

Dear Team at the Department of Health and Aged Care

By email: HMRconsultations@health.gov.au.

Thank you for the opportunity to comment on the *Discussion Paper: Improving Alignment and Coordination Between the Medical Research Future Fund and NHMRC's Medical Research Endowment Account* (May 2023).

The National Rural Health Alliance (the Alliance) is the peak body for rural health in Australia. The Alliance comprises 47 Members (<https://www.ruralhealth.org.au/about>) and our vision is for healthy and sustainable rural communities across Australia. The Alliance is focused on advancing rural health reform to achieve equitable health outcomes for rural, regional and remote (hereafter rural) communities, that is, the 7 million people residing outside our major cities. Our members include health consumers, healthcare and medical professionals, service providers, health and medical educators, students and the Aboriginal and Torres Strait Islander health sector.

The Alliance has given our members the opportunity to advise us of their preferences in relation to the models put forward in the discussion paper. The general consensus is that models 1 or 2 would be considered suitable, however, we felt it was more important to outline the key issues that we believe any model that is adopted should include as part of its governance and guiding parameters.

1. The need for equitable research funding allocated to rural and remote research. The current distribution is equitable and does not develop rural researchers, nor allow for locally developed research. Historically, the allocation of funds has been primarily allocated to metropolitan institutions and researchers and this imbalance cannot continue.
2. The need to support early career researchers in rural areas. 30 percent of Australia's population live in rural Australia. Australia needs to support rural researchers in rural locations and as part of this to build the research capacity across Australia more equitably. In addition, this would allow for recruitment of rural teams and spending in rural communities. The capacity to undertake research needs to be similarly distributed to reflect our population demography; and
3. The need for voting, paid, non-research community members on research assessment panels. This includes rural consumer involvement and full voting rights at selection, discussion and decision-making of grant applications at NHMRC and MRFF. This is after all taxpayers' money, and rural Australia brings in over two-thirds of export income, 90+ percent of Australia's food and 50 percent tourism income. Further, consumers should be paid appropriately for their involvement in any grant management oversight or steering committees (with payment acknowledging their time, insight and experience, travel and accommodation costs).

Research is an important aspect of our health system meeting the needs of communities. In addition, by being part of research, communities grow and learn more about the way the health system works, the benefits of research and development of policies and funding, and of course the improvement of health care outcomes and population health. Rural Australia has worse health outcomes than their urban counterparts.

Rural Australia makes up 30 per cent of the population and the health research spending dollar should match this ratio. We believe that health research needs to be with, and in, rural

communities. It would be a great benefit for NHMRC and MRFF and the greater Australian society, to include more informed discussions and voting by consumers for diversity and breadth on the committees (they don't need to be a researcher to add value, they understand what works on the ground, and would definitely question the assumptions which is a positive, rather than a negative).

We will need to build the next workforce and researchers, just as we had with the last researchers who now command experience and success with grant proposals, as beneficiaries of many of the grants. We believe we have a social contract to be more proactive in our approach to ensure a large proportion of the early career researchers are located and supported in rural universities and research institutions.

I would also suggest that to give equity and transparency, the rural consumer or independent members of the committee should have a vote. Why have them there, if all they can do is speak, but they can be ignored or given lip service.

It is no different to modern governance models, where everyone at the table is there on equal footing, experience, and recognised for the different skills and experience they bring.

The NRHA looks forward to working with you further and ensuring that both urban and rural research is funded equitably, with the consumer voice being strong and vibrant for better health outcomes.

Please do not hesitate to contact me if you would like to discuss any of these issues further.

Yours sincerely,



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