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Submitted to Consultation on the Medical Research Future Fund (MRFF) Australian Medical Research and Innovation Strategy and Priorities
Submitted on 2026-08-14 16:05:40

Privacy Notice

About you

1 What is your name?

Question 1 What is your name - optional:
Anthony K J Smith

2 What is your email address?

Q2 email address:
anthony.smith@unsw.edu.au

3 Are you providing feedback as an individual or an organisation?

Organisation

Organisations

8 What is the name of your organisation?

Q8_Org_name:
UNSW Community of Practice for Inclusive Research with Queer and Trans people, and people with innate variations of sex characteristics (Intersex)

9 Which state or territory is your organisation based?

NSW

10 If you chose ‘other’, please specify location

Q10_Org_Location other:

11 What sector does your organisation operate in?

Research/Academia (universities, medical research institutes, other research organisation), University (non-research)/other higher education

12 If you chose ‘other’, please specify sector

Q12_Org_Sector_Other:

Submission introduction

13 How do you want to provide feedback?

In writing - complete the online survey

MRFF Strategy 2026-2031

Vision

14 Does the proposed Vision best position the MRFF to transform health and medical research and innovation in Australia over the next five years?

No

Vision other:

Inequities in health outcomes are one of the most important challenges for health and medical research in Australia. It is vital that equity in health is embedded throughout the strategy, including in the Vision.

We suggest that the Vision should read "Transforming health through research excellence, equity and lasting impact”. We agree that excellence and impact are important aspects of the Vision, but without embedding equity as a key part of the Vision, there is a risk that priority populations are left

behind or gaps are widened. Excellence and impact cannot be achieved without embedding an equity as a key part of the Vision for MRFF.

Strategic Objectives

15 Do the proposed Strategic Objectives set a clear and appropriate direction for delivering the MRFF Vision 2026-2031?

No

Strat Objs Other:

None of the six objectives commits the MRFF to reducing inequities, except for Aboriginal and Torres Strait Islander peoples. The 2021-2026 objectives included equitable health outcomes as the first strategic objective, but there is no equivalent in the proposed objectives for 2026-2031.

We suggest adding a seventh Strategic Objective: “A measurable reduction in health inequities experienced by priority populations, through research designed, governed and delivered in partnership with those communities.”

Further, given that NHMRC is also committed to integrating sex, gender, innate variations of sex characteristics, and sexual orientation Variables across future research, it is imperative that the strategic objectives prioritise distinctive objectives to focus on understanding how these Variables affect health across research design, data collection, analysis, clinical trials, diagnosis, treatment, implementation, and evaluation. This also includes ensuring a focus on areas that have been traditionally neglected, including women’s health, the health and wellbeing of LGBTQ+ populations, and the health and wellbeing of people with innate variations of sex characteristics.

We suggest an eighth Strategic Objective: "Addressing disparities in health and wellbeing across sex, gender, innate variations of sex characteristics, and sexual orientation Variables, including across research design, data collection, analysis, clinical trials, diagnosis, treatment, implementation, and evaluation."

Cross-cutting principles

16 Will the proposed cross-cutting principles support successful delivery of the MRFF Strategy 2026-2031?

Yes

Cross cutting other:

We support these principles as they emphasise health equity, sustained consumer and community involvement, and partnerships.

However, further mechanisms are needed to deliver on the principles for priority populations. For example, grant opportunities should state which priority populations they address before applications open, and MRFF should publish investment disaggregated by priority population.

There is also opportunity to further embed a focus on sex, gender, innate variations of sex characteristics, and sexual orientation Variables in the cross-cutting principles, including inequities in health outcomes across the Variables, including for specific areas of health, such as women's health, LGBTQ+ health, and the health and wellbeing of people with innate variations of sex characteristics.

