

# SCIENCE & TECHNOLOGY AUSTRALIA

## POLICY SUBMISSION

15 OCTOBER 2025

### Draft Health and Medical Research Strategy

Science & Technology Australia welcomes this opportunity to respond to draft Strategy.

Science & Technology Australia is the peak body for the nation's science and technology sectors, representing nearly 150 member organisations and more than 235,000 scientists and technologists. We connect science and technology with governments, business and the community to advance science's role in solving some of humanity's greatest challenges.

### Key points

- While the Draft National Health and Medical Research Strategy (the Strategy) has laudable goals, aspects of it resemble a strategy for public health rather than specifically health and medical research. The ultimate outcomes of a highly effective public health system are definitely worth striving for, but rely on a vast array of public policy levers far beyond the health and medical research system. This is further complicated by the Strategy's multi-layered 'architecture'.
- We strongly encourage the final Strategy to set a bolder, tangible aspiration for what Australia's health and medical research can achieve and what the specific step change for the research system looks like.
- The final Strategy would benefit from a stronger emphasis on research excellence, and the specific support and activities that will enable and likely deliver high-quality, world-class health and medical research and research infrastructure.
- While there is a natural tendency to treat the health and medical system as separate from wider research, we strongly encourage the Strategy and its implementation to break down these silos. Effective coordination and governance structures across the wider national R&D reviews and initiatives, e.g. Strategic Examination of R&D (SERD) and the National Science and Research Priorities (NSRP) is essential to foster research excellence, reduce administrative burden and complexity and ensure sovereign capability.
- The Strategy would benefit from specific capability mapping to better understand Australia's health and medical research strengths, identify any gaps (including workforce and infrastructure) to ensure sovereign capability while leveraging international collaborations and partnerships.
- The Strategy would benefit from greater articulation of the international landscape and partnership opportunities, especially through opportunities with Europe to diversify Australia's international collaborative activities in a contested world.
- The Strategy has an overfocus on public health impact. It must re-align its focus to support high-quality health and medical discovery research, that supports translation and commercialisation, rather than being a translation and commercialisation strategy.
- Several specific actions could be included in the strategy to support best practice and impactful research to benefit Aboriginal and Torres Strait Islander peoples' health outcomes.

## Science & Technology Australia recommendations

1. The final Strategy vision should be more focussed on aspiring to excellence in health and medical research and the benefits it can deliver to Australia and globally. An alternative vision could be:  
*Australia: a world leader of health and medical research to solve medical challenges, underpin new treatments, and support effective health services delivery for all Australians, wherever they are.*
2. The final Strategy should include underpinning values of *Research excellence, Creativity* and *Relevance* and a refinement to *Sustainability*.
3. The final Strategy should merge the Goals and Focus areas to create more specific, targeted, applicable goals for Australia's health and medical research sector.
4. The final Strategy should include effective and robust research administration processes as a critical enabler of high-quality health and medical research.
5. The final Strategy should recommend and lay out a plan for greater support for health and medical research, indirect research costs and research infrastructure through significantly increased disbursements from the MRFF.
6. NRI planning and investment should be undertaken in a cross-portfolio approach, through the existing NRI Roadmap process, rather than developing siloed, sector-based research infrastructure plans.
7. The final Strategy must deliver clarity on governance across the entire health and medical research sector, including how the proposed National Strategy Advisory Council would complement and interact with existing NHMRC and MRFF governance structures.
8. The final Strategy should recommend research be evaluated according to stage of development:
  - discovery research assessed on research excellence
  - translation and commercialisation efforts assessed on practical impact.
9. Evaluation frameworks should follow those developed through the ARC's Research Insights Capability.

