

Committee Secretary
Standing Committee on Industry, Science and Innovation
PO Box 6021
House of Representatives
Parliament House
CANBERRA ACT 2600
AUSTRALIA

15 January, 2010

Emailed to: isi.reps@aph.gov.au

Dear Committee Secretary

Submission to the inquiry into Australia's International Research Collaboration

The Menzies School of Health Research (Menzies) is Australia's leader in Indigenous and tropical health research. Menzies' evidence-based approach leads to ways to better prevent, treat and diagnose disease and to show how the social and physical environments in which health care is delivered can be improved for better health outcomes. Menzies' areas of expertise include Indigenous child and mental health, the social determinants of health such as housing and poverty, tropical and emerging infectious diseases, preventable chronic diseases and, increasingly, international health.

Menzies congratulates the Standing Committee on addressing the issue of international research collaboration, particularly within the context of "innovation".

This submission addresses:

- Menzies' international research efforts
- Benefits to Australia from engaging in international research collaborations, and
- Impediments to and drivers of international medical and health research.

The nature and extent of Menzies' existing international research collaborations

Menzies commenced working internationally in 1996, with seed funding of \$700,000 over five years from the NT Government as part of a gift to the Republic of Indonesia for their 50th anniversary of independence. Since then Menzies has established an international reputation for research and training in global health, including major regional collaborations with Indonesia, Papua New Guinea, Thailand, Timor Leste and Pacific island countries including Fiji, Samoa and Tonga. Our global health research spans some of the major public health problems of our region – including malaria, tuberculosis, and severe bacterial infections, child survival, maternal mortality, and nutrition focused on women's and children's health. Menzies staff are also actively involved in collaborations with Gambia, Ethiopia, Pakistan, Bangladesh, Nepal, Malaysia, Vietnam, China and the Philippines.

In the 13 years of its existence Menzies' international program has had support for its international work from the National Institutes of Health (USA), Wellcome Trust (UK), AusAID, World Health Organisation, World Heart Federation, and the NHMRC.

Evolving out of our malaria research studies in Indonesian Papua, Menzies collaborated with the National Institute of Health Research and Development of the Indonesia Ministry of Health to create the Timika Research Facility. Located in the grounds of the local hospital, the facility has 19 employees (doctors, nurses, laboratory technicians and administrative staff) with offices, laboratory facilities and accommodation for visiting staff. The Timika Facility supports a broad research agenda including epidemiology, clinical trials, health economics, pathophysiology, in vitro studies and the molecular biology of malaria and tuberculosis. Menzies is currently investigating the establishment of a second overseas site in Sabah, Malaysia.

Menzies is a partner in the Women and Children's Health knowledge hub for the region; with a focus on contributing to MDG 4 and MDG5¹ through building capacity and increasing the capability of Australia's international health specialists to contribute to improving the effectiveness of health aid and the performance of health systems in developing countries.

As a result of our collaborations, a large number of international students, particularly Indonesian students, have undertaken postgraduate training and research degrees through Menzies and Charles Darwin University (Darwin).

Our collaborations are many and varied and too numerous to list; but essentially include Government health authorities in the countries where we work; universities and research institutes in Australia and internationally in both developed and developing countries; and the funding institutions listed above.

The benefits to Australia from engaging in international research collaborations

The primary benefit to Australia from Menzies' international research collaborations is of course the health benefits arising from the translational research outcomes of our work. There are many examples of this; three examples are:

- the joint Menzies-NIHRD Research Facility was involved in the South East Asian Severe Malaria Treatment study, a study that demonstrated a 35% reduction of mortality of severe malaria associated with artesunate compared to quinine. The results not only changed policy and practice in Indonesia as a whole, but also global policy with WHO changing their treatment recommendations of severe malaria from quinine to artesunate.
- Randomised clinical trials of malaria that have changed Indonesian and Australian treatment policies for community management of falciparum and vivax malaria
- creation of Rheumatic Heart Disease control and prevention programs in Fiji, Samoa, Tonga, Tuvalu, Vanuatu and Nauru. The work done through these projects also benefits Aboriginal communities in the Top End.

Australia can also benefit from supporting the next generation of leaders. For example Dr Nelson Martin from Timor Leste completed his PhD through Menzies in 2007, which focused on tuberculosis control in Timor Leste. He was the first ever East Timorese medical practitioner to gain PhD qualifications, and in 2007 he became Minister of Health in Timor Leste. The continued partnerships arising from this relationship benefit both countries.

