



RESEARCH FUNDING HEAVILY SKEWED AGAINST DISABILITY BURDEN

EMBARGOED UNTIL 12:01am Monday 15 February 2021

THE disability burden of non-fatal diseases is not reflected in the allocation of research grants from the Medical Research Future Fund (MRFF), according to the authors of a Perspective published today by the *Medical Journal of Australia*.

Authors from the University of Sydney, the Cabrini Institute, and Monash University used data from the Australian Burden of Disease Study 2015 (ABDS) and grant details from the MRFF website to explore the allocation of MRFF funding to the 17 disease groups in the ABDS.

Between 2016 and 30 September 2019, the MRFF awarded 231 grants with a total value of \$574 475 970.

"There was a strong positive association between MRFF funding and death burden, a weaker association when both death and disability were considered, and no association with disability burden," the authors, led by Dr Stephen Gilbert, from the Institute of for Musculoskeletal Health and the University of Sydney, reported.

"The current pattern of distribution [shows] that allocation of funding is strongly associated with the fatal burden of a disease group but not non-fatal burden.

"The current approach to funding allocation may compromise the MRFF's aim of 'improving the health and wellbeing of all Australians'.

"At present, the five most highly funded conditions receive over half of disease-specific MRFF funding, and funding decisions do not appear to be influenced by non-fatal burden of disease.

"For example, musculoskeletal conditions are the leading cause of non-fatal disease burden in Australia but have received only 1% of MRFF funding."

The authors, conscious that the funding pattern may reflect the "more costly nature of research in some disease areas, also compared the number of grants for each condition.

"It could be expected that the total number of grants awarded to disease conditions might be similar, even if the funding amount is not," Gilbert and colleagues wrote.

"Yet disparity again appears to be evident as the five most highly funded disease conditions average 23 grants per condition, whereas the five mostly poorly funded diseases average only two grants per condition."

Gilbert and colleagues concluded that:

