Draft National Health and Medical Research Strategy Consultation

Lung Foundation Australia
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About Lung Foundation Australia

Lung Foundation Australia is the leading charity and peak body for lung health in Australia. Our mission is to improve lung health and reduce the impact of lung disease and lung cancer across the nation. We do this by promoting lung health and early diagnosis, championing equitable access to treatment and care, providing evidence-based programs and support, investing in and promoting equitable research, and advocating for policy change. Lung Foundation Australia has been at the forefront of advocating for better lung health outcomes and supporting communities across the country.

Recommendations to the Draft National Health and Medical Research Strategy consultation

Lung Foundation Australia welcomes the opportunity to provide feedback on the Draft National Health and Medical Research Strategy ('the Strategy') 2026-2036—the first of its kind in Australia. We put forward a number of recommendations arranged in accordance with the Guiding Questions document.

1. Vision

a) Does the proposed Vision establish the right aspirations for the future of health and medical research in Australia? If not, what would you suggest instead?

Lung Foundation Australia endorses the Strategy's proposed vision. The vision clearly articulates the ultimate goal of health and medical research in Australia—to drive the health of our nation. The vision is suitably aspirational, appropriately setting the tone for the 10-Year Strategy.

2. Values

a) Do you agree with the proposed Values? If not, what would you suggest instead?

Lung Foundation Australia agrees with all proposed Values in the Strategy. We make no further suggestions.

3. Goals

a) Do you agree with the proposed Goals? If not, what would you suggest instead?

Lung Foundation Australia agrees with all proposed goals in the Strategy. Guided by the experiences of our organisation and the community we serve, we offer the following suggestions to improve the clarity and expectations of Goal 3.

Goal 3: Deliver equity – no one left behind

To achieve the Strategy's goal of delivering equity, it is essential to consider inequities both across population groups and across disease and research topic areas. Using lung diseases as an example, certain population groups are disproportionately affected by these conditions, such as Aboriginal and Torres Strait Islander peoples, individuals in rural and remote areas, and those experiencing socioeconomic disadvantage[1,2]. In addition, research into lung diseases has historically been underfunded relative to their burden, especially when compared to other major disease areas[3]. More

broadly, there is also evidence of disproportionate investment in primordial and primary prevention research in Australia[4]. This area of research is fundamental to addressing the social determinants of health inequities and is critical to advancing a more effective and equitable national prevention agenda[4]. It may be worth exploring an updated definition for Goal 3 that considers these different viewpoints of relevance to delivering equitable health outcomes.

4. Focus Areas

a) Do you agree with the proposed Focus Areas? If not, what would you suggest instead?

Lung Foundation Australia agrees with all proposed focus areas in the Strategy.

b) Do you agree with the proposed Actions associated with each of the Focus Areas? If not, what would you suggest instead? What areas of improvement would you identify?

Lung Foundation Australia largely agrees with the proposed actions associated with each of the focus areas. However, we put forward the following suggestions for improvement:

Focus Area 1: Build a vibrant research system that delivers for the nation

Action: National priority setting and evaluation – Embed consistent processes to set, fund and evaluate research impact against national priorities, overseen and supported by a National Strategy Advisory Council.

Lung Foundation Australia is supportive of a national approach to priority setting and evaluation in research. In principle, establishing a National Strategy Advisory Council to oversee and support these initiatives would likely encourage greater transparency in priority setting and funding and contribute to equitable and fair funding distribution. However, little information is given about how the Council will be formed and how it will function to represent the diverse needs and interests of the Australian public. Further details about these arrangements, whether as part of the Strategy or separate implementation plans, are crucial to understanding whether this will be an effective approach.

We also support the use of nationally aligned impact measurement tools that go beyond traditional academic metrics to include outcomes such as improvements in the health system and broader societal benefits. As many of these impacts will take longer to emerge, it will be important to consider who will be responsible for monitoring and evaluating these outcomes, and what systems and guidance will be needed to support this—for example, longer grant periods or extended reporting frameworks.

Focus Area 2: Embed research processes that are modern, efficient and consumer centred

Action: Consumer and community involvement – Reward inclusivity and embrace diversity - particularly for priority populations - and build community trust in health and medical research.

Based on our experience as a consumer representative organisation, we know that meaningful and authentic consumer and community involvement in research requires substantial support across the system. The Statement on Consumer and Community Involvement in Health and Medical Research is referenced as a core document that will guide activities related to this action. The Statement is currently being updated and Lung Foundation Australia have put forward a number of recommendations to improve consumer and community involvement in research as part of this consultation process. In brief, we reiterate the need for clear information and expectations supported by best-practice guiding documents designed in collaboration with their intended audience.

Focus Area 4: Drive impact through research translation, innovation and commercial solutions

Action: Research translation – Develop and expand on current structural solutions and initiatives, such as RTCs and hub and spoke models, to embed translation and research expertise in healthcare settings.