Shared Enablers

17 Will the shared enablers support the successful delivery of the MRFF Strategy 2026-2031?

Not Answered

enablers other:

Further feedback on the MRFF Strategy 2026-2031

18 Are there any additional issues or feedback on the proposed Strategy that have not been addressed above?

Strategy other:

‘Priority populations’ was one of twelve Priorities listed for 2024-2026 Priorities and is not among the nine proposed for the 2026-2028 Priorities. Consumer-driven research, preventive and public health research, primary care research and effective and high value care have also been removed. Six of the nine remaining are defined by a technology or method.

We suggest that priority populations be included as a priority area, along with other priority areas that will support innovative and impactful research with priority populations, including consumer-driven research, preventive and public health research, and primary care research.

It is also important to address underserved areas of health, including women's health, the health and wellbeing of LGBTQ+ populations, and the health and wellbeing of people with innate variations of sex characteristics.

MRFF Priorities 2026-2028

19 Considering the proposed Priority 2026-2028 of AI in research and health systems, are there any important elements not captured in this Priority that should be included?

Not Answered

Proirity 1:

20 Considering the proposed Priority 2026-2028 of Integrated digital health systems, are there any important elements not captured in this Priority that should be included?

Not Answered

Priority 2:

21 Considering the proposed Priority 2026-2028 of Aboriginal and Torres Strait Islander community governed and directed research, are there any important elements not captured in this Priority that should be included?

Not Answered

Priority 3:

MRFF Priorities 2026-2028 (Part 2)

22 Considering the proposed Priority 2026-2028 of Advanced therapeutics and emerging technology, are there any important elements not captured in this Priority that should be included?

Not Answered

Priority 4:

23 Considering the proposed Priority 2026-2028 of Health impacts from environmental factors, including climate change, are there any important elements not captured in this Priority that should be included?

Not Answered

Priority 5:

24 Considering the proposed Priority 2026-2028 of Multiomics-informed healthcare, are there any important elements not captured in this Priority that should be included?

Not Answered

Priority 6:

MRFF Priorities 2026-2028 (Part 3)

25 Considering the proposed Priority 2026-2028 of Determinants of health, are there any important elements not captured in this Priority that should be included?

Additional elements are needed

Priority 7:

'Determinants of health' is quite broad, and it is important to have better recognition of key areas that are structurally significant in shaping health, including discrimination, stigma, and the legal and policy environment.

A stronger focus on intersectionality is needed, including how health outcomes are shaped by sex, gender, innate variations of sex characteristics, and sexual orientation Variables, along with age, disability, socioeconomic disadvantage and poverty, geography, ethnicity, culture, racialisation, religion, and migration status.

Health misinformation should also be recognised as a determinant of health and named as a cross-cutting concern rather than confined to the environmental factors Priority, with research into how it spreads, what it does to health behaviour and service use, and what counters it fundable in its own right.

26 Considering the proposed Priority 2026-2028 of Embedding research in the health system, are there any important elements not captured in this Priority that should be included?

Not Answered

Priority 8:

27 Considering the proposed Priority 2026-2028 of Skilled and sustainable health and medical research workforce, are there any important elements not captured in this Priority that should be included?

Not Answered

Priority 9:

Priority Populations

28 Are the proposed Priority Populations appropriate for guiding equity considerations across the proposed MRFF Priority 2026-2028?

No

Priority Populations:

We support the priority populations listed, including LGBTIQ+ people.

However, the list has no mechanism to support direct funding. Priority populations were previously listed as a Priority for funding in 2024-2026 but are not listed in the 2026-2028 priorities. The wording currently now says the priority populations should be considered “wherever appropriate” but are not attached to any mechanisms for funding or reporting. We suggest restoring priority populations as a recurring Priority, or require every Priority to state which priority populations it addresses and report on what was delivered.

Further feedback on MRFF Priorities 2026-2028

29 Is there any additional feedback on the proposed Priorities you would like to provide that has not been addressed above? (Optional)

Other Strategy:

Consent to publish

31 Can we publish your response to this consultation?

Yes, you can publish with my name and organisation