### Science & Technology Australia recommendations for First Nations health and medical research considerations:

1. **Set bold equity targets:** The Strategy should commit to supporting sufficient research works towards achieving health parity for Aboriginal and Torres Strait Islander peoples within a generation, backed by measurable milestones. As a priority, this includes ensuring Aboriginal and Torres Strait Islander people are involved in basic sciences and clinical trials they can benefit from.
2. **Embed Indigenous governance:** Establish a permanent Aboriginal and Torres Strait Islander decision-making body/process within the Strategy. This needs to align with existing mechanisms across the Australian Research Council (ARC), National Health and Medical Research Council (NHMRC) and Medical Research Future Fund (MRFF). Where possible, reduce committees to streamline work and reduce burden on Indigenous researchers called on for multiple committees and working groups.
3. **Strengthen workforce and cultural safety:** Invest in Indigenous research pipelines, national and international partnerships, set measurable workforce participation targets at every career stage, and embed cultural safety as a core standard in research, funding, peer-review processes and translation. This includes research programs that supports education, training, and capacity building for Aboriginal and Torres Strait Islander people in research.



4. **Guarantee equitable funding:** Dedicate long-term, sustainable NHMRC, and MRFF funding streams to Indigenous-led research and community priorities that is equitable and supports needs-based approaches to challenges.
5. **Deliver community benefit and translation:** Support cross-sector research priorities that integrate health with housing, education, justice, and environment to address the social determinants of health and ensure research embeds translation from the outset.
6. **Advance Indigenous data governance:** Tangibly invest in Indigenous-led data assets and infrastructure, uphold Indigenous data rights and governance processes, and protect cultural knowledge and intellectual property.
7. **Undertake ethics reform and ensure accountability:** Address major challenges within human research ethics committees that act as barriers to Aboriginal and Torres Strait Islander research, resulting in exclusion and potentially transformative research not being conducted. Support committees to undertake appropriate training and reviews that ensure alignment of their activities with national ethics guidelines.

## Response to Guiding Questions

### Vision

The Vision to make Australia ‘the healthiest nation’ is a laudable goal, and certainly worth striving for. However, while health and medical research definitely contributes to Australians’ overall health, it is not the sole driver of national health outcomes and risks setting the strategy up to fail.

The health of Australian people depends on effective and efficient health service delivery, as well as a myriad of other economic and public policy considerations. To illustrate, while an Australian researcher may do work contributing to the development of a new drug or vaccine, or build a better understanding of the genetics of a rare disease, the research sector cannot be responsible, nor guarantee the effective commercialisation or delivery of that new vaccine to the population, or implement a population wide process of genetic screening.

Further, the nature of medical research is transnational. And an inward-looking vision, that essentially poses health outcomes as a global competition, does not feel like the appropriate aspiration.

#### Science & Technology Australia recommendation:

The final Strategy vision should be more focussed on aspiring to excellence in health and medical research and the benefits it can deliver to Australia and globally. An alternative vision could be:

*Australia: a world leader of health and medical research to solve medical challenges, underpin new treatments, and support effective health services delivery for all Australians, wherever they are.*

### Values

#### Do you agree with the proposed Values?

The proposed Values are sound – although it is not clear why Impact and Sustainability are coupled, as they are quite discrete values with different implications. We suggest a specific focus on sustainability, especially in the context of AI, compute and data, where data centres used for everything from population modelling to drug modelling are increasingly contributing enormously to energy use and demand for water for cooling. Impact should be split into two new more specific values as outlined below.

Other Values that should underpin a strong Australian health and medical research system include:

- *Research excellence* – research must be of the highest quality
- *Creativity* – creativity is essential to solving challenging problems and push boundaries



- *Relevance* – excellent research must be focused on health and medical issues faced by Australians now and in the future, recognising that some issues are specific to the Australian context
- *Sustainability* – excellent research and research infrastructure that minimises its climate impact, especially carbon footprint and energy and water use.

### **Science & Technology Australia recommendation:**

The final Strategy should include underpinning values of *Research excellence, Creativity* and *Relevance* and a refinement to *Sustainability*.

### **Goals**

The goals are appropriate and worthy aspirations from a national public policy perspective. However, they are too broad to be directly applicable to Australia's health and medical research system. Further, it's difficult to see the need for both the Goals and Focus areas – these should be merged into a series of more targeted goals in the final Strategy.

*Drive national prosperity and security* – this is dependent on a far greater range of policy and national security considerations than Australia's health and medical research system.

*Lead the world in health outcomes* – this is dependent on several other economic, social and health policy levers that are well beyond the remit/control of the health and medical research system.

