

# The NHMRC – investing in the health of all Australians

Professor Alan Pettigrew, CEO, National Health and Medical Research Council

**FACILITATOR:** ... is Professor Alan Pettigrew. He is CEO of the National Health and Medical Research Council who, of course, are the principal sponsors of this conference, the 8th Conference of the National Rural Health Alliance. Would you please welcome to the podium Alan Pettigrew.

**ALAN PETTIGREW:** Thank you very much, Rachel, and thank you, Pat. Thank you also to the organisers for the opportunity of addressing you this afternoon at the opening of this 8th National Rural Health Conference. In doing so I also recognise the traditional owners of the land, the Arrernte people on whose land this conference is being conducted. Thank you also Neill for your stirring presentation, it makes everyone think.

NHMRC is delighted to be the major sponsor of this conference. We are also pleased to provide a variety of other opportunities for discussion and exchange on particular health issues that I will mention a little later. It is perhaps the most fundamental of strategies in addressing health issues in this land of ours that we facilitate dialogue and communication. It is by sharing and exchanging knowledge and ideas that we all gain and it is really a great responsibility that we share experience in this way.

It is with this in mind that we've arranged for the current Council session of the NHMRC to be held here in Alice Springs at the time of this conference. Here is our opportunity to learn from you and to gain from that experience. Before going too much further I should perhaps explain a little about the NHMRC itself and what it does.

The Council was formed in 1936 and since that time it has had a statutory responsibility for setting health standards, supporting research and research training and considering ethical issues in health. Whilst our structure may have changed somewhat over time, the bulk of the NHMRC's work is currently conducted by four principal committees that you see on the bottom of the slide: the Research Committee; the Health Advisory Committee; the Australian Health Ethics Committee; and, the Licensing Committee.

The Research Committee is responsible for research policy and the allocation of approximately \$400 million in grants to support health and medical research in all disciplines across the country. This is achieved by providing a range of grants to support research activities and researcher salaries and scholarships, as well as addressing a wide variety of strategic research activities that require special attention.

The Health Advisory Committee is responsible for the production and updating of guidelines and setting standards in health care. The Australian Health Ethics Committee is responsible for producing guidelines and advice on ethics issues in health and supporting the national system for ethical review of research involving humans. And, finally, the Licensing Committee is established under two Acts passed in 2002 to prohibit human cloning and to regulate research involving excess human embryos.

Each of these principal committees is supported by a range of subcommittees and working groups, including peer review assessment panels for all of our different funding programs. Of most importance is to note that the work of the organisation is supported by approximately 90

individuals who sit on the Council or our four principal committees, several hundred people who work on our subcommittees and working groups, of which there are more than 100 at the present time, and the many thousands of individuals who willingly and painstakingly support our peer review processes to select the most excellent research proposals for funding.

These outstanding contributions are the backbone of a rather unique body that is the NHMRC. Of course I would also pay tribute to the 130 staff of the NHMRC secretariat who work very hard to keep all this work, and the committees, in order, as well as support our responsibilities to the Department of Health and Ageing, to the Government and to the Minister.

The NHMRC has progressed significantly in recent years in a number of ways that are relevant to our participation at this conference. We have adopted a range of strategies to increase the role of consumers in our Council and committees as well as to encourage greater participation by the community in research that is relevant to them. We worked with the previous Minister for Health, Senator Kay Patterson, to greatly increase the representation of Indigenous people on our Council and our principal committees. And we have supplemented that with providing opportunities for those individuals on separate committees to come together to consider whole of NHMRC issues. I refer you to the Aboriginal and Torres Strait Islander Forum that's shown on this slide.

We are also particularly pleased with the very positive effect we've achieved through establishing a specific subcommittee of the research committee to provide a focus for the assessment of research proposals in the area of Indigenous health. It's early days in this overall strategy but we are very positive about the influence that this greater involvement and communication can bring to all of the NHMRC's activities.

It is through the enormous representative capacity and contribution to our work from a wide cross-section of the health and research community that the NHMRC has increased its involvement in recent years in issues of rural health and the health of Aboriginal and Torres Strait Islander people. We're very conscious of our role to address issues across the whole country where population and health challenges vary dramatically. I think the slide here illustrates that most accurately, from the Bureau of Statistics, pointing out that half the area of the continent contains only 0.3 per cent of the population and the most densely populated one per cent of the continent contains 84 per cent of the population. I think those figures point out the dramatic variability across our country.