We recommend broadening this action to encompass the research translation opportunities that exist outside of traditional healthcare settings. Peak bodies such as Lung Foundation Australia, and similar organisations, are uniquely positioned to lead knowledge translation and implementation efforts. Effective translation of research into policy and practice requires well-established networks and strong partnerships. It involves applying evidence in real-world contexts through collaboration with stakeholders. Organisations like Lung Foundation Australia operate at the intersection of government, health professionals, researchers, and communities, and are well-placed to support efforts to translate research into policy and practice in ways that traditional healthcare settings may not be. This is partly illustrated by the case study on the Australian Health Research Alliance that is presented in the Strategy, but should be made more explicit in the action and proposed activities.

5. Enablers

a) Do you agree with the proposed Enablers? If not, what would you suggest instead?

Lung Foundation Australia broadly supports the enablers identified in the Strategy. However, we suggest exploring whether the role of community perspectives and lived experiences should also be positioned as a key enabler. Consumer and community involvement is woven throughout the Strategy, implying its role as a fundamental asset needed to deliver on various aspects of the Strategy. Elevating community perspectives and lived experiences as a key enabler of the Strategy would help to reinforce its fundament role across multiple areas.

b) Do you agree with the proposed Enabling Initiative associated with each of the Enablers? If not, what would you suggest instead? What areas of improvement would you identify?

Enabler: Workforce

Enabling Initiative: An Australian Health and Medical Research Workforce Plan – Develop an Australian HMR Workforce Plan to provide a framework for attracting, retaining and developing a diverse health and medical research and translation workforce.

Lung Foundation Australia supports the recommendation to develop an Australian Health and Medical Research Workforce Plan to guide actions on current workforce issues, and we broadly support the areas this plan will address. However, in addition to improving pathways for clinician researchers, the plan should also outline strategies to encourage more partnerships between clinicians, academic researchers and other relevant stakeholders—including peak bodies and consumer organisations—to reduce reliance on the clinician researcher pipeline.

Enabler: Funding

Enabling Initiative: Design innovative funding models – Leverage or re-design current funding mechanisms that channel funding for research across healthcare, educational and industry settings.

Redesigning the existing funding models will be critical to realising the vision of this strategy. In the following paragraphs we highlight further issues related to funding that must be addressed as part of this redesign process and recognised in the Strategy or as part of related implementation plans.

Firstly, the Strategy must address persistent challenges related to funding the full cost of research, including overheads and indirect costs. This need extends beyond the university sector. For example,

not-for-profit funders require additional resources to cover the costs of employing research managers, administering grant programs, and managing other indirect expenses—costs that are often absorbed through donations or other limited funding sources. If this cannot be achieved through existing grant funding mechanisms, alternative approaches such as block grants should be developed or made accessible to help cover these costs. Similarly, we see significant opportunities to redesign funding mechanisms to better support peak bodies such as Lung Foundation Australia, and similar organisations, to support research priority setting and research translation activities. To enable this work, targeted funding opportunities should be made available to such organisations.

Secondly, existing funding mechanisms must become more efficient so that research time and expertise can be directed towards meaningful work, rather than navigating complex and time-consuming application processes. Some examples of innovative funding models that could achieve this objective include lottery-based funding systems or multistage application processes (e.g., incorporating expressions of interest and pitching sessions).

Finally, and also related to the issues of workforce, there must be funding opportunities that allow for more flexible working arrangements, such as part-time fellowships and projects. The structure of funding opportunities available could have considerable influence on workforce diversity and retention.

6. Priority-ranking of Actions and Enabling Initiatives

a) Please review the Actions (page 15) and Enabling Initiatives (pages 39, 41, 43, 45) proposed in the draft National Strategy. Identify your top 3, in order of importance for you or the organisation you represent.

Lung Foundation Australia's top three actions/enabling initiatives are:

1. Consumer and community involvement.
2. National priority setting and evaluation.
3. Aboriginal and Torres Strait Islander Peoples' ways of knowing, being and doing.

b) Please provide a brief explanation of why the selected Actions/Enabling Initiatives are priorities for you/your organisation, and the impact successful implementation could generate.

1. Consumer and community involvement

Lung Foundation Australia is a consumer-driven organisation. All areas of work across the organisation are informed by the lived experiences and needs of the people we serve. We have observed first-hand the benefits of consumer and community involvement in research and strongly support actions taken to define and enable this effectively. If consumer and community involvement in research are implemented successfully, it would become standard practice as part of the research process and have wide-ranging benefits for people across Australia.

2. National priority setting and evaluation

Lung Foundation Australia strongly supports efforts to improve the consistency and transparency of priority setting, funding allocation, and impact evaluation in health research. As previously noted, lung disease research has historically received disproportionately low funding relative to its burden of disease[3]. Similarly, research focused on primordial and primary prevention remains underfunded, despite its potential to deliver substantial long-term benefits for population health and health system sustainability[4]. Establishing a National Strategy Advisory Council could help address these disparities. Peak bodies and consumer organisations, such as Lung Foundation Australia, should play a central

role in these processes and be actively involved in advisory structures. If effectively implemented, strengthened mechanisms for priority setting, funding, and evaluation will provide the critical foundation needed to realise the Strategy's ambitious vision.