*Deliver equity – no one left behind* – equity across the health and medical research sector is one of the identified underpinning values. Health and medical research can support equity in healthcare delivery through research focussed on the health issues of minority and marginalised groups in society, but the research sector cannot be responsible for healthcare delivery, nor the economic and social determinants of equitable healthcare delivery and uptake.

*Secure a resilient and sustainable health system* – again, delivering a resilient and sustainable health system is reliant on several inter-dependent economic, social and public policy factors. While the important work done by health services researchers can inform effective health delivery practices and policy to support a cost-effective and future-ready system, this relies on their work being taken up by policy- and decision-makers, then effectively implemented by health services providers, supported by appropriate resourcing. These latter factors, essential to secure a resilient and sustainable health system, are far beyond the control of the health and medical research sector.

*Strengthen regional and global partnerships* – this is a sensible goal within the health and medical context, but as written, speaks to a much broader range of potential partnerships far beyond the health and medical research system.

STA suggests merging the Goals and Focus areas to create more targeted, applicable goals for Australia's health and medical research sector, focused on key areas of Australia's health and medical research landscape. These goals should consider:

- areas of current strength, with a view to double down to deliver transformative outcomes
- areas of pressing national need e.g. First Nations peoples' health
- any gaps in Australia's sovereign capability
- areas of global need, where Australia can make a tangible contribution to global knowledge

The Strategy should outline pathways (Actions) to foster high-quality research spanning foundational discovery work through to translation towards the identified goals, and ensure the identified support mechanisms (Enablers) are in place.



## Focus Areas

The Focus areas are described as ‘thematic domains’ – which is a more appropriate name for them than ‘focus area’, given they are cross-cutting themes that are applicable to all research across the health and medical research sector. They are worthwhile initiatives but are more related to policy about health and medical research rather than the conduct of health and medical research.

As noted above, it’s difficult to see the need for both the Goals and Focus areas – these could be merged into a series of more targeted goals in the final Strategy.

*Build a vibrant research system that delivers for the nation* – this is a sensible goal, but does not contribute to the strategic direction of that health and medical research. An excellent researcher will be attracted to a vibrant research system, but only if it focuses on their research area.

*Embed research processes that are modern, efficient and consumer centred* – this is an enabler of excellent research, rather than a focus area.

*Accelerate research and its translation to improve Aboriginal and Torres Strait Islander Peoples’ health and wellbeing* – this is a cross-cutting theme that must be applied across the entire health and medical research sector, as appropriate.

*Drive impact through research translation, innovation and commercial solutions* – this is a sensible approach, but must be balanced with support for high-quality foundational discovery research that underpins all subsequent applied and translational work.

*Position to be ready for future needs and challenges* – this is sensible, and would be a cross-cutting theme across all goals.

### Science & Technology Australia recommendation:

The final Strategy should merge the Goals and Focus areas to create more specific, targeted, applicable goals for Australia’s health and medical research sector.

## Enablers

The proposed Enablers – *Workforce, Funding, Data and advanced technology, Infrastructure* – are all essential underpinning components of a high-quality health and medical research workforce.

An additional Enabler critical to an effective and successful research sector is a *strong research administration framework*. This includes:

- effective and efficient funding mechanisms, with appropriate support for indirect costs
- aligned governance across the sector
- strong consultation structures/processes
- appropriate accountability criteria for both discovery research as well as translational and commercialisation work.

### Science and Technology Australia Recommendations:

The final Strategy should include effective and robust research administration processes as a critical enabler of high-quality health and medical research.

## Enabling Initiatives

In general, the proposed Enabling Initiatives are reasonable.

*Funding* – STA suggests the Strategy should outline a stronger mechanism for MRFF funding disbursement. The MRFF reached its capitalisation target of \$20 billion in 2020–21, with a balance of



\$23.9 billion at 31 December 2024. The MRFF 3<sup>rd</sup> 10-year Investment Plan outlines that the fund will disburse \$650 million annually. However, this is significantly less than the [maximum annual distribution amount](#) (MADA), determined by the Future Fund Board of Guardians responsible for managing the fund as the potential maximum amount available for MRFF grants<sup>1</sup>. Boosting MRFF funding – to help cover indirect costs of health and medical research and sufficient and appropriate support to research infrastructure – by bringing total MRFF disbursements funding closer to the MADA each year would deliver a major boost to Australia’s health and medical research sector. Recently commissioned [Parliamentary Budget Office analysis](#) indicates the disbursement amounts could significantly increase, while still retaining the fund’s capital:

