenges by reducing the incidence and burden of disease, improving population health outcomes and lessening pressure on the health system, productivity and economy over time.

In a typical year, poor health reduces global GDP by 15 percent[5]. Taking mental health as an example, Black Dog Institute's response to the draft Strategy outlines how depression is the leading cause of disability worldwide and in Australia, quantifying the cost to the country as $39 billion per year in lost economic participation and productivity[6]. Despite this significant impact, mental health research still receives less funding than should be expected relative to the burden of disease in the community. The exponential growth of poor mental health in recent years is a key example where effective prevention policy and investment could yield significant health, societal and economic benefits – therefore safeguarding Australia against future needs and challenges. However, prevention of poor mental health is only one aspect of prevention.

Prevention refers to health and wellbeing-related measures that aim to stop illness, injury or disease onset, or to reduce their impact by early action - by using evidence to identify what

[4] Science System Advisory Group. (2024). 'Science System Advisory Group Report: An architecture for the future.'
[5] McKinsey Global Institute. (2020). 'Prioritizing health: A prescription for prosperity'. McKinsey & Company.
[6] Black Dog Institute. (2021). 'The changing world of work and its impact on Australians' mental health'.

works, then implementing and scaling interventions to improve population health outcomes. It includes understanding social determinants (and cultural determinants, and commercial determinants) of health and wellbeing, how to address health equity, and reduce the burden of disease on individuals, the healthcare systems and the economy – all aligned to the vision, goals and values of the draft Strategy.

Improving health outcomes through advancing prevention recognises that health and wellbeing is not solely the responsibility of health departments, hospitals, or pharmaceutical companies or any singular part of the pipeline. It requires a whole-of-system approach, considering factors such as climate change, housing, poverty, and geopolitics on health, but also how preventative health and medical research innovation then contributes back to these research and policy platforms.

In our response to the Productivity Commission's Five Pillars of Productivity Inquiries[7], Research Australia outlined a range of recommendations to advance preventative health measures. We recommend elevation and alignment with the Productivity Commission's National Prevention Framework proposal in the Strategy, as well as the adoption of a measurable path to allocating 5% of health expenditure to preventative health measures by 2030, consideration of 'Prevention Responsive Budgeting' and prioritisation of research into the social, cultural, environmental, and commercial determinants of health and well-being as part of broader prevention reforms.

One way of embedding a prevention focus in existing infrastructure is through the Australian Centre for Disease Control (ACDC). With its expected extensive data gathering and analysis capabilities and its responsibility for assessing and mediating the risks of future health emergencies, the ACDC will be ideally placed to undertake the function of coordinating the application of research to the prevention and control of disease, both communicable and non-communicable. The ACDC could also play a role in identifying promising interventions (e.g. from clinical trials) with the potential to help address a disease and support the activities needed to help implement and test the intervention in a pilot program and its subsequent scaling up into routine care.

Recommendations:

- Designate a lead authority to oversee broader coordination of emerging technology.
- Develop a broader narrative of emerging technologies beyond AI and data to include innovations such as quantum technologies and advanced life science technologies such as synthetic biology.
- Elevate a focus on reducing unnecessary care and adoption of best evidence-based models of care through health services research.
- Consider the creation of a Centre for Sustainable Healthcare Innovation to identify and develop proposals to mitigate emissions in the health system.
- Utilise the Strategy to craft a strong national narrative that positions Australia as a global destination for health and medical research and innovation.
- Initiate a focus on international science and diplomacy, leveraging bodies like Austrade to progress Australia's health and medical research and innovation interests globally.

[7] Research Australia. (2025). 'Response to the Productivity Commission's Five Pillars of Productivity Inquiries'.

- Include a key focus on prevention policy and investment in the *Position to be ready for future needs and challenges* Focus Area.
- Elevate alignment between the Strategy with the Productivity Commission's National Prevention Framework proposal.
- Consider implementation of 'Prevention Responsive Budgeting' to ensure government budgets systematically account for, prioritise, and evaluate investments in disease prevention and health promotion.
- Define a measurable path to allocating 5% of health expenditure to preventative health measures by 2030.
- Prioritise research into the social, cultural, environmental, and commercial determinants of health and well-being as part of broader prevention reforms.
- Identify and address data infrastructure and linkage gaps in its capacity to measure alignment between social and commercial determinants of health and health outcomes.
- Expand the role of the ACDC to undertake the function of coordinating the application of research to the prevention and control of disease, both communicable and non-communicable.

