

Medical Research Future Fund

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Assistant Secretary
Health & Medical Research
Department of Health
Tabled
29 May 2017

Rapid Applied Research Translation

INVESTMENT

The Australian Government will invest **\$10 million** to support Advanced Health Research and Translation Centres (AHRTCs) and Centres for Innovation in Regional Health (CIRHs) to conduct rapid transformational research that delivers scalable solutions to health service problems and directly benefits patients.

KEY ELEMENTS

- **Clinical pathways and care transition** – collaboration across healthcare, enhanced data integration, strengthened health services integration and public and preventive research.
- **Clinical variation** – drive data linkage and integration to reduce unwarranted variation in healthcare and outcomes.
- **Improving the health of vulnerable groups** – better management of multiple chronic conditions, end of life care, and disadvantaged ethnic and Aboriginal and Torres Strait Islander communities.

RATIONALE

- AHRTCs are part of an international trend that is bringing together healthcare, research and education leaders to problem find and solve.
- Through collaboration, AHRTCs and CIRHs will bring together academia, service and industry players with the focus on the end-user – the patient.
- The National Health and Medical Research Council (NHMRC) accredits AHRTCs. The first AHRTCs were established in 2015 and new AHRTCs and CIRHs will be announced shortly.
- The Australian Medical Research Advisory Board that supports the MRFF has identified AHRTCs and CIRHs as primed and ready vehicles for strategic investment.

DESIRED OUTCOMES

- Early evidence of health system research translation, with a focus on patient benefit, quality, safety and health system performance.
- Unprecedented collaboration between research and healthcare services on health professional education.
- Overt involvement of the health service workforce in research, such that it becomes routine.

MEDICAL RESEARCH FUTURE FUND

The Medical Research Future Fund (MRFF) demonstrates the Government's strong commitment to research and innovation. The MRFF provides a long term sustainable source of funding for endeavours that aim to improve health outcomes, quality of life and health system sustainability.

The MRFF will double direct Australian Government funding for health and medical research.

The MRFF is a dedicated vehicle for priority investment in health and medical research.

The MRFF, established under the *Medical Research Future Fund Act 2015*, provides grants of financial assistance to support health and medical research and innovation in improving the health and wellbeing of Australians. It operates as an endowment fund with the capital preserved in perpetuity. At maturity, the MRFF will reach \$20 billion.

The first disbursements from the MRFF focus on translating research into real health benefits, breakthrough investments in new technologies and challenges, and enhancing Australia's reputation for research excellence and leadership.

Over \$65 million will be injected into a range of programs that cut across the research pipeline – fuelling new discoveries and the translation and commercialisation of great Australian ideas.





KEY FACTS

- Research translation is designed with a problem to solve and concludes with an action plan for changing clinical practice. It necessarily involves health system users and practitioners.
- The Australian health and medical research sector is known for high quality and publication outputs. However, Australia performs poorly by international standards in relation to research translation in general – ranked 73rd, Global Innovation Index for innovation efficiency.
- Collaboration is the key to research translation and impact – and AHRTCs and CIRHs provide a means to overcome barriers to innovation in healthcare.
- AHRTCs and CIRHs are health service led collaborations involving universities, medical research institutes, hospitals, primary care networks and community services working on priority driven research agendas.
- AHRTCs and CIRHs are NHMRC accredited and internationally recognised. The model is based on the formation and prominence of Academic Health Science Centres elsewhere in the US and UK.
- The existing four AHRTCs have access to a significant concentration of Australia's academic leaders and research teams. The forthcoming additional AHRTCs and new CIRHs will expand this reach.
- Harnessing the capacity of AHRTCs and CIRHs will allow the progression of partner agreed merit-based work that draws on best placed talent and collaborators.

IMPLEMENTATION

- Existing AHRTCs: Alfred Health and Monash Health and Partners, Melbourne Academic Health Centre, the South Australian AHRTC and Sydney Health Partners.
- \$8 million will support agreed research projects that identify the key elements of the program across the four existing AHRTCs.
- \$2 million will support both existing and soon to be announced additional AHRTCs and CIRHs to participate in national system level initiatives.
- The formation of an Alliance to enhance collaboration across all entities will be part of the program's success.
- With this formative funding AHRTCs and CIRHs will be well placed for future investment under the MRFF.