- Scenario 1: Maintaining \$650 million annual disbursements, the MRFF’s total funds will increase to \$35.4 billion by 2035–36
- Scenario 2: Increasing disbursements to \$750 million annually, the MRFF’s funds will increase to \$33.9 billion by 2035–36
- Scenario 3: Increasing disbursements to \$1 billion annually will grow the MRFF’s funds to \$30.1 billion by 2035–36
- Scenario 4: Increasing disbursements to \$1.4 billion annually, the MRFF’s funds will be maintained at \$24 billion by 2035–36.

*Research Infrastructure* – Noting the strong support for health and medical research infrastructure delivered through the National Collaborative Research Infrastructure Strategy (NCRIS), and the fact that a large proportion of research infrastructure (e.g. imaging facilities) span health and medical research but also other non-medical disciplines, developing a discrete Australian Health and Medical Research Infrastructure Roadmap is duplicative, unnecessary and a poor use of increasingly constrained departmental resources. The goals of this Roadmap outlined in the draft strategy are all sensible, but would be better achieved through the single, comprehensive and regular National Research Infrastructure Roadmap process, which is led by the Department of Education, and aims to cover all national research infrastructure, not just those funded by NCRIS.

An additional critical consideration for health and medical research infrastructure is to establish a clear boundary between delivering infrastructure to support research and clinical practice. This is to ensure institutions do not seek to fund/cost-shift clinical operations through research infrastructure funding – while there will be some overlap, as we see with industry use of NCRIS facilities, this use is limited and occurs on a reasonable cost-recovery basis.

It will be important for the Strategy, and ultimately the MRFF, to consider appropriate contributions of support for shared research infrastructure that is increasingly used by health and medical research, especially high performance compute and data where the cost and demands are increasing at a significant rate.

Finally, NRI workforce investment should be left to individual facilities and institutions to service their bespoke needs rather than require a national level decision or coordination. That said, this requires the MRFF, NCRIS and ARC (through LEIF or its replacement) to provide clear, transparent and sufficient funding for research infrastructure, alongside institutional and industry and clinical co-investments that supports a strong and sustainable research infrastructure workforce.

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Financial year	Maximum available for MRFF grants
2023–24	\$870 million
2024–25	\$973 million
2025–26	\$1,055 million

[Medical Research Future Fund | Department of Finance](#)



### **Science and Technology Australia Recommendations:**

The final Strategy should recommend and lay out a plan for greater support for health and medical research, indirect research costs and research infrastructure through significantly increased disbursements from the MRFF.

NRI planning and investment should be undertaken in a cross-portfolio approach, through the existing NRI Roadmap process, rather than developing siloed, sector-based research infrastructure plans.

### **Governance**

An Australian Health and Medical Research Strategy could appropriately be overseen by the National Strategy Advisory Council. However, it's entirely unclear how this Council would interact/be incorporated with the proposed new national coordination structure proposed as part of the SERD. These processes, while now thankfully cross-referenced, have seemingly been conducted in parallel, despite the fundamental and inextricable links between the two. Should health be one of the proposed new priority focus areas, it will be critical that the final Strategy articulate how this would be implemented.

It's also unclear how the National Strategy Advisory Council would interact with the current NHMRC and AMRAB structures. Greater alignment between MRFF and NHMRC governance is welcome, with the sector still waiting for [the government's response to a consultation on this from 2023](#). While the outcomes of this process are understandably now tied up in the Strategy development, there needs to be clarity on how health and medical research funding will be managed and distributed under/informed by the new Strategy.

### **Science and Technology Australia Recommendations:**

The final Strategy must deliver clarity on governance across the entire health and medical research sector, including how the proposed National Strategy Advisory Council would complement and interact with existing NHMRC and MRFF governance structures.

### **Metrics**

Research must be assessed and evaluated according to its technology readiness level.

For discovery research, field-weighted journal citations are a legitimate measure of impact and this should be valued highly. Journal publications represent the development of new knowledge, peer-reviewed at the highest level of scrutiny. This is the medium through which scientific knowledge is generated, disseminated, then built upon to progress global understandings of critical areas.

