

AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE



ACDPA response to the consultation on Medical Research Future Fund 2018-20 priorities

August 2018

Questions 1-5 relate to the organisation submitting the response

Australian Chronic Disease Prevention Alliance – non-government organisation

ACDPA is an alliance of Cancer Council Australia; Diabetes Australia; National Heart Foundation of Australia; Kidney Health Australia; and Stroke Foundation. Members work together in the primary prevention of chronic disease, with emphasis on changes to the food and physical environments.

6. Which 2016–2018 MRFF Priorities do you think need further focus? (please select a maximum of three Priorities)

Antimicrobial resistance
International collaborative research
Disruptive technologies
Clinical quality registries
National data management study
MRFF infrastructure and evaluation
Communicable disease control
National Institute of Research
Building evidence in primary care
Behavioural economics application
Drug effectiveness and repurposing
National infrastructure sharing scheme
Industry exchange fellowships
Clinical researcher fellowships
Clinical trial network
Public good demonstration trials
Targeted translation topics
Research incubator hubs
Biomedical translation

7. How can the 2016–2018 MRFF Priorities you identified in Question 6 be extended or re-emphasised in the 2018–2020 MRFF Priorities? How can the most important Priority identified in Question 6 be extended or re-emphasised? (max 500 words each)

National Institute of Research

The National Institute of Research is outlined as a 2016-18 priority under Health Services and Systems: “In partnership with the states and territories, determine the feasibility of establishing a national institute focused on health services, and public and **preventive health research** to facilitate evidence-based and cost-effective healthcare.”

This priority does not appear to have any committed MRFF initiatives to date, according to Table 2 in the discussion paper. It should therefore be a priority for 2018-20. A stronger focus on preventive health

AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE

research, and particularly obesity, should be a core priority in view of the overall objectives of the MRFF. As such, the National Institute of Research should be extended as a 2018-20 MRFF priority.

As an international example, the National Institute of Health and Care Excellence (NICE) in England is a formal agency, established to provide national guidance and advice to improve health and social care. This includes assessing the cost-effectiveness of public and preventive health interventions and providing evidence-based guidance. <https://www.nice.org.uk/> This work is supported by Public Health England's Public Health Outcomes framework, which monitors the effectiveness of spending on prevention and provides comparative data on a range of public health indicators. <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

How can the next most important Priority identified in Question 6 be extended or re-emphasised? (max 500 words each)

Behavioural economics application

Behavioural economics application is outlined as a 2016-18 MRFF priority under Health Services and Systems: "Support development of research in applied behavioural economics that concentrates on public and **preventive health**, with an emphasis on early intervention in mental health, **healthy eating and physical activity**."

The related 'Boosting Preventive Health Research' initiative is "investing in research to help promote good health practice, prevent disease and keep people out of hospital."

Insufficient physical activity and poor diet are key risk factors contributing to chronic disease in Australia. These factors also contribute to unhealthy weight gain. With few Australians meeting the Australian Dietary Guidelines recommendations and around 45% inactive or insufficiently active (ABS 2015), there is a need for evidence-based approaches to improve diets and increase physical activity.

We support extending Behavioural economics application as a 2018-20 MRFF priority to continue investment in preventive health research, including a focus on effective interventions to increase healthy eating and physical activity at the population level.

Reference – ABS 2015. National Health Survey 2014-15.

<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.001>

How can the next most important Priority identified in Question 6 be extended or re-emphasised? (max 500 words each)

Building evidence in primary care

Building evidence in primary care is outlined as a 2016-18 MRFF priority under Health Services and Systems: "Work alongside the Medicare Benefits Schedule Review Taskforce to identify interventions with limited supporting evidence that are amenable to randomised control trial investigations, and engage the existing workforce to build capacity."

The related 'Keeping Australians out of Hospital' initiative is "investing in research to reduce avoidable hospitalisation and **improve the prevention and management of chronic** and complex health conditions."

Chronic conditions account for around 30% of problems managed in general practice and almost 40% of preventable hospitalisations (AIHW). Evidence-based interventions can support the prevention, risk assessment and management of chronic diseases in primary care, in order to improve patient wellbeing and reduce avoidable hospitalisations and subsequent strain on the health care system.

We support extending Building evidence in primary care as a 2018-20 MRFF priority to continue investment in research to prevent, assess risk and effectively manage chronic diseases in primary care.