ADVISORY BOARD

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STRATEGY 2016-2021

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Identifies key strategic investment platforms that set to position Australia to meet future healthcare challenges:

- Strategic and international horizons
- Data and infrastructure
- Health services and systems research
- Capacity and collaboration
- Trials and translation
- Commercialisation

PRIORITIES 2016-2018

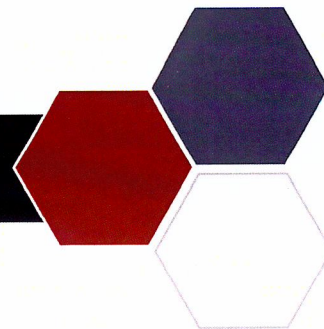
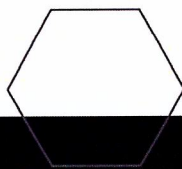
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FOR MORE INFORMATION

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Medical Research Future Fund



Boosting Preventive Health Research

INVESTMENT

The Australian Government will invest **\$10 million** to support the Australian Prevention Partnership Centre (TAPPC) in generating low-cost, translatable and scalable solutions that promote the adoption of good health practices, prevent disease and keep people out of hospital.

KEY ELEMENTS

- Tackling childhood obesity, nutrition and physical activity.
- Applying behavioural economics approaches to positively influence smarter lifestyle choices.
- Identifying effective behavioural interventions for at-risk populations (including those living with mental illness and Aboriginal and Torres Strait Islanders) and those living with complex and chronic disease.

RATIONALE

- Chronic disease is one of Australia's biggest health challenges and it is largely preventable.
- Poor diet, obesity, physical inactivity, tobacco use and harmful alcohol consumption are amenable to behaviour modification.
- Research assists with managing the costs associated with the growing rate of complex and chronic disease.
- The Government is committed to action on chronic conditions through the *National Strategic Framework for Chronic Conditions*, which this research investment will complement.
- TAPPC is peer recognised and strategically placed to immediately identify and scale-up research solutions for translation and impact.

DESIRED OUTCOMES

- Creation of new knowledge with practical application to community and clinical settings and practice.
- Collaboration across academic disciplines and health services to better understand the social, cognitive and emotional aspects of individual choices.
- Production of effective guidance, tools and interventions to support Australians to live active and healthy lives.

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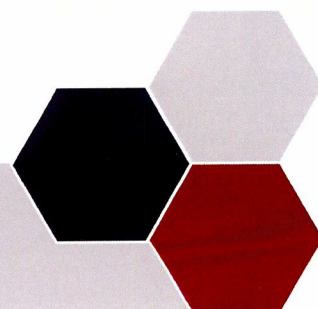
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KEY FACTS

- Over 60 per cent of Australian adults and 25 per cent of Australian children are overweight or obese. Overweight and obesity is the second highest contributor to burden of disease.
- Obesity conservatively cost the Australian society \$8.6 billion a year (2011-12 estimate) in terms of healthcare and lost productivity due to disability.
- Action in preventive health can assist in tackling health inequity, particularly for at-risk populations who suffer a disproportionate level of disease burden.
- Over 50 per cent of Australians aged 18 years and older do not eat recommended serves of fruit and 90 per cent eat insufficient vegetables.
- Only a third of Australian children, one in ten teens and more than 40 per cent of adults undertake the recommended level of physical activity every day.
- Lack of physical activity accounts for five per cent of the total burden of disease and is a major contributor to some cancers, cardiovascular disease and diabetes.
- Nutrition and physical activity risks can be mitigated through health interventions that support and sustain behaviour and lifestyle changes.
- Psychological bias and subtle environment features influence decision making – behavioural economics taps into this reality to influence smart choices.
- TAPPC is a National Health and Medical Research Council partnership centre established in 2013 with existing expertise and extensive research networks in preventive health.

IMPLEMENTATION

- This research program will be administered by TAPPC, and immediately double their research effort.
- TAPPC has some ready-to-scale projects in the pipeline and will look to identify and select new work consistent with the elements of the program.
- Opportunities for international research collaboration will also be explored.

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Medical Research Future Fund

Accelerated Research Investment – Teen Cancer

INVESTMENT

The Australian Government will invest **\$5 million** in new targeted clinical trial activity for adolescents and young adults with cancer.

KEY ELEMENTS

Investment will facilitate new clinical trial activity, and provide greater access to innovative and cutting edge approaches for adolescent and young adult cancer patients, with the aim of pursuing research breakthroughs that change lives.