However, this should not be conflated to the way the quality and impact of researchers should be determined, especially for career advancement, where a more complex array of metrics should be used.

The Strategy should acknowledge this, while also considering how to support high-potential, early-stage innovations to translate and commercialise. For translational research, it is fair to expect a greater level of translational, commercial, or societal impact metrics to measure this would include patents, and commercialisation outcomes or business development metrics.

The final Strategy should also take into account and ensure appropriate alignment with the Australian Research Council's current Research Insights Capability work – a refreshed approach to measuring research excellence and impact. To avoid duplication and reduce administrative burden on researchers working across disciplines, health and medical research assessment and evaluation should be conducted in the same framework as the broader research sector as far as possible.

### **Science and Technology Australia recommendations:**

The final Strategy should recommend research be evaluated according to stage of development:



- discovery research assessed on research excellence
- translation and commercialisation efforts assessed on practical impact.

Evaluation frameworks should follow those developed through the ARC's Research Insights Capability.

## Other considerations

### Embedding Aboriginal and Torres Strait Islander Priorities in the National Health and Medical Research Strategy

To deliver health equity for Aboriginal and Torres Strait Islander people, the Strategy must move beyond incremental improvements to enable transformative change. For decades, policies affecting Aboriginal and Torres Strait Islander health research have circled the same issues. The slow progress, and at times backwards trajectories, in Closing the Gap in Aboriginal and Torres Strait Islander health should now serve as a catalyst for urgent reform.

We know what works: community-controlled, culturally safe, comprehensive health care; Indigenous leadership in governance; and strong accountability across research. The challenge is in scaling, sustaining, and embedding these approaches nationally. STA calls for the Strategy to embed Aboriginal and Torres Strait Islander priorities across all domains of governance, workforce, funding, data, and translation, so that research delivers equitable outcomes and honours Indigenous rights and knowledge systems.

#### Science & Technology Australia recommendations:

**Set bold equity targets:** The Strategy should commit to supporting sufficient research works towards achieving health parity for Aboriginal and Torres Strait Islander peoples within a generation, backed by measurable milestones. As a priority, this includes ensuring Aboriginal and Torres Strait Islander people are involved in basic sciences and clinical trials they can benefit from.

**Embed Indigenous governance:** Establish a permanent Aboriginal and Torres Strait Islander decision-making body/process within the Strategy. This needs to align with existing mechanisms across the Australian Research Council (ARC), National Health and Medical Research Council (NHMRC) and Medical Research Future Fund (MRFF). Where possible, reduce committees to streamline work and reduce burden on Indigenous researchers called on for multiple committees and working groups.

**Strengthen workforce and cultural safety:** Invest in Indigenous research pipelines, national and international partnerships, set measurable workforce participation targets at every career stage, and embed cultural safety as a core standard in research, funding, peer-review processes and translation. This includes research programs that supports education, training, and capacity building for Aboriginal and Torres Strait Islander people in research.

**Guarantee equitable funding:** Dedicate long-term, sustainable NHMRC, and MRFF funding streams to Indigenous-led research and community priorities that is equitable and supports needs-based approaches to challenges.

**Deliver community benefit and translation:** Support cross-sector research priorities that integrate health with housing, education, justice, and environment to address the social determinants of health and ensure research embeds translation from the outset.

**Advance Indigenous data governance:** Tangibly invest in Indigenous-led data assets and infrastructure, uphold Indigenous data rights and governance processes, and protect cultural knowledge and intellectual property.

**Undertake ethics reform and ensure accountability:** Address major challenges within human research ethics committees that act as barriers to Aboriginal and Torres Strait Islander research, resulting in exclusion and potentially transformative research not being conducted. Support



committees to undertake appropriate training and reviews that ensure alignment of their activities with national ethics guidelines.

Dr Kathy Nicholson  
Policy Chair

Ryan Winn  
Chief Executive Officer

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SCIENCE & TECHNOLOGY AUSTRALIA / PO Box 259 CANBERRA ACT 2601 / 02 6257 2891 /  
info@sta.org.au / www.scienceandtechnologyaustralia.org.au / ABN 71 626 822 845

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