¹ Millennium Development Goals (MDGs) are eight UN-initiated goals to be achieved by 2015, that respond to the world's main development challenges. MDG 4 is to reduce child mortality and MDG 5 to improve maternal health.

Australia can demonstrate international leadership through the mechanism of international research collaborations. Some examples are:

- Convening and co-chairing international meetings
- Providing advisors and consultants to AusAID, WHO, UNICEF and other multilateral international agencies
- Inviting health researchers to serve on national committees addressing international issues and
- Preparing international protocols and other international resources.

More generally it has been well documented that:

- regional security can be directly affected by factors such as pandemics, or indirectly compromised by social instability caused by high rates of mortality and morbidity, which can be addressed by international research collaborations;
- regional economic growth can be similarly compromised by health-related factors;
- the impact of global warming on the region is known to take health dimensions;
- enhancing health research partnerships between Australia and other countries in our region will yield health information of benefit to Australia and partner countries, and help to build research and broader academic capacity both for Australia and partner countries.

Medical research therefore can play an important role in assisting Australia to expand its relationship with the countries of our region and to play its role in helping to meet Australia's commitments to the region.

Impediments to and key drivers of international medical and health research

In the past funding for international medical research has fallen between the cracks of two different organisations. The funding priorities of the NHMRC (the primary source of funds for medical health research in Australia) have tended to be Australian; and AusAID (the primary Australian source of funds for international development work) has been reluctant to fund research.

Anecdotally it appears that Asia Pacific donors have not matched their support for regional health research to the efforts of, for example, donors to Africa; and that therefore in comparison with Africa, our understanding of the health problems of our region and strategies to address these is poor. In Africa there are significant international health research units in most countries, most funded by international donors with special historical interests in the region. However with the exception of PNG's Institute of Medical Research, there is very little health research in the Asia Pacific region supported by regional donors. For example, it appears that most of the research undertaken in Indonesia is supported by the USA or European countries.

However the situation has improved since the commencement of NHMRC's Global Health strategic priority initiative in their project grants scheme and AusAID's recent initiative to fund regional research such as the Women and Children's Health Knowledge Hub. The Hub initiative has been a new and welcome change allowing the development of strategic collaborations and linkages for the future.

Further recommendations in relation to overseas aid:

Public health and medical research needs to be a central plank of Australia's foreign policy goals and activities in the countries of our region and elsewhere. This means ensuring medical research work is part of the mainstream policy, planning and funding arrangements of the Department of Foreign Affairs and Trade and other relevant Government departments.

In addition, Menzies strongly encourages AusAID to continue their systems to fund regional research, and to continue/extend the Hub initiative and related initiatives, especially those with a regional focus.

Further recommendations in relation to NHMRC funding:

The introduction of the NHMRC's Global Health strategic priority initiative for 2009-10 has reduced some of the previous restrictions and obstacles in funding regional research collaborations in their project grant system. Nevertheless, we make the following recommendations:

1. Global health should be maintained as a long term strategic priority in the NHMRC funding strategy.
2. NHMRC barriers to international collaborations should be removed permanently, not just for the finite period of time that Global Health may be listed as a strategic priority, such as:
 - permanent lifting of the previous Project Grant prohibition on funding salary and infrastructure support for developing country research partners
 - removing the resistance of grant review panels to funding offshore work in developing countries. To this end there should be a clear statement that, independent of the duration of the listing of Global Health as a Strategic Priority, NHMRC welcomes and supports international research collaborations in our region, and research priorities should include those of developing countries in the region.
3. We urge NHMRC to consider providing core funding for research centres in the Asia-Pacific (as partnerships between Australian academic institutions and Asia-Pacific partner organisations), similar to The UK's MRC (which funds MRC research centres in Africa), The Wellcome Trust (which provides core support to their Major Overseas Research Centers in Thailand and Vietnam) and the US NIH ICIDRs (International Centers for Infectious Diseases Research).
4. NHMRC should establish co-funded collaborative grants schemes for international research with international funding organisations such as The Gates Foundation, and Australian organisations such as AusAID. The now defunct NHMRC-Wellcome Trust ICRG Scheme could be used as a model.

Thank you for the opportunity to comment and we look forward to the inquiry resulting in enhanced opportunities for international research collaboration. If you require any more information or assistance please contact Menzies' Executive Officer Adrienne Farago on adrienne.farago@menzies.edu.au or 08 89422 8854.

Yours sincerely



Professor Ross Spark
Deputy Director and Acting Director
Menzies School of Health Research