Whilst the NHMRC's interest in the health of rural communities has been around for quite a while, it is the case that these interests increased significantly through the hard work and dedication of Dr Jack Best, as a member of Council and in his role as the chair of the then Strategic Research and Development Committee. As we all know, Jack is a unique individual and a great friend to many of us.

I will say no more about Jack but to have three images of Jack on the wall at the same time is rather daunting. It's only Jack that could come up with a title of the Australian College of Rural and Remote Medicine's Journal called "Outback.doc". Jokes aside, Jack has been quite influential in illuminating the issues of rural health and the need of the NHMRC to be better engaged. We are delighted that Jack continues to help us address these issues.

When I joined the NHMRC a few years back and met Jack for the first time, the NHMRC was well down the track of developing a strategic framework for improving Aboriginal and Torres Strait Islander health through research. Copies of this booklet are available at our booth out in the display area. This process set in concrete terms the criteria that the NHMRC believes are crucial for maximising the outcome of health and medical research involving Indigenous

Australians. In many senses the criteria that you see listed there apply across the board in rural health research.

These criteria are now the hallmarks of how the NHMRC examines proposals in a variety of initiatives that we have undertaken in recent years. And I would like to highlight just a few of those so that you can gain some appreciation of what the NHMRC is doing to assist rural research.

Overall the NHMRC offers a very wide range of funding programs to support research activity and the people who do the research. Our research grants support the actual conduct of research as well as providing career development awards, scholarships, training fellowships and a whole range of other things. I won't go into all of that detail. It's through these and other programs that we're actually providing approximately \$400 million for health and medical research in Australia.

The distribution of that funding is not even across all of the disease areas, as one might expect, and this is the distribution of funding for the top 10 areas in the statistics which relate to the burden of disease in Australia. Many of these diseases are related to rural health and some of them are perhaps less so, but our responsibility is to support research across the board.

More specifically, our funding for rural and remote health research has increased by 250 per cent in the last six years to \$4.6 million and for Aboriginal and the Torres Strait Islander health research, it has increased by some 360 per cent to \$14.8 million over the same period. There's obviously some overlap in these statistics and I won't go into that detail, but I think the growth is dramatic.

There have also been several recent initiatives directed strategically to assist the development of research in Indigenous health, including training scholarships, training fellowships and population health capacity building grants. In late 2002 the government introduced its National Research Priorities. In addressing the priority of promoting and maintaining good health, the NHMRC has established a program of research support for a healthy start to life for Aboriginal and Torres Strait Islander children. This program has funds set aside for it of \$7 million over five years and we're in the very final stages of processing that particular initiative. The NHMRC is also supporting two Centres of Clinical Research Excellence in Aboriginal and Torres Strait Islander health at a value of \$2 million each over five years.

In the area of health advice, the Health Advisory Committee has initiated a number of important projects in rural health in recent years. For example, our NHMRC publication, "Nutrition in Aboriginal and the Torres Strait Islander Peoples, an information paper" presents background information about nutrition and nutrition related diseases in those people. In particular, the nutritional needs of women in pregnancy, parents, adolescents, children and people at risk of lifestyle related ill health.

This report which is not shown on the slide but is based on the one on the left there, is specifically targeted to practitioners working to improve the nutritional health of Aboriginal and the Torres Strait Islander peoples. The manual on the right is called, "When it's Right in Front of You, Assisting Health Care Workers to Manage the Effects of Violence in Rural and Remote Australia". This manual is for health care workers, managers and employer organisations in rural and remote Australia and has been designed to assist them to prepare for and respond to violence in ways that will minimise its impact.

Australians are very well attuned to the distribution of rainfall around the country. It matches very well the distribution of the population. But as you know, there are many people who live in the most arid parts of this country. As a result the NHMRC, over several years, has had

responsibility for looking into drinking water quality available to our population and we've recently produced the 2004 edition of "The Australian Drinking Water Guidelines". These guidelines have been developed in collaboration with the Natural Resource Management Ministerial Council.

The Drinking Water Guidelines incorporate the framework for the management of drinking water quality and provide the Australian community and the water supply industry with guidance on what constitutes good quality drinking water. This is available nationally.

