

Funding Australia's Future



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The National Health and Medical Research Council is investing in the future of Australian health with a focus on sustainable and strategic support for health and medical research.

Images by ID Photo

As Australia's peak body for supporting health and medical research, the National Health and Medical Research Council, or NHMRC, has been instrumental in the exploration and development of some of Australia's key medical findings and discoveries.

Warwick Anderson, CEO of NHMRC, spoke to *The CEO Magazine* about the important role NHMRC plays and how it is shaping the future health and wealth of Australia.

The CEO Magazine: Can you give our readers an overview of your professional background leading up to and including your current position?

Warwick: I'm a researcher in a bureaucratic role. I was a full-time medical researcher and then an academic and researcher at Monash University. I had my own large research team before I dropped into the Australian public service and had to learn to be a senior bureaucrat while on the job.

Fortunately, I had some great help from my senior colleagues over in the Department of Health to keep me on the straight and narrow. I've been in this job now for almost eight years.

I think to do this job, or the equivalent at the Australian Research Council, the experience of being a researcher helps you frame questions in a way that they can be properly investigated, and helps you understand the community that you're working with.

In order to make the NHMRC work and to get through our work each year, we enlist thousands of researchers to help us with expert review of the thousands of grant applications we receive. That's basically a volunteer process by the research community, and, although I have 200 staff, mainly here in Canberra and a small number in Melbourne, we rely on these researchers each year to help us do our work. They write thousands of assessments of each other's work, and around 900 or

1,000 serve on our various peer review panels.

What were the challenges for you moving from academia to public administration?

There are a lot of differences between public service and academia. For instance, in the public service, you have line management control over people, so, unlike academics, you can instruct staff to do something and deliver it. Instructing an academic is sometimes an impossible task! In academia, you need to take people along with you and everybody is their own boss, while in the public service there are really excellent processes in place that result in a great deal of efficiency.

Another difference is the superb help you receive in the Australian public service. If you're tackling something for the first time, there are other senior executives who are happy to give advice. The public service is a very mutually supportive system, which I've found to be exceptionally important. >





Our medical researcher cohort in Australia is just terrific. We are also building national wealth on the basis of medical research. It's about trying to find treatments and cures for terrible illnesses that we still suffer from, but we also need to build some national wealth. We're all proud of CSL, Cochlear, ResMed, and Mesoblast, and all the small biotechs that are gradually becoming bigger.

As we build more and more medtech and biotech industries, we want to make sure that there's not just good jobs and successful companies paying taxes but that we've got a good export industry as well. The category of medicinals and pharmaceuticals is currently our largest manufactured export sector. We have great research, and it's turning up new treatments, cures, and preventive techniques. We want to make sure that it also makes the country wealthy, and I do think this has been quite a success story over the past 15 years.

Throughout your time with the NHMRC, what have been the greatest challenges?

The first challenge I had was to make sure the organisation was looking outward. We have a very important role in Australia's health, and I felt when I took over the organisation that it was a bit inward-looking. Engagement with the health system, clinical practitioners, state and territory health departments, and the private sector was one of the biggest challenges. It doesn't necessarily come automatically to the public service to do that. We set up advisory panels and ways of communication around that.

Another challenge was that we really didn't have people who came from research working in the NHMRC, apart from me and one other senior person. There was a bit of a gap in knowledge. I set on a recruitment process to recruit people who had been researchers themselves to come and work for

us. Some of the public service staff, who are absolutely essential to making an organisation like the NHMRC work well, were a bit suspicious of what I was trying to do and felt a bit undervalued. It has been a continuing issue with staff to understand the new ethos and priorities, but I think things have worked out really well because you absolutely need both high-quality public servants and people who understand the research community.

What leadership role does NHMRC play in Australian health and medical research?

We are the big body in health and medical research. There are other bodies and charities who fund research, but because we, by a significant margin, have the largest fund around and are the Commonwealth Government's main funder, what we do and the priorities we set have a ripple effect.

We fund the creation of new knowledge. We really don't know >

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enough yet about most of the diseases that afflict humankind. We need new knowledge, and we try to accelerate translation of that new knowledge. What that means is that we think about how we can make sure the knowledge that is being accumulated can be used by those who need to use it, like clinicians and decision-makers in the health system.

Research is increasingly multidisciplinary, multinational, and increasingly complex—is this healthy?

It's a healthy challenge! Here and around the world, researchers are understanding that to get on top of the complex problems we face, it's not going to be down to a single researcher or discipline. We've just been looking at all the applications that have come in this year for project grants—our biggest funding scheme—and nearly all of them are multidisciplinary. It's very exciting to see.

The other thing that's great about the Australian research community is that they're incredibly internationally linked. Around 40 per cent of the publications that are out there in the scientific literature from our funding have at least one international author on them.

How do you work with key strategic partners to maximise funding allocations?

NHMRC provides grant funding to more than 100 institutions, including universities, hospitals, and medical research institutes. More than 80 per cent of funding goes to the top 20 institutions. These include the Group of Eight universities and four or five large medical research institutes. There is, however, a long tail with many dozens of other universities and small institutes.

We work closely with the Group of Eight universities, especially when we are developing policy that

may affect universities. The Group of Eight dominate the university space as they are universities with the most well-established medical schools. We are also increasing our co-funding arrangements with state and territory governments as well as NGOs. We play a very active role in collaborating with international funding agencies. That's a lot of partnership and engagement.

What does the future hold for the NHMRC?

We've been around for almost 80 years, so I hope we're a very trusted part of the Australian health scene. It is increasingly important both to make sure patients get the best care and to make sure that the cost of that care is sustainable, and that there

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is a body like the NHMRC. If we're going to have a sustainable health system in the future, we cannot ask the taxpayer to pay for things that aren't effective. Whether a drug, device, intervention of preventative measure is effective or not is determined by medical research. This is one of NHMRC's responsibilities—to fund the research and promote its uptake into the system.

The sustainability of the health system has been an important public issue for a long time, ever since the first intergenerational report in 2002. I believe very strongly that governments and private insurers can use research more successfully in the future by disinvesting their funds in programs where the evidence shows programs are ineffective. •

"It is a real privilege to work with the NHMRC. As reviewers we get to see and consider the best medical research in Australia and as recipients of NHMRC funds we are constantly pushed to sharpen our thinking and ideas."
- Professor Angel Lopez, Co-Director of the Centre for Cancer Biology, University of South Australia

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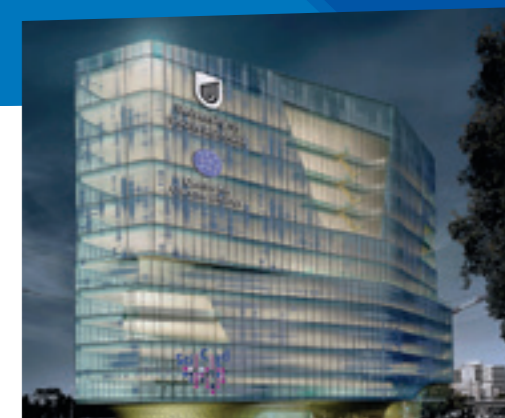


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For more information please visit centreforcancerbiology.org.au

Professors Sharad Kumar and Angel Lopez Co-Directors of the Centre for Cancer Biology and Professor David Lloyd, Vice Chancellor and President, University of South Australia.



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