Reference – AIHW. <https://www.aihw.gov.au/reports-statistics/health-conditions-disability-deaths/chronic-disease/overview>

AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE

8. What unaddressed gaps in knowledge, capacity and effort across the healthcare system and research pipeline need to be addressed in the 2018–2020 MRFF Priorities? Most important gap identified that needs to be addressed in the 2018-2020 MRFF Priorities (max 500 words each) (Required)

Greater research and investment in prevention is essential to address the impact and burden of chronic disease. Chronic diseases are responsible for 87% of deaths and 61% of burden of disease in Australia (AIHW 2018). One in two Australians have a chronic disease, and one in four have at least two conditions. Chronic disease rates are increasing, with a heavy impact on the health care system and long-term wellbeing of many individuals. However, around one-third of disease burden could be prevented through modifiable risk factors.

Australia spends about \$2 billion on prevention per year – equivalent to around 1.34% of all health spending (Jackson 2017). Compared to other OECD countries, Australia ranks 16th in prevention funding per capita and 20th as a share of health spending, lower than Canada and the UK. Greater investment in prevention research is essential to reduce chronic disease and related risk factors in the Australian context.

The Australian Chronic Disease Prevention Alliance (ACDPA) makes the following observations to emphasise the urgent need for MRFF Priorities and funding to step up the national commitment to prevention research – particularly on high body mass, poor nutrition and physical inactivity:

- Government agencies publish multiple datasets showing the impact on Australia’s health and economy of obesity, overweight and the interacting risk factors of poor diet and physical inactivity. These datasets include AIHW’s Australia’s Health series and Burden of Disease reports, the ABS National Health Survey and Pharmaceutical Benefits Scheme reports, showing four of the top 10 most expensive subsidised medicines are for treating diet-related diseases.
- Government policy makers do not to our knowledge dispute these findings; nor do they dispute in our observation the evidence showing that changes in Australians’ diets and physical activity levels over recent decades are the primary causes of the impact of obesity/overweight on the nation’s health and economy.
- Despite independent recommendations for policy reform consistently submitted by non-government organisations such as the ACDPA, in areas including food marketing, labelling and reformulation, governments have been reluctant to take strong action – often citing insufficient evidence as the reason for inaction.
- Research investment into obesity and interacting risk factors is low compared with other conditions and their impacts on population health and the health budget. Obesity has attracted only 4.3% of NHMRC research allocated to Australia’s national health priority areas over the past five years, with the proportion declining by more than 30% over that period. Nutrition has attracted only 4.4% of funding allocated to research into all other disease and health areas, a figure that has also declined significantly over the same period (NHMRC).

The MRFF provides an ideal opportunity to fund prevention-focused research to build on evidence to guide urgently needed policy reform and targeting of services. This type of innovation in research and translation, and addressing a key health priority, is in our view an ideal application of the MRFF’s guiding principles and the specific considerations and scope outlined in the current consultation.

References – AIHW 2018. Australia’s health 2018; Jackson & Shiell 2017. Preventive health: How much does Australia spend and is it enough?; NHMRC. <https://www.nhmrc.gov.au/grants-funding/research-funding-statistics-and-data>

AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE

9. What specific priority or initiative can address the above gaps? What specific priority or initiative can address the first gap identified in Question 8? (max 500 words)

Given the burden of chronic disease and prevalence of modifiable risk factors, the 2018-20 MRFF Priorities should continue to support initiatives that prioritise prevention of chronic diseases and related risk factors at the population level, e.g. 'Boosting Preventive Health Research' and 'Keeping Australians out of Hospital'.

10. What Strategic Platforms (identified in the MRFF Strategy document) would the Priority/ies you identified in Question 8 fall under?

Strategic and international horizons

Data and infrastructure

Health services and systems

Capacity and collaboration

Trials and translation

Commercialisation

11. How can current research capacity, production and use within the health system be further strengthened through the MRFF? (max 500 words)

Policy implications should be considered, and policy makers involved throughout the research process, to plan and conduct research that addresses gaps and effectively influences changes in health systems and services.

12. Do you have any additional comments on the Discussion Paper? (max 250 words)

The Australian Chronic Disease Prevention Alliance (ACDPA) welcomes the opportunity to comment on this discussion paper and contribute to the identification of future MRFF priorities, focusing on research into cost-effective population-based approaches to prevent chronic disease.

ACDPA is an alliance of Cancer Council Australia; Diabetes Australia; National Heart Foundation of Australia; Kidney Health Australia; and Stroke Foundation. Members work together in the primary prevention of chronic disease, with emphasis on changes to the food and physical environments.