In relation to this work, the NHMRC has developed a new electronic decision support tool that is available and works with Australian conditions to generate drinking water management plans for individual communities. The aim of the tool is to assist communities in rural and remote areas to improve the management of drinking water supplies through a preventive management approach. The tool will assist operators of small community water supplies, either individually or in consultation with the state health department to develop management plans tailored to their local community. I'm pleased to say that the CD which carries this tool is available for you at the NHMRC booth in the display area.

A series of community workshops have been planned for a number of locations across Australia to facilitate demonstration of this software, and the software is available for demonstration here too. Recently representatives from the Council attended a World Health Organisation meeting in Iceland – interesting place to have a water quality meeting – in the middle of winter I might add – to discuss approaches for managing drinking water supplies in small countries. We produced the tool in time for that conference and it was very well received by participants at that meeting and a number of delegates have requested an opportunity to be involved in pilot testing of the decision tool.

Consequently, the pilot testing that is currently under way in a number of Australian communities will be augmented by similar trials in China, Bangladesh, Ghana, Peru, Morocco, the United Kingdom and New Zealand. Of particular interest was an approach from Canada's First Nation's and Inuit Health Branch to initially assess the decision tool within their current activities aimed at improving water supplies in Indigenous communities in Canada.

We see this broad international approach to pilot testing as invaluable in that it will provide an opportunity to test the tool in a wide range of communities with significant political, socio-economic, cultural, environmental and technological diversity. And I'm pleased to report that there'll be an NHMRC, World Health Organisation meeting in Darwin in mid-2005 to review the outcomes of the pilot testing.

Another current issue that the NHMRC, through the Health Advisory Committee, is working on is cardiac rehabilitation for Aboriginal and Torres Strait Islander peoples. Cardiovascular conditions, particularly ischaemic heart disease, are the major cause of death for Aboriginal and Torres Strait Islander peoples. The strategies to look at this issue include undertaking a systematic review of the available literature concerning the structure, delivery and barriers to uptake of cardiac rehabilitation services by Aboriginal and Torres Strait Islander peoples in Australia and Indigenous populations internationally.

We're consulting with community groups and other stakeholders about the barriers to access and uptake of services and we're also developing a manual to assist health services providers. And tomorrow there'll be a workshop here at the conference dedicated to this particular topic.

We're also working on the development of a geographic information system that will accurately identify the location of cardiac rehabilitation services in Australia that can be accessed.

In the area of ethics, the Australian Health Ethics Committee of the NHMRC is responsible for setting guidelines for the ethical conduct of research involving humans and supporting the national system of ethics review of research proposals. The Committee issues the national statement to facilitate ethics review standards and a range of other supporting documents such as the handbook on ethical review.

The Committee has also adopted a consultative approach to its work as required under the NHMRC Act and it works very hard to accommodate the various views and comments on draft documents that it receives. This was particularly the case in the development of the document called "Values and Ethics, Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research". The Committee has also been supporting widespread community engagement in the implementation of these guidelines.

What about the future? The NHMRC is about to reach an important point in its history as the government considers the structure and governance of all statutory bodies, including the NHMRC. One of the principles that is driving the NHMRC's input to this consideration is the strength that the NHMRC gains from stakeholder involvement and the contribution of the nation's experts from all disciplines and backgrounds in health to all of our work.

Another related principle is the strength that we gain from our special relationship not only with the Australian Government but also with the states and territories who are represented on the Council. We are truly a national body and we must ensure that this remains the case. It is also the case that we must in future work more closely with governments so that we can support the adoption of new policies based on evidence gathered through the work of a vibrant research community that is addressing important health issues.

And finally, there are significant challenges ahead for us all in health and the NHMRC needs to be vigilant and responsive to those challenges and to assist governments in preparing for and addressing those challenges. There are just a couple of examples. We're facing climate change and climate change will lead to a change in the health profile of the nation. In recent times we've also seen the emergence of new disease. Fortunately we got on top of this one (SARS) pretty quickly, although quite a number of people internationally died.

We're also looking out for the issues around bird 'flu and the pandemic which is just around the corner. And we must take this consideration in the context of where we are in the global community.

This conference is addressing a range of issues in rural health in Australia. There are difficult issues in health research such as workforce and communications issues and capacity building in particular. Today's NHMRC workshop has been addressing that issue and I have no doubt that we will hear soon of a range of initiatives and strategies that have emerged from that workshop to address these issues.