Enabling Initiatives

The Strategy's Enabling Initiatives are a significant strength of the Strategy and comprehensive while acknowledging the Enablers' interconnectedness and the need to focus on operationalisation. Respondents to our survey expressed support for some of the Enablers' Actions, specifically the re-design of funding models as part of the Funding Enabler, and the strengthening of pathways for Clinician Researchers as part of the Workforce Enabler. Gaps in the enablers and their actions include 'collaboration', 'trust', 'genuine consumer participation' and 'translation and implementation of research' as further potential Enablers. We note these are both implicit and explicit in the values of the draft Strategy, however, without recognising that these require attitudinal, behavioural institutional and system change they will not be realised and will remain values that have no accountability. Alongside these recommendations, 'regulation and governance', which could be viewed as both an enabler and inhibitor should be strengthened as an enabler. Research Australia recommends changing 'Workforce' to 'Workforce & Future Workforce' and 'Funding' to 'Funding & Investment'.

Workforce Enabling Initiative

Role of the workforce in the ecosystem

Research Australia welcomes the Strategy's elevation of the health and medical research workforce as a cornerstone of Australia's national prosperity. We also support the acknowledgement of diversity and lived experience as enriching workforce capability, and the recognition that our highly educated and international workforce are crucial to achieving the strategic Goals and wider improvements to the economy and health of our nation.

HMR Workforce Plan

We strongly support the development of a Workforce Plan. Effective workforce reform must overcome policy siloes across multiple portfolios including education, health and industry, therefore it is deeply concerning that the Plan does not identify which body will be responsible for coordinating this, or how funding system reform will be implemented to enable workforce development. The Plan also lacks specific timelines and milestones for implementation and reform which, given the recognition of job insecurity as a major workforce concern, requires urgent reconsideration. Previous Research Australia analysis highlighted that more than half of researchers were employed on a contract basis, with the most common contract term being 12 months[8] - far higher than the national average[9]. This, combined with the high rates of researchers leaving the profession and the ongoing indirect costs gap, requires urgent action to support more permanent research positions and wider job security. Research Australia notes the proposal in the SERD issues paper *Foundational research* to allocate a minimum share of grants that run for 5 years or longer, which is an example of an approach which could be utilised to safeguard job security within the health and medical research community.

Furthermore, efforts to improve workforce diversity within the Workforce Plan should prioritise alignment with existing strategies, such as the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031, which is notably not referenced within the Strategy, and leverage other workforce and employment strategies, such as gender responsive budgeting to address the gender disparity within the sector, especially in research leadership positions. Specific and targeted actions relating to equitable career development must also extend across priority populations, including First Nations and RRRvR communities, but just as importantly people with disability, gender and gender diverse people, LGBTQI+ and culturally and linguistically diverse communities.

Research Australia agrees with the focus on fostering science literacy – and more broadly critical thinking, and inquiry-based learning in schools and broader support for researchers at crucial stages of their careers to take a whole of career and learning pipeline approach as part of future workforce planning and career pathway development. To do this, the Strategy should include measures to build a national culture of innovation excellence and rewiring of the education system to enable and empower innovators and critical thinkers.

We endorse the inclusion of a specific action in the Workforce Plan relating to pathways for clinician researcher training and development. Research Australia have conducted significant work highlighting the challenges and decline of clinician researchers and advocating for wider availability of training programs, particularly in both First Nations and RRRvR communities, and a new fellowship scheme to bolster the workforce. While the inclusion of a specific action for clinician researchers is welcome, there remain particular gaps in workforce investment for Early-Mid Career Academics and Researchers, Lived Experience Researchers and other underrepresented workforces due to systemic barriers. We recommend the actions are extended to include a targeted focus on workforces experiencing chronic underinvestment and challenges, as highlighted by the sector.

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[8] Research Australia. (2020). 'COVID 19 Report Series: The Impact of COVID-19 on health and medical researchers'.
[9] Gifillan, G. (2018). 'Trends in use of non-standard forms of employment'. Australian Parliamentary Library.

Case Study: Advancing Women in Healthcare Leadership Initiative

Although women make up 75% of the health and related workforce, they remain underrepresented in leadership roles – holding only 45% of public hospital board chair positions, 39% of private hospital CEO roles, 38% of chief medical or health officer roles, and 28% of medical dean positions. This reflects an ongoing failure to support women's career progression equitably.

The Advancing Women in Healthcare Leadership Initiative is a large-scale collaboration led by Monash University and funded by two National Health and Medical Research Council (NHMRC) partnership grants and partnership contributions. The initiative is a large-scale national research, implementation and impact initiative involving over 26 partners.

It focuses on identifying and implementing effective strategies for organisational change and achieving lasting improvements in women's leadership across the healthcare sector.