RATIONALE

- The burden of disease from cancer is high among adolescents and young adults.
- Over 900 adolescents and young adults are diagnosed with cancer each year in Australia.
- Adolescents and young adults with cancer have unique and complex needs, and tend to experience very poor access to clinical trials, compared to children and older cancer patients.
- Barriers to trial participation mean it is difficult for adolescents and young adults to get access to emerging new drugs and treatments.
- In Australia, only four to seven per cent of adolescents and young adults participate in clinical trials – in other countries participation rates are as high as 30 per cent.

DESIRED OUTCOMES

- New opportunities for clinical trial participation and associated benefits from the latest research.
- Access to new inventions and treatment options.
- Identification of new strategies to remove barriers to adolescent and young adult clinical trial participation.
- Sharing best practice across Australia to increase clinical trial recruitment rates for this vulnerable patient cohort.
- Purposeful collaboration with researchers across health services and institutions, and with the private sector.
- Reinforcement of Australia's position as a preferred destination for clinical trials.

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KEY FACTS

- Clinical trials are investigations that explore whether a medical strategy, treatment, drug or device is safe and effective for humans.
- Trials are important tools that contribute to knowledge, and generate best practice, prove the efficacy of new treatments and change clinical practice.
- Almost twice as many young Australians (15-25 years) are diagnosed with cancer (annually over 900) compared to children (0-14 years).
- Adolescents and young adults with cancer represent a discrete group and their needs differ substantially from those of their younger and older counterparts.
- CanTeen is Australia's national support organisation for young people (aged 12-25) living with cancer, including their family and carers.
- More than 70 per cent of all newly diagnosed adolescent and young adult cancer patients are seen by CanTeen's Youth Cancer Services program.
- CanTeen is well placed to facilitate specialist trial activity and develop appropriate recruitment strategies for this disadvantaged group.
- This investment strategically builds the Government's 2016 *Encouraging more clinical trials in Australia* initiative that seeks to streamline trial operations to improve start-up and recruitment efforts.

IMPLEMENTATION

- CanTeen will administer this competitive research program.
- Trials will be selected based on scientific rigour and ability to address the high burden and unmet need facing adolescents and young adults with cancer.
- Call for proposals are expected in early 2017-18.
- Where possible, private sector co-investment opportunities will be explored and international researcher collaborations established.

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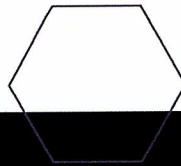
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Medical Research Future Fund



Medical Research Future Fund – Regional Benefits

INVESTMENT

The Government is doubling investment in health and medical research through the Medical Research Future Fund (MRFF). The first MRFF disbursements will inject **\$65.9 million** into eight strategic programs that will benefit all Australians, including those living in regional Australia.

KEY ELEMENTS

- **\$20 million** for preventive health and research translation projects including support for Advanced Health and Research Translation Centres and new Centres for Innovation in Regional Health.
- **\$33 million** for clinical trials that will build on Australia's world class research strengths, support access to clinical trials for people living in regional areas and build regional research capacity.
- **\$12.9 million** for breakthrough research that drives cutting edge science and accelerates research on new treatments and cures.

RATIONALE

- There are unique challenges in providing healthcare to regional and remote Australia.
- The health of Australians in rural, remote, and regional areas is generally poorer than their counterparts living in urban areas.
- The Australian Medical Research Advisory Board that supports the MRFF acknowledges in their Strategy the impact of location (urban, regional and remote) on healthcare access and outcomes.
- Location, together with cultural and socio-economic factors, is an important consideration in research investment, design, application and translation into clinical practice.
- Many people living in regional Australia do not have access to clinical trials of new breakthrough medicines, therapies and devices.

DESIRED OUTCOMES

- A stronger, sustainable health system, capable of addressing disease complexity, ageing and chronic conditions, lifestyle behaviours, new technologies, communicable diseases, and increasing consumer expectations.
- A balance of long-term research and quick win programs that improve health system efficiency, patient care and access, health outcomes, and innovation in health.

