MRFF consultation: a quick guide to making a submission

Closes Sunday 16 August 2026.

Survey: https://consultations.health.gov.au/health-economics-and-research-division/consultation-on-mrff-strategy-priorities/

Q14.

The Vision describes the future state the MRFF is working towards. It sets the long-term direction and guides the Strategy's objectives, priorities and investments.

The proposed Vision of the MRFF is: *Transforming health through research excellence and lasting impact*.

Does the proposed Vision best position the MRFF to transform health and medical research and innovation in Australia over the next five years? Answer: NO

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.

Q15.

Strategic Objectives

The Strategic Objectives of the MRFF are to deliver:

- A research-rich, data-enabled learning health system that continuously improves quality, efficiency, cultural safety, and equity
- Transformation of health care through AI and digital health advances that integrate preventive health, diagnostics and therapeutics across the care continuum
- End-to-end translation of discoveries and innovation into real-world impact - building sovereign capability and delivering measurable health and economic benefits
- Thriving health and wellbeing of Aboriginal and Torres Strait Islander peoples through research that is community-governed and directed

- A health and medical research sector and health system positioned to understand and respond to determinants of health and wellbeing including emerging and future challenges of climate and environment change
- A skilled, sustainable, inclusive and future-ready health and medical research workforce that accelerates innovation, translation and system capability.

The Strategic Objectives are intended to describe the broad outcomes the MRFF is seeking to support through its investments from 2026 to 2031. They are intended to guide funding decisions and support collaboration across different parts of the health and medical research system, including research, healthcare, industry and the community. When responding to this question, you may wish to consider the broader system and how different parts work together.

Do the proposed Strategic Objectives set a clear and appropriate direction for delivering the MRFF Vision 2026-2031? Answer: NO

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."

Q16.

Cross-cutting principles

The following principles recognise the unique role of the MRFF within the health and medical research system in Australia and are intended to be embedded across all the strategic objectives outlined above and to guide the activities and initiatives funded by the MRFF.

To the greatest extent possible, these principles will inform the identification of the MRFF’s Priorities and serve as the foundation upon which all grant opportunities are designed to realise the Strategic Objectives of the MRFF for 2026-2031.

- *Health equity*
- *Translation and implementation*
- *Sustained consumer and community involvement*
- *Prevention and early-intervention*
- *Systems-based and scalability*
- *Partnerships and co-investments.*

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

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.

Q18. Are there any additional issues or feedback on the proposed Strategy that have not been addressed above?

'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.

Q25. Considering the proposed Priority 2026-2028 of Determinants of health, are there any important elements not captured in this Priority that should be included? Answer: Additional elements are needed (optional)

'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.

Q28.

Priority Populations

A fundamental aim of the Australian health system is to prevent disease, intervene early and reduce the burden of ill health, helping people to live healthier lives for longer. Population groups that experience social inequalities and disadvantage resulting in health inequity are considered "priority populations". Wherever appropriate, the MRFF will promote research that is conducted with the genuine involvement of priority populations to investigate appropriate solutions to health challenges.

For the duration that the MRFF Priorities 2026-2028 are in force, MRFF Priority Populations includes:

- Aboriginal and/or Torres Strait Islander people
- people experiencing socioeconomic disadvantages
- people in remote/rural communities
- people with disability (including people with intellectual disability)
- people from CALD communities (including people who are immigrants or refugees)
- LGBTIQ+ people
- children and youth
- older people experiencing diseases of ageing (*e.g.* cognitive decline and dementia)
- people with rare or currently untreatable diseases/conditions
- people with mental health conditions (including substance use disorders).

Are the proposed Priority Populations appropriate for guiding equity considerations across the proposed MRFF Priority 2026-2028? Answer: NO

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.