The Workforce Enabler rightly puts an emphasis on improving data capture and clarifying definitions of the Australian HMR workforce. Current workforce data is fragmented and incomplete, meaning policymakers and funders lack the comprehensive, longitudinal evidence needed to guide workforce planning and investment. As the 2024 HMR Workforce Audit states, "without consistent, regular, and comprehensive data collection by responsible government agencies or peak bodies, any analysis will be limited to available disparate sources" [10]. Research Australia recommends a more bespoke approach, underpinned by a high-quality dataset tailored to the Strategy, beyond the suggested adjustments to the ABS Occupation Standard Classification for Australia (OSCA) and identification of embedded research activity. Drawing on insights shared by the Director of the National Centre for Health Workforce Studies at ANU College of Law Governance and Policy, a national HMR workforce dataset could inform workforce planning, projection, scenario testing, and policy development, helping ensure a sustainable and diverse research workforce. Further clarity is also required on how an 'optimal' workforce size will be determined. For the health workforce, workforce modelling typically relies on service utilisation or needs-based demand models. There are no equivalent measures for the research workforce. Research Australia, as the national peak body for health and medical research and innovation, remains resolved to working in partnership with Government to address gaps in workforce data collection, definitions and modelling.

Research Australia recommends revision of the statement "the HMR workforce are generally older than the Australian workforce, restricting opportunities for EMCRs." While the 2024 HMR Workforce Audit highlighted the older profile of the workforce, it would be amiss to not credit the accumulation of knowledge and training within this workforce segment as a defining feature of Australia's world-leading research ecosystem. Research Australia acknowledges that EMCR opportunities are restricted primarily by insufficient funding relative to workforce size, rather than only the age profile of the workforce, and therefore require targeted interventions (as

[10] Department of Health, Disability and Ageing. (2024). 'The Australian Health and Medical Research Workforce Audit'. Mandala. Pg 9.

recommended above). The implication of older researchers restricting opportunities for EMCRs should be removed and references to the older profile of the workforce and EMCRs should be separated within the Workforce Enabler.

Recommendations:

- Identify which body will oversee workforce planning and how funding system reform will be implemented to enable workforce development, with specific milestones for implementation.
- Efforts to improve workforce diversity within the Plan should prioritise alignment with existing strategies and leverage other workforce and employment strategies, such as gender responsive budgeting to address the gender disparity.
- Specific actions relating to equitable career development must also extend across priority populations, including First Nations, people with disability, gender and gender diverse people and RRRvR communities.
- Include a targeted focus on workforces experiencing chronic underinvestment and challenges, as highlighted by the sector.
- Embed a more bespoke approach to workforce data collection and create a bespoke workforce dataset tailored to the Strategy.
- Clarify how an 'optimal' workforce size will be determined.
- Revise the statement "the HMR workforce are generally older than the Australian workforce, restricting opportunities for EMCRs".

Funding Enabling Initiative

The Funding Enabling Initiative rightly recognises the importance of collaboration between government and non-government funders. While it highlights the intent to leverage partnerships and coordinate funding and data sharing, the Strategy stops short of outlining how these partnerships will be operationalised. Critical details such as engagement processes, governance arrangements, funding models, monitoring and accountability mechanisms are notably absent. Without additional investment or a clear framework for coordination and implementation based on genuine engagement with all funders, the ambitions risk remaining aspirational therefore undermining smarter investment in the sector.

National health and medical research resourcing statement

Research Australia agrees that the development of a national health and medical research resourcing statement is logical and should be supported, alongside landscape and horizon scanning initiatives. This aligns with the recommendation in our Pre-Budget 2025-26 Submission[11]. Development of the resourcing statement must be rigorous, longitudinal and inclusive of all funders within the ecosystem, including those engaged in research translation and commercialisation. It also should be a public facing dashboard, ensuring transparency and accountability, however, could also have a focus on providing the data to both government and non-government funders (such as philanthropic funders) on where to invest to avoid duplication and be responsive to gaps. While recognising the Strategy does not contain novel funding, the resourcing statement should be used as a foundation to define ambitious funding targets,

[11] Research Australia. (2025). 'Pre-Budget Submission'.

namely an R&D investment target of 3% of GDP, alongside a measurable pathway to achievement.

Re-design of current funding models

Creating dedicated, cross-disciplinary grant schemes is an important addition to the National Strategy and will assist in areas such as technology development that can have medical research applications in the future, yet tends to fall between agencies, being 'too medical' for ARC and not considered sufficiently impactful for NHMRC compared to later stage applications. Research Australia welcomes the intention to invest in more co-funded grant opportunities. It is also critical that the re-design of current funding models includes measures to increase the representation of priority populations and marginalised communities in funding decision-making. Furthermore, action 2 should embed robust monitoring and evaluation initiatives so that new funding models can be held to account, including outcomes measurement which focuses on broader health, economic and social impacts.