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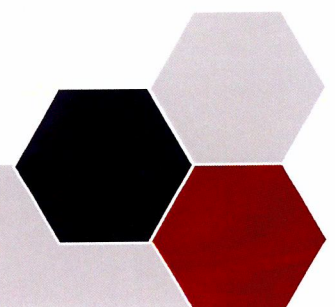
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KEY FACTS

- Regional Australia experiences higher rates of injury and greater levels of chronic diseases and preventable lifestyle diseases.
- The MRFF will provide opportunities for talented researchers living and working in regional Australia through access to research grants and fellowships.
- Under clinical trial programs new and innovative recruitment approaches will be encouraged to help regional Australians access the benefits of emerging therapies, drugs and devices.
- The *Rapid Applied Research Translation* investment will specifically harness accredited and internationally recognised Advanced Health Research and Translation Centres (AHRTCs) with expertise in rural, remote and Aboriginal and Torres Strait Islander health – like the whole-of-state South Australian AHRTC.
- AHRTCs are health service led collaborations involving universities, medical research institutes, hospitals, primary care networks and community services working on priority driven research agendas.
- AHRTCs have the end users of research – patients – front of mind, and will implement projects that are practical, scalable and solve every day healthcare problems.
- The soon to be announced Centres for Innovation in Regional Health (CIRH, related AHRTC entities) will ensure a concerted focus on regional Australian health needs and service improvements.
- A key element of the AHRTCs and CIRHs investment is improving the health of vulnerable groups, including those experiencing health inequities due to location, cultural or socio-economic disadvantage.

IMPLEMENTATION

- A variety of mechanisms will be deployed to implement the eight new MRFF research programs, including open and targeted grant opportunities for clinical trials and registries.
- The expertise of the National Health and Medical Research Council will be used to assist in administration of programs where appropriate.
- Agreed project plans for the AHRTCs and associated CIRHs will focus on three key program elements: clinical pathways and care transition, clinical variation and improving the health of vulnerable groups.

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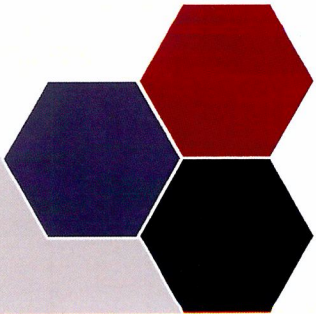
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Medical Research Future Fund



Lifting Clinical Trials and Registries Capacity – Clinical Trials Networks

INVESTMENT

The Australian Government will invest **\$5 million** over four years (from 2016-17) for a national alliance partner to build the capacity of existing and new Clinical Trials Networks (CTNs).

KEY ELEMENTS

CTNs are networks of investigators and service providers that work together to identify and evaluate new approaches to optimise healthcare effectiveness.

A national alliance partner will work with CTNs to strengthen sector capability, maximise collaboration, embed clinical trial best practice and professional support, and foster leadership and knowledge exchange across disciplines and health service sites.

RATIONALE

- CTNs currently operate as the backbone of the investigator-initiated, public good clinical trials sector. They work to identify important research questions, and test the effectiveness of existing and new clinical practice.
- CTNs can return significant dividends in terms of improved clinical trial productivity, improved outcomes for patients and cost savings to the health system.
- Australian CTNs are internationally recognised and capacity support will empower them to investigate vitally important questions about clinical care.
- Clinical trial activity is set to increase in Australia with additional investment under the MRFF making it important to have strong CTNs in place.

DESIRED OUTCOMES

- Enhanced access and patient recruitment to clinical trials across Australia.
- Deployment of innovative trial designs and recruitment strategies.
- Purposeful health service engagement to improve the translation of research into practice and improve outcomes for patients.
- Improved design, quality and efficiency of clinical trials and networks in Australia.
- Reinforcement of Australia's position as a preferred destination for clinical trials.

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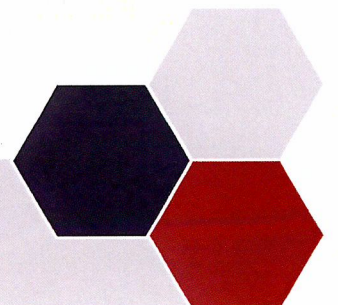
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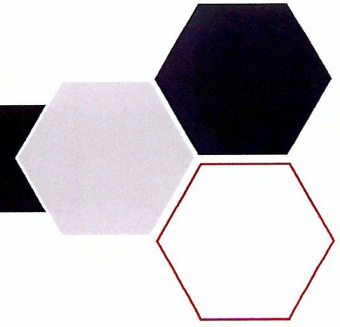
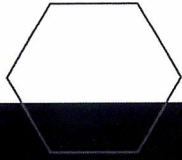
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KEY FACTS

