

## Australian researchers' views on current research funding

*We need a vision to attract funding increases, and it must come from the research community*

Some time ago, a federal Health Minister met with a group of medical researchers who argued passionately for more funding of medical research. As they left, the researchers overheard the Minister say, in an aside to his adviser, “even if we give them what they ask, they will just want more”. This real political comment is indicative of an enduring tension between medical researchers and government — perhaps an enduring tension between all who seek more of the taxpayers' funds from governments faced with a plethora of competing community demands.

This tension is echoed in the outcome of a 2002 survey of health and medical researchers reported in this issue of the *Journal* by Shewan and colleagues (page 606).<sup>1</sup> These authors reveal that about 90% of respondents believe that adequate funding was very or extremely important to their research role, but only about 10% felt that the current level of research funding was adequate. This accords with current campaigns by the Australian Society for Medical Research,<sup>2</sup> Research Australia<sup>3</sup> and the Association of Australian Medical Research Institutes<sup>4</sup> to increase government funding.

But to increase funding to what purpose? Following the Wills Report in 1999,<sup>5</sup> the federal government doubled National Health and Medical Research Council (NHMRC) funding for medical research to almost \$480 million in 2004.<sup>6</sup> Although NHMRC funding is only a proportion of our total medical research funding, it is the major component. After this increase, the NHMRC undertook a number of new activities (eg, Public Health Capacity Building Grants, Centres of Clinical Research Excellence) and funded project grants more fully. However, the major change that the extra funds allowed was the introduction of new, large and flexible Program Grants. These are competed for on the basis of achievements over the previous 5 years, and allow teams of researchers to be much more strategic in their research plans. The new funding also allowed the NHMRC to attend to things which were unpopular in some quarters; for example, abolition of block funding of independent medical research institutes.

Now, in 2005, NHMRC future funding projections are again flat, and the government shows little inclination for “more of the same”; that is, to increase the NHMRC budget for the sake of it. Researchers hoped that the recent Grant Report,<sup>7</sup> which examined the implementation of the government's doubling of NHMRC funding, would spark a further increase in funding from the government, but this was not to be. There is also increasing competition from countries which can either support Australia's best researchers more lavishly (eg, the United States) or which are rapidly increasing their national funding (eg, China, Singapore, and the European Union).

There is no common view on what increased Australian funding for medical research is needed for. Ask individual researchers and they will forcefully articulate their individual cases. Depending on who they are, they may point to the need to strengthen health services research to provide an evidence base for turning policy into practice in the health system. Others may call for a robust research effort in established infectious diseases (eg, Ross River fever) or in new ones that are potential threats (eg, new forms of influenza), or

for research into public health measures to combat these threats. Others may advocate research into problems of chronic diseases that are sometimes seen as less urgent but, in fact, account for the overwhelming majority of the burden of disease locally and internationally, even in poorer countries. For example, it has been pointed out recently that 80% of deaths from chronic diseases involve people living in low- and middle-income countries.<sup>8</sup>

It seems that until a strong “story” emerges from the research community for the need for extra funding, nothing much will happen. The medical research leadership needs to work together to articulate what extra funding will provide for Australia. “More of the same, but better” is unlikely to succeed — the medical research community needs to come forward with a vision.

One interesting finding in the study by Shewan and colleagues was a divergence in views between researchers at medical research institutes and universities.<sup>1</sup> University researchers felt significantly more strongly that the infrastructure available for research was inadequate, and were also significantly more satisfied with the excitement of discovery in their research work. The medical research institutes enjoy some advantages in that they now receive direct infrastructure funding from the NHMRC and also from state governments; do not pay fringe benefits tax; don't have to teach undergraduates; and often have magnificent, government-funded research labs. Now, universities are adopting an internal research institute model (eg, the University of Queensland's Institute for Molecular Biosciences, and Monash University's Institute of Medical Research) so that they too have a two-tiered system. Still, most health research emanates from universities, and university-based researchers need to follow the example of the independent institutes and organise themselves more effectively.

To return to my original theme, the medical research community needs to develop a plan that will convince government that the pursuit of research and its translation into treatments, equipment and services contributes to a more innovative and productive economy. An important part of this plan will be to keep our most talented younger researchers working here for the good of Australia. Talented young researchers often see themselves as global citizens, able to find work easily anywhere around the world. There must be good funding methods that support the best research, from molecular genetics through to health services research, and the best young researchers, so that we are constantly adding zest and the yeast into the system! The young are much more likely to challenge orthodoxies and hunt out new approaches — Peter Doherty and Barry Marshall were both young when they made their ground-breaking discoveries that led to their Nobel prizes.

New ideas and well supported arguments can work, as shown by the federal government's response to the Wills Report in 1999, and the Victorian and Queensland governments' responses through their innovation initiatives (the Science, Technology and Innovation Initiative for Victorian, and Smart State for Queensland). Governments need to take a long-term view, and to regard research funding as an investment, to set strategic goals and commit to the long term. They also need to develop comprehen-

sive policies that encourage private and philanthropic investment in research in Australia, which, compared with that in the US, is but a drop in the ocean. This will keep the mobile health research workforce here, working to make Australian health research vibrant and productive, and contributing even more to national health and wealth.

It is up to the research community to come up with innovative directions. The NHMRC itself will need to take a much stronger leadership role in developing exciting and innovative strategies suitable for the 21st century and justifying the community's hopes and trust<sup>9</sup> in health research.

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