While Research Australia welcomes the proposed actions in the Funding Enabling Initiative, we encourage consideration of the following proposals to strengthen its impact in this critical area, which we broadly define as smarter investment. Research Australia is dedicated to working with Government to initiate and oversee smarter investment across the sector.

Investing in a knowledge economy

The Strategy in its current format lacks the novel and ambitious funding mechanisms and targets required to achieve the vision. During consultations, Research Australia heard comparisons to the 2011 McKeon Review, which saw the creation of the MRFF and a doubling of health and medical research and innovation funding. It is well established, investing in health and medical research is budget positive and economically generative – every dollar invested in Australian health and medical research yields close to $4 to the Australian economy[12]. Government must utilise the opportunity afforded by the Strategy to be bold and ambitious in its investments in Australia's knowledge economy. Building a knowledge economy anchored in health and medical research and innovation will create high-value jobs, attract global investment, boost productivity and exports, and deliver sustainable, inclusive growth while improving population health.

Smarter investment

It is of critical importance that public investment is aligned across the ecosystem and funding gaps are identified and swiftly bridged, including the "valley of death" to avoid further undermining Australia's health and medical research and innovation capacity. To enable smarter investment, we must take a supply chain approach which reframes investment as a connected production and delivery system rather than a series of isolated funding programs. A failure to consolidate investment undermines its value – effectively equivalent to not funding it in the first place.

[12] KPMG. (2018). 'Economic Impact of Medical Research in Australia'. KPMG.

Our consultations have highlighted an ingrained lack of coordination and communication between funding bodies, including non-government funders, which is actively contributing to the duplication of funding and inefficiencies. Research Australia questions whether the proposed actions go far enough to stimulate the collaboration needed to reduce funding duplication. Co-funding and cross-disciplinary schemes should be embedded alongside the establishment of funding networks and incentives for smaller funders, including those in the philanthropic sector, to pool resources and funding, aligned with national priorities (and informed by the resourcing and statement and dashboard). This should work in tandem with the alignment of larger funding programs, such as the MRFF and MREA, so that the whole ecosystem works more cohesively and invests funds more strategically. Given the critical importance of funding and smarter investment, within the governance and accountability framework, a discrete advisory group focussed specifically on funding and smarter investment should be established.

States and Territories as funding partners

Research Australia is of the view that the Funding Enabling Initiative could create a greater role for the States and Territories as funding partners alongside the Commonwealth government for health and medical research and innovation. The States and Territories are fundamental partners in discovery, implementation and translation. The jurisdictions host major health systems, hospitals, translational platforms, clinical trial environments, and public-health infrastructure and bear much of the responsibility for implementing research findings into service delivery, public-health policy and system reform. The National Strategy and the upcoming National Health Reform Agreement provides a pivotal opportunity to re-imagine funding models that require matched or co-funding between Commonwealth and States and Territories.

The Government could consider directing unallocated MRFF-pool reserves into co-funded streams with States and Territories. This would require matching or at least shared contribution from a jurisdiction and would be administered by an aligned MRFF/MREA according to nationally set priorities, but with jurisdictional input to ensure relevance and implementation capacity. In essence, this joint funded model would link national strategic priorities with jurisdictional research implementation pathways, yielding significant novel investments in the sector and carving a scaled-up role for the States and Territories in funding health and medical research and innovation. A useful international precedent is the German Pact for Research and Innovation (PFI), which is a research funding initiative of Germany's Federal and State governments. Under the PFI, both layers of government commit shared funding over multi-year cycles and agree jointly to high-level research policy goals.

Industry funding

We support pooled investment and co- investment models that draw industry, venture capital and angel investment and emerging health-tech enterprises, alongside public funding. These funders should be explicitly elevated and promoted within the Strategy. Models of corporate social responsibility (CSR) should also be a targeted focus for scaling funding, noting that CSR is sometimes administered via an organisation or a subsidiary foundation connected to the organisation. The Strategy should be used to elevate the role of CSR for health and medical

research and innovation, noting it generally garners public / bipartisan support. Ensuring effective scale will require cross-portfolio buy-in, spanning across areas such as Health, Industry, Defence, to create clear messaging and incentives for private companies to invest in initiatives targeted towards health and medical research.

Sustainable growth in Australia's health and medical research ecosystem will depend on unlocking private-sector capital and commercial expertise to complement Commonwealth and State and Territory investment. Specific co-investment mechanisms will accelerate translation of discovery research into market-ready health solutions but must be underpinned by whole-of-systems reforms which address inhibitors to industry investment such as IP policies, workforce capability and consolidated investment.

Philanthropic Funding

Research Australia welcomes the Government's commitment to expanding co-funded grant opportunities and urges the inclusion of philanthropic investment as a key action within the Strategy. Embedding co-funding schemes, alongside incentives for smaller and philanthropic funders to collaborate, guided by a public facing dashboard outlined above, will strengthen national research priorities while contributing to the goal of doubling philanthropic giving by 2030. As with scaling industry funding, this will require cross-portfolio support and investment.

Alignment with SERD

A further critical gap is linking funding enabling actions to the Strategic Examination of R&D (SERD). Research Australia acknowledges the ambition across the Strategy to align with the SERD, however the Examination to date has proposed a range of incentives to boost R&D investment, including growing venture capital, angel investment, international funding and changes to superannuation policy settings. With 26% of R&D investment spent on health and medical research and innovation, it is critical that the final Strategy goes beyond the current narrative to outline specific areas of alignment and, where possible, incorporate these into the Funding Enabler actions.

Discovery science

Furthermore, the Strategy significantly underplays the critical importance of discovery research, which has been highlighted as a key concern during Research Australia's consultations. Australia is excellent at discovery research, producing 2.1% of the world's scientific publications despite having only 0.3% of the global population and ranking sixth among OECD nations for publications per capita/per million people[13]. While Australia continues to support discovery research, recent policy and funding initiatives indicate a shift toward prioritising translation and commercialisation, raising concerns about whether discovery science might become under-resourced in the long term. Research Australia recommends clarification of the aspiration to strengthen discovery science, backed by increased investment through the NHMRC and ARC, while also investing in bridging gaps in translation and commercialisation. The Strategy should include current strengths of the health and medical research and

[13] Keneally B, Arculus R and Lim W. (2023). 'Realising Australia's Biomedical Potential with Targeted Capability Attraction'. BCG.

innovation system, as if it does not, there is fundamental risk that they will not be maintained, nor strengthened across the 10-years of reform and transformation.

Case Study: Curiosity as a Catalyst – The German Model for Global Research Leadership

Germany is a global leader in research and development, investing over 3% of its GDP and ranking 9th in the 2024 Global Innovation Index. Its success stems from strong government support, excellent infrastructure, and a culture that values curiosity-driven research across both universities and publicly funded institutions.

The Max Planck Society epitomises this strength. Dedicated entirely to basic research, it produces over 15,000 publications annually and counts 31 Nobel Laureates among its scientists. With 84 institutes and 25,000 staff, it empowers researchers with full independence over their work, free from political or corporate influence.

Constantly evolving to address emerging scientific challenges, and collaborating internationally in over 120 countries, the Society's dynamic, trust-based model highlights why Germany remains at the forefront of global scientific innovation.

Recommendations:

- Development of the resourcing statement must be rigorous, longitudinal and inclusive of all funders within the ecosystem, including those engaged in research translation and commercialisation.
- The resourcing statement should be a public facing dashboard and could also have a focus on providing the data to both government and non-government funders (such as philanthropic funders) on where to invest to avoid duplication and be responsive to gaps.
- Define ambitious funding targets for health and medical research and innovation within the Strategy.
- Embed robust monitoring and evaluation initiatives so that new funding models can be held to account.
- Utilise the opportunity afforded by the Strategy to be bold and ambitious in investments in Australia's knowledge economy.
- Take a supply chain approach which reframes investment as a connected production and delivery system rather than a series of isolated funding programs.
- Establish funding networks and incentives for smaller funders, including those in the philanthropic sector, to pool resources and funding, aligned with national priorities and underpinned by a publicly facing dashboard.
- Create a discrete advisory group focussed specifically on funding and smarter investment.
- Utilise the Strategy and upcoming National Health Reform Agreement to consider directing unallocated MRFF-pool reserves into co-funded funding buckets with States and Territories.
- Elevate the role of industry, venture capital and angel investment and emerging health-tech enterprises as key funders of health and medical research and innovation.

- Models of corporate social responsibility (CSR) should be a targeted focus for scaling funding.
- Elevate the role of CSR for health and medical research and innovation, noting it generally garners public / bipartisan support.
- Embed whole-of-systems reforms which address inhibitors to industry investment such as IP policies, workforce capability and consolidated investment.
- Include philanthropic investment as a key action within the Funding Enabling Initiative, alongside incentives for smaller and philanthropic funders to collaborate.
- Outline specific areas of alignment with the SERD and, where possible, incorporate these into the Funding Enabler actions.
- Clarify the aspiration to strengthen discovery science, backed by increased investment through the NHMRC and ARC, while also investing in bridging gaps in translation and commercialisation.

Data & Advanced Technology Enabling Initiative

Research Australia endorses the Strategy's inclusion of an Enabling Initiative on data and advanced technology. Addressing barriers to high-quality data access is of critical importance and will underpin our future prosperity by catalysing discoveries and breakthroughs. Research Australia is of the clear view that health data and data infrastructure should be viewed as a critical national asset central to Australia's future prosperity.