- Clinical trials are research investigations that evaluate whether a medical strategy, treatment, drug or device is safe and effective for humans.
- Clinical trials provide the evidence to inform best practice. They also offer participants opportunities to benefit from the latest medical research and provide legitimate alternative therapy options.
- CTNs are collaborative groups of doctors, nurses, allied health and research professionals that come together to identify important clinical questions and design large multi-centre clinical trials to answer them.
- CTNs build the evidence about which treatments work, which don't and which are most cost-effective in the real-world context of clinical practice.
- Recent estimates indicate that implementing the results of high impact trials conducted by CTNs can provide a return of \$5.80 for every research dollar invested through improved health outcomes and avoided future healthcare costs.
- The long-term collaborations that CTNs establish help to build world-class Australian expertise in the design and conduct of clinical trials.
- The Australian Clinical Trials Alliance (ACTA) is the national peak body of more than 50 CTNs, clinical trial coordinating centres and clinical quality registries across Australia that cover a large number of clinical specialties and disease-specific areas.
- This investment strategically builds on the Government's 2016 *Encouraging more clinical trials in Australia* initiative that seeks to streamline trial operations to improve start-up and recruitment efforts.

IMPLEMENTATION

- ACTA will serve as the CTN national alliance partner over the next four years.
- ACTA will analyse the CTN landscape and identify network priorities and implement a national capability building framework.
- ACTA will support existing and assist in establishing new CTNs.
- ACTA will facilitate cross-sector collaboration to advance novel methodologies and technologies that support the conduct of well designed, high impact investigator-initiated clinical trials.

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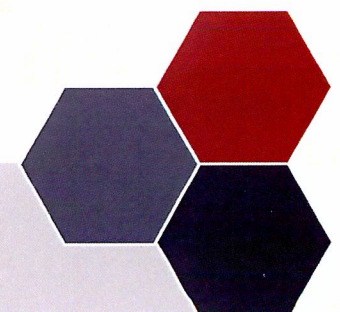
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Medical Research Future Fund



Lifting Clinical Trials and Registries Capacity – Grant Program

INVESTMENT

The Australian Government will invest **\$13 million** to stimulate clinical trial and registry activity to improve patient outcomes, health system efficiency and drive innovation.

KEY ELEMENTS

This competitive grant program will target public good clinical trials and Clinical Quality Registries (CQRs) that address areas of health burden and unmet need. Novel and innovative methodologies will be encouraged, such as the application of precision medicine.

RATIONALE

- Clinical trials benefit patients, improve health outcomes, advance medical knowledge and are a significant contributor to the innovation economy.
- CQRs are an increasing feature of complex clinical investigations – they allow deep data analysis, trend identification, drive improvements in clinical practice, and illuminate new areas for research.
- Clinical trial public investment is roughly proportionate to the burden of disease; however some conditions can benefit from further investment and investigation.
- Public good trials activity increases opportunities for patient therapy, strengthens the operational systems that support trials, and grows workforce capacity.

The Australian Medical Research Advisory Board acknowledges in their Strategy that the MRFF has a role to play in facilitating non-commercial clinical trials of potential significance.

DESIRED OUTCOMES

- New opportunities for clinical trial participation and associated benefits from accessing the latest research.
- Attention given to under researched health priorities and conditions.
- Deployment of innovative trial designs and recruitment strategies.
- Purposeful health service engagement to improve the translation of research into practice and improve outcomes for patients.
- New health treatments, drugs and devices to improve health and wellbeing.
- Reinforcement of Australia's position as a preferred destination for clinical trials.