3. <u>Aboriginal and Torres Strait Islander Peoples' ways of knowing, being and doing</u>

Lung Foundation Australia recognises that integrating Aboriginal and Torres Strait Islander peoples' ways of knowing, being, and doing is vital to closing the gap and shaping research that is both meaningful and effective for these communities. Culturally safe practices, genuine partnerships, and community self-determination must be embedded as standard practice to drive progress. As an advocate for lung health, we acknowledge the disproportionate burden of respiratory conditions among Aboriginal and Torres Strait Islander peoples. If implemented with integrity and sustained commitment, this Action holds significant potential to address longstanding health inequities and improve outcomes for Aboriginal and Torres Strait Islander communities.

7. Governance

a) Do you agree with the proposed National Strategy Advisory Council? If not, what would you suggest instead?

Lung Foundation Australia supports the recommendation to establish a National Strategy Advisory Council to oversee implementation and evaluation of the Strategy, and to uphold its values. Given the Strategy's 10-year horizon, sustained and coordinated action will be essential to its success. A dedicated advisory council will provide the continuity and oversight needed to drive progress, while remaining responsive to the evolving needs of the sector and shifts in economic or geopolitical conditions. However, as previously mentioned, little information is given about how the Council will be formed and how it will function to represent Australia's diverse needs. The governance arrangements must be clarified before we can fully understand whether the National Strategy Advisory Council will effectively serve this purpose.

8. Metrics

a) What key indicators do you consider should be used to measure the success and impact of the National Strategy? Over what time periods should these be measured?

Lung Foundation Australia propose the following metrics to measure the success and impact of the Strategy.

Years 1-3

- Dedicated funding streams and investments that enable authentic consumer engagement and community-led projects, including the provision of activity-based funding for organisations supporting that support this work.
- National priority setting activities conducted annually, involving communities and relevant organisations such as peak bodies.
- Research funding opportunities and investment increased in line with national priority setting activities.
- Evidence of alternative funding models and opportunities to encourage efficiency and impact.

Years 3-7

- Indicators of research system efficiency (e.g. reductions in time associated with funding and necessary approvals).
- Career progression pathways and satisfaction scores of staff in the research ecosystem.

- Diversity and retention in the research workforce.
- Increased consumer- or community-led research applications and funded projects.
- Increased cross-sector applications and funded projects aligned to national priorities.
- Evidence of research influencing practice and policy.
- Improvements in patient-reported outcomes and other consumer-centred measures.
- Evidence of research positively influencing community trust and social license.

Years 7-10

- Increases in innovative outputs that have been scaled nationally (e.g., commercialisation, new models of care).
- Growth of the Medical Research Endowment Account and Medical Research Future Fund investments.
- Equitable distribution of funding across disease and topic areas aligned to national priorities.
- Return on investment in national infrastructure and technology.
- Improved health indicators linked to research outcomes (e.g., survival rates, burden of disease measures, response to therapy, earlier diagnosis).

9. Other considerations

a) **Are there other challenges, opportunities or trends that the National Strategy should address?**

We have no further comments.

10. Strategy impact

a) **How might the National Strategy influence the activities and decision-making at your organisation or in your community?**

The Strategy will help guide Lung Foundation Australia's strategic priorities in research as a grant funder and a consumer-driven organisation focussed on delivering real-world impact. It will play a key role in shaping business development activities, donor engagement, and strategic research partnerships over the next decade. As activities such as research priority setting, consumer and community engagement, and research translation receive greater recognition and support, we hope to be positioned as a key contributor to these priorities and as such these elements will increasingly influence the work of our organisation.

b) **What would be required for it to have a positive impact?**

As reiterated throughout our submission, more detailed information will be required in the final Strategy or accompanying implementation plans to ensure its ambitions can be effectively realised. Additional guidance and documents will also be necessary to assist the wide range of stakeholders who will be required to support successful implementation.

11. Example projects

a) **Do you have suggestions for projects that highlight best practice in the areas highlighted in the Values, Goals, Focus Areas and Enablers in the National Strategy? Please provide links to published information or contact details where available.**

We have no further suggestions.

References

1. Australian Institute of Health and Welfare. Chronic respiratory conditions, Summary. November 27, 2024. https://www.aihw.gov.au/reports/chronic-respiratory-conditions/chronic-respiratory-conditions/contents/summary

2. Australian Institute of Health and Welfare, National Indigenous Australians Health Agency. 1.04 Respiratory disease. Aboriginal and Torres Strait Islander Health Performance Framework. May 21, 2024. https://www.indigenoushpf.gov.au/measures/1-04-respiratory-disease

3. Lung Foundation Australia. *National Strategic Action Plan for Lung Conditions*. Department of Health; 2019. https://lungfoundation.com.au/corporate-resources/national-strategic-action-plan-for-lung-conditions/

4. Latif BN, Coombe L, Driscoll T, van Zwieten A, Sherrington C, Khalatbari-Soltani S. Public health and prevention research within the Medical Research Future Fund. *Australian and New Zealand Journal of Public Health*. 2024;48(4):100171. doi:10.1016/j.anzjph.2024.100171