While Research Australia welcome the focus on data and AI as part of the broader Enabling Initiative, actions could go further to cover other areas of advanced technology. During our consultations, Research Australia heard, "new technology platforms across the breadth of health and medical research can enable leaps forward in innovation. Indeed, the intersection between novel technology platforms and needs-driven innovation is often where the greatest advances happen." Similarly to the *Emerging Technology* Focus Area action, the section would also benefit from a broader narrative of emerging technologies beyond AI and data to include innovations such as quantum technologies, robotics and advanced life science technologies such as synthetic biology.

Overcoming barriers to shared and open access and cross-disciplinary funding schemes

We have previously highlighted the lack of national leadership in digital health and data infrastructure and the limited discoverability due to fragmentation and barriers to timely access. Frequently, researchers do not have access to the full suite of data available across hospitals, health systems, research institutes and the many other organisations which undertake research. Ensuring we have the correct data infrastructure to support innovation is critical, yet the proposals lack the necessary governance mechanisms to oversee implementation. This is especially important within the proposals to develop cross-Commonwealth protocols for secure data capture and sharing, which is likely to cause jurisdictional friction between state and federal systems and cross-disciplinary funding schemes. We implore government to work in partnership with Research Australia and other stakeholders, such as the Digital Health CRC, to progress reforms within the Data & Advanced Technology Enabling Initiative.

Expanding training pathways and skills development

We commend the incorporation of an action on skills development as part of the Data and Advanced Technology Enabling Initiative. There is an urgent need for more training pathways across the ecosystem to enable effective data collection and management, as well as assistance leveraging recent innovations such as AI. Research Australia highlights that expanding training pathways will require new dedicated funding which should be developed in tandem with broader reforms and investment in Australia's digital health and data infrastructure. The current actions lack detail on which body delivers and funds these pathways within the ecosystem, which needs clarification.

Drawing on insights shared by the Director of the National Centre for Health Workforce Studies at ANU College of Law Governance and Policy, achieving data access reform requires not only capability uplift among health and medical researchers but also within the public service agencies that act as data custodians. The Strategy should explicitly include measures to develop sufficient capacity and capability in these agencies to engage constructively with data-sharing risks, rather than defaulting to non-release. Both sides – researchers and custodians – need to be equipped for success.

Case Study: UK Research and Innovation (UKRI) Innovation Scholars Scheme

In 2021 the UK Research and Innovation (UKRI) funded a series of projects aimed at developing data science training opportunities to upskill health and bioscience researchers. The Innovation Scholars Scheme was intended to strengthen the UK's digital workforce capacity and ensure that researchers had the necessary skills and confidence to analyse their own data.

The scheme was open to UK-based researchers and professionals with proven experience in the area of data science or training provision. The host organisation had to be eligible to receive research council funding. Collaborations within and across sectors were encouraged.

A total budget of £5 million was available through the Scheme. Nine projects were funded, seven of which will be platformed in the UKRI Digital Research Skills Catalyst, a new centralised portal being developed to enable researchers to easily locate data training resources that best suit their needs, and access specialised support with project-specific data enquiries.

Overcoming barriers to the use of AI applications in clinical environments

Regarding the implementation of AI in clinical environments, Australia must adopt AI in a safe, responsible, and ethical way while fully harnessing its benefits to accelerate research and innovation. This should align with Research Australia's prior recommendations on AI policy and implementation.

Recommendations:

- Work with in partnership with Research Australia and other stakeholders, such as the Digital Health CRC, to progress key reforms within the Data & Advanced Technology Enabling Initiative.
- Expand training pathways with new dedicated funding in tandem with broader reforms and investment in Australia's digital health and data infrastructure.

- Clarify which body will deliver and fund data skills development within the ecosystem.
- include measures to develop sufficient capacity and capability in public service agencies which act as data custodians to engage constructively with data-sharing risks.
- Align AI implementation with Research Australia's prior recommendations on AI policy and implementation.
- Include a broader narrative of emerging technologies in the Enabling Initiative, beyond AI and data.

Infrastructure Enabling Initiative

Infrastructure Roadmap

The proposed development of an Infrastructure Roadmap is a welcome step towards addressing the duplication of infrastructure investment across Commonwealth, state and territory jurisdictions. Across the actions, the Roadmap presents a strategic vision for Australia's fragmented research infrastructure landscape to a coordinated and innovation-oriented system, highlighting sovereign capability, shared access and innovative solutions such as rural and remote hubs. Greater coordination is important, as is delivering cost benefits and reducing waste given the ongoing challenges associated with the indirect cost gap.