In the national context, it is important for the NHMRC to be aware of the concerns and opportunities as reflected in the thinking of those on the ground. I am aware that perhaps the matter of most concern to rural health researchers is how to gain access to NHMRC funding to support your research. This is never an easy thing to talk about. The competition for our funding is extremely tough and that is as much as frustration to us, the NHMRC, as it is to you and I think there are some strategies on both sides that we should work on.

For our part, it is essential that the NHMRC ensures that there are no actual or perceived barriers to our funding. We must also ensure that access is equitable and based absolutely on merit. We must also ensure that our funding schemes are simple to understand in terms of structure and selection criteria and that the selection criteria adequately cover the important

aspects of research proposals coming from less represented fields of research as well as those from more popular areas. Above all, we must address the daunting variety of opportunities available at present and bring some simplification to our range of funding programs.

For your part, it is essential that you facilitate communication and interaction and above all, collaboration. It is through working with others and in groups where appropriate that you will gain strength from each other and recognition by others that the prospects for relevant outcomes are strong. There are no simple answers here but the university Departments of Rural Health and the Centre for Rural Health Research are a great place to start with forming collaborative and innovative programs.

Can I also urge you to keep in contact with the NHMRC through our website, our advertisements in the press and through our networks of research administrative officers at universities and other administering institutions. We can also be contacted by email and phone and you will find a person at the other end on the phone. It is through these channels that you get to know the various opportunities on offer for funding, be it for support of research or for what we loosely call “people support”.

I'd also like to add here that there are currently a couple of national opportunities available at the moment to which rural health researchers might like to make a contribution. These opportunities are shown here on the slide. The National Collaborative Research Infrastructure Strategy, as the name suggests, is designed to support the award of infrastructure funding that will do all these things, national, collaborative, strategy.

The working group addressing this issue for Minister Nelson has adopted a consultative approach and is very much looking to reflect the needs of the research committee in the strategy. Phase 1 of that consultation is finished but there will be a second phase. I happen to be a member of the advisory group working on the strategy so if there are particular needs in rural health research infrastructure, then perhaps we should have a beer afterwards.

The Research Quality Framework Exercise is yet to get under way but it will be a most important initiative in Australia. The Government wishes to have a system through which it can attest to the quality of research across Australia's universities and research agencies, such as the CSIRO. It is well appreciated from experience overseas that such strategies can drive behaviour by providing incentives. If rural health researchers are interested in commenting on the incentives required to facilitate an active research community in Australia addressing the major issues in rural health, then here is another opportunity to influence thinking in Canberra. I'm also on this working group so there's another opportunity for another beer.

There is also talk in Canberra at the moment of an e-research agenda or electronic research agenda. I understand this program will be examining strategies and needs in providing e-based support for research activity. This review is in its very infant stages and I have no detail to pass on to you at this time. However, it's apparently on its way and I'd suggest it's highly relevant to rural health research, so keep an eye out for it.

One of the NHMRC's responsibilities is to ensure that Australian researchers can gain maximum benefit in both funding – but also in exchange and collaboration in research with our international colleagues. In this context we've established a number of collaborative arrangements with sister organisations overseas. For example, the NHMRC and the Health Research Council in New Zealand are co-funding, with the Wellcome Trust in the UK, a series of research programs addressing health issues of importance to developing nations in our region, as well as in Australia. These are programs where teams of researchers collaborating across national boundaries can work together on important health issues.

Of perhaps greater relevance to this audience is the NHMRC's collaborative, tripartite agreement with the Health Research Council of New Zealand and the Canadian Institutes of Health Research to foster collaborative research and to exchange researchers working on Indigenous health issues. It is through international collaborations that we hope to build capacity, knowledge and individual experience that can be applied to health issues. Canada in particular has rural, remote and Indigenous health issues from which we stand to learn and compare approaches.

NHMRC is also active through a research agenda which we are trying to develop in conjunction with the WHO. This, I believe, is important for our regional issues but also for the other reasons that I explained in terms of linking with our international colleagues. I think these points underpin somewhat the important points that Neill made earlier this afternoon.

In conclusion, you can be assured that the NHMRC appreciates the very great importance of issues in health that need to be addressed in rural Australia. We welcome the opportunity to work with you and to hear from you about those issues and your ideas for solutions. We also respect and applaud your efforts to address these issues and trust that we can continue to develop our interactions for the benefit of all that need our attention. And if we can do that, we'll be a very happy mob in the end. Thank you very much.