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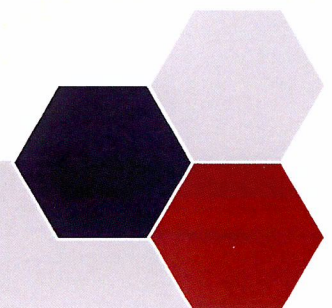
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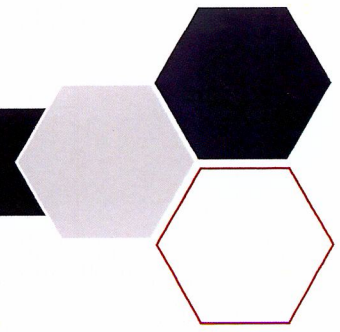
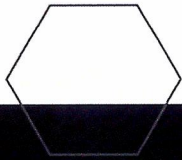
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KEY FACTS

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- Clinical trials provide the evidence to inform best practice. They also offer participants opportunities to benefit from the latest medical research and provide legitimate alternative therapy options.
- Clinical trials are estimated to be worth around \$1 billion to the Australian economy each year.
- Registries in general are data-rich repositories that enable responsive trial design built around patient needs.
- CQRs capture clinical data to allow for the identification of benchmarks and variations in patient outcomes. They provide a feedback loop to clinicians and researchers about the efficacy of clinical interventions – what is and isn't working.
- Recent estimates indicate that national CQRs could provide a return of up to \$7.00 for every dollar invested.
- Innovative clinical trial design methods can overcome barriers to recruitment (including for regional Australians), and explore comparative effective and adaptive platforms with agile treatment protocols.
- Precision medicine holds the potential to transform medicine – it changes the paradigm from a medicine focussed on organs (heart, liver) to a medicine that targets cells, molecules and genes.
- This investment strategically builds on the Government's 2016 *Encouraging more clinical trials in Australia* initiative that seeks to streamline trial operations to improve start-up and recruitment efforts.

IMPLEMENTATION

- This grant program will be administered in partnership between the Department of Health and the National Health and Medical Research Council.
- Clinical trials and CQRs will be selected based on peer review and ability to address unmet need and deploy innovative approaches, where appropriate.
- Program guidelines will be developed shortly and a call for proposals will occur in early 2017-18.

ADVISORY BOARD

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STRATEGY 2016-2021

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Identifies key strategic investment platforms that set to position Australia to meet future healthcare challenges:

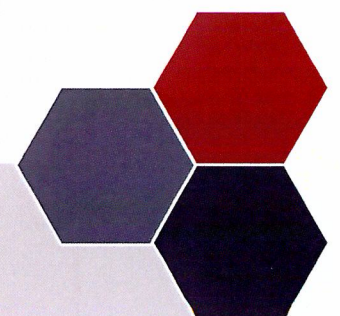
- Strategic and international horizons
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- Capacity and collaboration
- Trials and translation
- Commercialisation

PRIORITIES 2016-2018

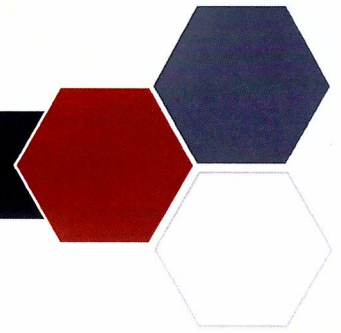
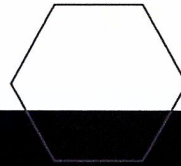
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FOR MORE INFORMATION

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Medical Research Future Fund



Next Generation Clinical Researchers

INVESTMENT

The Australian Government will invest **\$8 million** to ensure the supply of high quality next generation research talent through boosting the scale of existing National Health and Medical Research Council (NHMRC) fellowship schemes.

KEY ELEMENTS

- **Career Development Fellowships (CDF) Scheme** – enables early to mid-career investigators to establish themselves as independent, self-directed researchers with a focus on capacity building in the clinical, population health, biomedical and bioinformatics fields.
- **Translating Research into Practice (TRIP) Fellowships Scheme** – provides support for health professionals to translate evidence into healthcare and public health improvements.
- **Practitioner Fellowships (PF) Scheme** – bridges the gap between the acquisition of new knowledge from research and its implementation into practice among clinical, public health and health service professionals.

RATIONALE

- Health and medical research depends largely on workforce talent.
- Early to mid-career researchers are a cohort known to be at risk of career shift and are key to sector productivity and sustainability.
- Better connections between clinicians, health service management and industry with academia creates essential collaborations for innovation.
- NHMRC fellowships are highly prestigious and competitive, and identify excellent talent potential.

DESIRED OUTCOMES

- Increased engagement of research-focussed clinicians in problem-solving and the translation of research into clinical practice and commercial potential.
- Clinician researcher career establishment and diversified career pathways.
- Improved health and medical research sector retention and capacity.
- Reinforcement of Australia's position as a health and medical research innovator.