While coordination and co-investment with industry are important areas of development, the Strategy omits the pressing issue of long-term funding and governance. Most prominently, current funding arrangements for NCRIS will expire in 2028–29, resulting in a reduction in funding levels to around half of the current levels. This presents a critical threat to research infrastructure sustainability, maintenance and future development and therefore needs to be elevated and addressed in the Strategy. Research Australia notes the proposal in the SERD *Foundational research* paper[14] to establish strategic governance and secure long-term funding for research infrastructure, including NCRIS. The inclusion of this proposal in the SERD paper and the omission in the Strategy again highlights a misalignment between two key significant policy developments for the health and medical research and innovation sector.

Research Australia recommends the government use the National Collaborative Infrastructure Scheme (NCRIS) Roadmap Advisory Group's recommendations to commit new funding to NCRIS beyond the funding already allocated in the Budget forward estimates of at least a further $100 million per annum. The Strategy should also outline specific commitments to discovery science infrastructure and ecosystem support, for example subsidised access to biotech labs, clinical trial networks, AI health data platforms, and the investment of national networks for biobanking, genomics, and proteomics research.

The Infrastructure Roadmap's success will depend on the creation or identification of a national coordinating mechanism, alongside transparent funding commitments to translate vision into systems-change. The section fails to mention which body would lead or maintain the Roadmap e.g. Department of Health, Disability and Ageing, NHMRC / MRFF, NCRIS etc. which in itself risks the realisation of a cohesive infrastructure landscape. The Strategy should clearly articulate which body will be held responsible for the Roadmap's development and

[14] Department of Industry, Science and Resources. (2025). 'Foundational research: Creating knowledge'. Australian Government.

implementation and provide timescales for its execution as part of a broader drive to define a pathway to fund the full costs of research, in a rational and sustainable way. Research Australia remains committed to a strong partnership with Government to overcome systemic gaps and fragmentation in Australia's research infrastructure to ensure the sector can flourish.

Recommendations:

- Elevate and implement measures to address the expiration of funding arrangements for NCRIS in 2028–29.
- Align the Strategy with the SERD proposal to establish strategic governance and secure long-term funding for research infrastructure, including NCRIS.
- Commit new funding to NCRIS beyond the funding already allocated in the Budget forward estimates of at least a further $100 million per annum.
- Outline specific commitments to discovery science infrastructure and ecosystem support, for example subsidised access to biotech labs, clinical trial networks, AI health data platforms, and the investment of national networks for biobanking, genomics, and proteomics research.
- Create or identify a national coordinating mechanism for the Roadmap's development and implementation, alongside transparent funding commitments to translate vision into systems-change.

Governance and Accountability

The following combines a response to the National Strategy Advisory Council and Measuring Success of the Strategy through a lens of governance and accountability of the Strategy. Research Australia acknowledges that the Strategy is not an implementation or monitoring and evaluation plan of the Strategy. However, the current draft contains serious weaknesses in governance and accountability. This gap, if not addressed, risks undermining the effectiveness, transparency, sector and public trust in the Strategy's implementation.

Health and medical research and innovation is a national endeavour that requires shared accountability. Its success depends on a unified framework aligning the efforts of government and non-government – including the Commonwealth (across multiple portfolios), states and territories, universities, medical research institutes, health services, industry, and consumers. Without explicit joint commitments, the Strategy will fail to overcome the fragmentation that has long hindered Australia's health and research sectors.

Due to its complexity, effective governance of the Strategy must then span all actors – governments, funders, institutions, clinicians, researchers, consumers, and industry – ensuring system-wide coherence and sustained, inclusive engagement. The Strategy can only succeed as a connected system built on shared goals; this cannot, and should not, be driven by government alone.

Lack of a Clear and Independent Governance Framework

As noted throughout our submission, the Strategy articulates clear goals, focus areas and "enablers" but does not delineate responsibilities for their achievement, establish mechanisms for monitoring progress, or define the governance arrangements required to ensure

accountability. We note the proposal to establish a National Strategy Advisory Council and agree that such a body could provide transparent oversight of the Strategy, ensuring strategic direction, coordination, accountability, and responsiveness.

However, several governance issues regarding the Advisory Council require clarification and strengthening:

Alignment with existing governance mechanisms:
The draft does not specify how the proposed Advisory Council will interact with existing structures such as the Health Ministers' Meeting, the Inter-governmental Policy Reform Group or other intergovernmental mechanisms, such as Closing the Gap governance structures. Without formal alignment and integration, there is a risk of duplicating functions, creating parallel processes, and undermining coherence across jurisdictions.

Mandate and decision-making authority:
The role, remit, and powers of the Advisory Council remain ambiguous. It is unclear whether the Council will hold decision-making or only advisory functions. Clarifying its authority, reporting arrangements, and capacity to influence implementation decisions will be critical to ensuring the Strategy delivers system-level accountability.

Integration with monitoring, implementation, and evaluation frameworks:
The draft does not articulate how the Advisory Council will connect with mechanisms responsible for monitoring progress, evaluating outcomes, and driving continuous improvement, which should be independent of the Advisory Council. However, clear linkage between the Council and performance frameworks are essential to ensure that advice translates into coordinated action, timely responsiveness for the need to pivot during the 10 years, and transparent reporting on outcomes.

Strengthen accountability across portfolios and jurisdictions

As noted, health and medical research and innovation sits at the intersection of multiple portfolios – health, higher education, industry, science, and innovation – and involves Commonwealth, state and territory governments and local government. Yet, the draft Strategy does not define how accountability will be shared and coordinated across these portfolios or with jurisdictions; establish mechanisms for joint decision-making or shared reporting; or require commitments from states and territories to implement and co-fund actions within their remit. Explicit consideration of utilising existing commonwealth-jurisdictional agreements should be leveraged (such as the National Health Reform Agreement).

This omission ignores the reality that health outcomes and research capacity are national responsibilities delivered through a federated system. States and territories are primary funders of health services, major hosts of research institutions, and integral to clinical trials, translation, and workforce pipelines. Without their explicit inclusion in governance and accountability frameworks, the Strategy risks becoming a Commonwealth-centric plan that fails to drive coordinated, system-wide reform.

The Strategy also does not detail how it aligns, including from an accountability perspective, with other existing national strategies, roadmaps and frameworks. There is a need to identify

and map all relevant national strategies, roadmaps and frameworks to the National Strategy as part of the governance and accountability framework.

Further to this, alignment to the proposed models of governance emerging from the SERD should be included in the Strategy. This includes Research Australia's recommendation to include the Minister of Health in the approval process to ensure recommendations for focus area goals and sub-goals are aligned with the needs of the sector.

Strengthen transparency in the finalisation of the Strategy

It is currently unclear on the mechanism to finalise the Strategy to ensure governance and accountability is established from the onset of the Strategy. For example, if it is truly national, who will be the signatories to the Strategy?

If these governance and accountability gaps are not addressed, the Strategy risks:

- Fragmented implementation, where agencies and jurisdictions pursue disconnected priorities;
- Inequitable outcomes, with some states, territories, or sectors benefiting more than others;
- Duplication and inefficiency, due to lack of coordination in funding, infrastructure, and data sharing;
- Erosion of public and stakeholder trust, as accountability for outcomes remains unclear; and
- Diminished returns on public investment, undermining the Strategy's value and credibility.

As a result, the Strategy will at best maintain the current status quo of the health and medical research and innovation policy, data and funding decisions and not provide the systems reform, or transformation the strategy could deliver, the sector has been advocating for, and Australia needs.

Recommendations

- Develop a governance and accountability framework for the Strategy.
- Map how the Strategy aligns with all other relevant national strategies.
- Specify how the proposed Advisory Council will interact with existing structures or other intergovernmental mechanisms.
- Clarify the Advisory Council's authority, reporting arrangements, and capacity to influence implementation decisions.
- Articulate how the Advisory Council will connect with mechanisms responsible for monitoring progress, evaluating outcomes, and driving continuous improvement, which should be independent of the Advisory Council.
- Consider leveraging existing commonwealth-jurisdictional agreements to:
    - Define how accountability will be shared and coordinated across portfolios or jurisdictions.
    - Establish mechanisms for joint decision-making or shared reporting.
    - Require commitments from states and territories to implement and co-fund actions within their remit.

- Alignment to the proposed models of governance emerging from the SERD should be included in the Strategy.
- Clarify the mechanism to finalise the Strategy to ensure governance and accountability is established from the onset of the Strategy.

Conclusion

In conclusion, the draft National Health and Medical Research Strategy sets an important foundation for a unified national approach to health and medical research but in its current iteration falls short of providing the decisive framework needed to deliver transformative change. To realise its ambition, the Strategy must move beyond aspiration to implementation. This must be anchored by clear governance, measurable outcomes, defined timeframes, and shared accountability across jurisdictions and sectors.

With bipartisan support and strong sector engagement, Australia has a rare opportunity to embed enduring reform that positions research as a central pillar of national health, economic resilience, and productivity. Research Australia stands ready to work collaboratively with government and stakeholders to ensure the final Strategy fulfils its potential as a bold, actionable roadmap for the next decade and beyond.

For further information regarding this submission please contact Dr Talia Avrahamzon, Head of Policy, Projects and Advocacy at talia.avrahamzon@researchaustralia.org, or policy@researchaustralia.org.

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.