MEDICAL RESEARCH FUTURE FUND

The Medical Research Future Fund (MRFF) demonstrates the Government's strong commitment to research and innovation. The MRFF provides a long term sustainable source of funding for endeavours that aim to improve health outcomes, quality of life and health system sustainability.

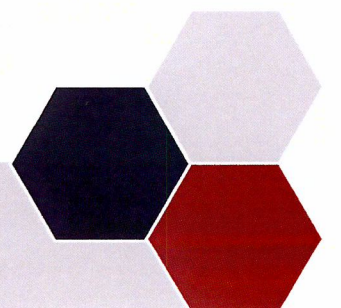
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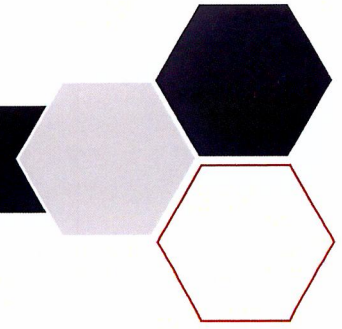
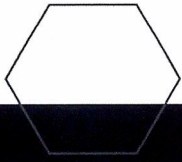
The MRFF is a dedicated vehicle for priority investment in health and medical research.

The MRFF, established under the *Medical Research Future Fund Act 2015*, provides grants of financial assistance to support health and medical research and innovation in improving the health and wellbeing of Australians. It operates as an endowment fund with the capital preserved in perpetuity. At maturity, the MRFF will reach \$20 billion.

The first disbursements from the MRFF focus on translating research into real health benefits, breakthrough investments in new technologies and challenges, and enhancing Australia's reputation for research excellence and leadership.

Over \$65 million will be injected into a range of programs that cut across the research pipeline – fuelling new discoveries and the translation and commercialisation of great Australian ideas.





KEY FACTS

- Strengthening Australia's competitive edge in global innovation requires nurturing the skills of scientists and health professionals.
- 'People support' in the form of fellowships fosters the next generation of change agents and leaders in healthcare.
- Building clinical researcher capacity is critical to asking and answering the right questions related to effective care interventions, and improving health system safety, quality and efficiency.
- Normal practice is that clinical professionals have to choose between a life as a researcher or practitioner – this creates a divide between the research and the patient.
- Results from a 2016 national survey indicate 83 per cent considered leaving research for another career, the majority of these being mid-career researchers.
- Career progression barriers can include: grant application efforts; career interruptions; limited mentoring; lack of capacity in newly emerging disciplines and non-clinical research; and lack of track record.
- Fellowships provide dedicated time and resources so that successful applicants can focus on developing the skills needed to position them and their ideas for success.
- Healthcare innovations of the future will be products of trans-disciplinary and multi-sector collaborations –bringing together the life sciences with engineering and industry to push the boundaries of what is possible.

IMPLEMENTATION

- NHMRC will administer the investment utilising existing fellowship schemes peer review and administration processes.
- Funding will increase the number of fellowships available across the CDF, TRIP and PF schemes.
- Fellowship awards will be announced from early 2017-18.

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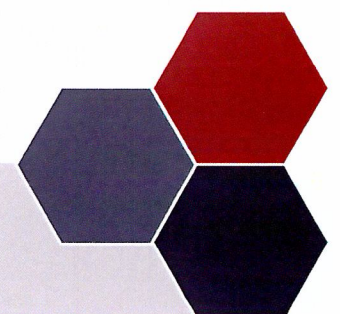
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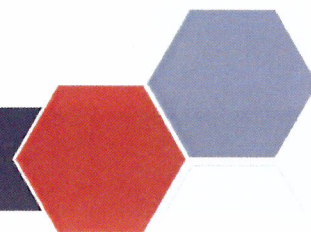
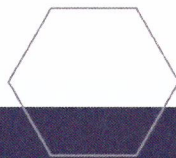
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Medical Research Future Fund



Antimicrobial Resistance

INVESTMENT

The Australian Government will invest **\$5.9 million** to support research on antimicrobial usage and resistance in Australia. Research will be consistent with the achievement of the objectives of the *National Antimicrobial Resistance Strategy 2015-2019*.

KEY ELEMENTS

- Knowledge gaps on the development and spread of resistance – focussing on the drivers of antimicrobial resistance, strategies to reduce unnecessary and inappropriate use, and mechanisms of transfer.
- New therapies, diagnostic technologies and approaches – investigation of novel treatments, repurposing of existing medicines, new rapid and point-of-care diagnostic technologies, and best-practice to prevent the emergence of resistance and its spread.
- Accelerated translation – development of new products, policies and approaches to prevent, detect and respond to resistance.

RATIONALE

- Antimicrobials have enabled advances in modern medicine that would not otherwise be possible, and contributed to agriculture and food production industries.
- The effectiveness of existing antimicrobials is being reduced by emerging resistance.
- Infections are becoming increasingly difficult to treat, and for some infections there are few remaining treatment options.
- Antimicrobial resistance is an increasing problem in Australia, the region and globally.
- New research investment is needed to ensure the ongoing availability of effective antimicrobials.

DESIRED OUTCOMES

- Discovery of new antimicrobials or alternative therapies.
- Development of new technologies to support rapid and point-of-care identification of infectious agents and appropriate treatments.
- Early translation and impact on behaviours that drive inappropriate antimicrobial usage.
- Actions to improve prescribing practice and eliminate inappropriate use.

MEDICAL RESEARCH FUTURE FUND

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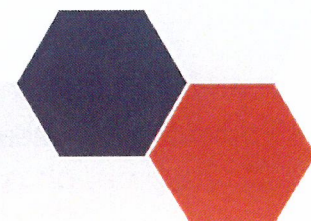
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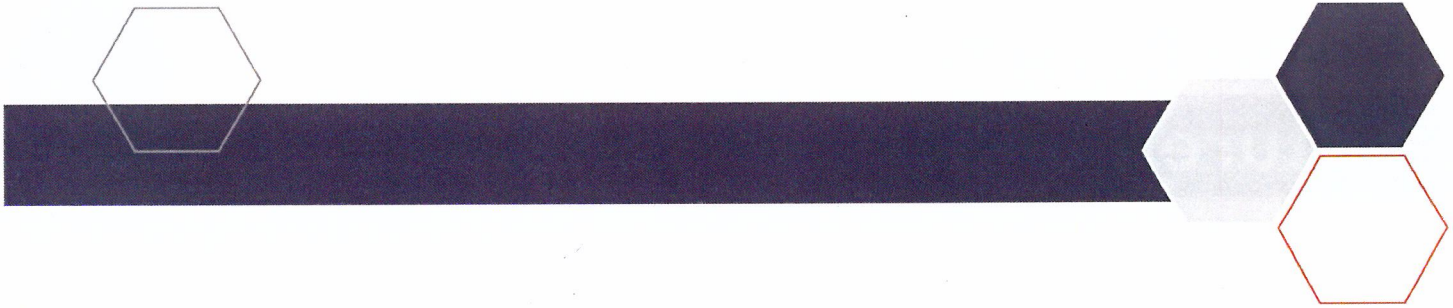
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KEY FACTS

- The global unrestrained use of antimicrobials across human and animal health, in agriculture and food production is responsible for accelerating the development of antimicrobial resistance to the point where it has become a global health priority.
- Australia has one of the highest rates of antibiotic use among countries with comparable health systems. Survey data suggest a large proportion of use is inappropriate and unnecessary.
- In 2015, 10.7 million Australians were prescribed antimicrobials – 45 per cent of the population.
- High rates of antibiotic use are associated with increasing rates of antibiotic resistance.
- Existing awareness and education campaigns have not been effective in reducing high rates of antibiotic prescribing and inappropriate use.
- High seasonal variation in usage patterns suggests antibiotics are being used to treat colds and flu and for other upper respiratory tract infections for which antibiotics are not routinely indicated.
- Rates of resistance to some common antibiotics are increasing globally. Australia has one of the highest rates of resistance to vancomycin in the world.
- The commercial return on the discovery and development of new antibiotics is relatively low. This has resulted in most large and mid-sized pharmaceutical companies withdrawing from antibiotic research.
- There is global recognition of the need for increased investment in research and development to combat antimicrobial resistance.

IMPLEMENTATION

- Research grants will be awarded to meritorious proposals submitted in response to a Targeted Call for Research (TCR), consistent with established National Health and Medical Research Council processes.
- The TCR questions will be consistent with the key elements of the program and the *National Antimicrobial Resistance Strategy 2015-2019*.
- The call will occur in the second half of 2017.

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