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MRFF Audit 2021
Submission from the Australasian Sleep Association
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1. Are the MRFF governance arrangements effective?

The governance arrangement including the public consultation on the priorities of the MRFF performed every 2 years by the Australian Medical Research Advisory Board, and the appointed expert advisory panels to guide research missions generally provides robust governance. However, there remains a lack of transparency on how "The Minister for Health takes the strategy and priorities into account and decides which research initiatives to fund". We suggest that recommendations from the advisory board and committees be tabled and made public to provide transparency on the final decision from the Minister for Health.

2. Has MRFF legislation, governance, strategies and priorities guided selection of medical research initiatives?

Disappointingly, conditions with high disability burden are unlikely to receive MRFF funding. We refer to the recent analysis published in the Medical Journal of Australia (Gilbert et al., 2021). The bias of MRFF funding towards fatal diseases is at the cost of chronic diseases with a high disability burden. In reviewing MRFF distribution from 2016-19 the authors found that cancer, for example, received 16% of the $575million available compared with only <2% distributed for respiratory diseases or 1% for musculoskeletal diseases – both of which have a high disability burden. This discrepancy was likely due to very few funding calls for chronic conditions with a high disability burden, and shows that the goal of the MRFF supporting medical research and innovation to "improve the health and wellbeing of all Australians – MRFF Act 2015" is not being met.

This oversight is particularly evident in the field of Sleep Research. In the last financial year (2019-20) poor sleep cost the Australian economy $14.4 billion, with non-financial costs of the loss of wellbeing totalling an additional $36.6 billion. This represents 3.2% of total Australian burden of disease for the year (Deloitte Access Economics and Sleep Health Foundation - Rise and try to shine: the social and economic costs of sleep disorders, April 2021).

Sleep is a fundamental biological need, which is essential for physical and mental recuperation. Poor or inadequate sleep, including sleep disorders such as sleep apnoea and insomnia, have major detrimental impacts on our physical and mental health and well-being. The function of every cell in the human body changes when we sleep. Thus, insufficient or poor quality sleep impairs the function of every cell in the human body. Immediate and longer-term examples include irritability, sleepiness, fatigue, weight gain, depression, impaired cognition especially memory impairment and poor decision-making.

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Safety, performance and wellbeing consequences include increased risk of accidents on the road, at home and in the workplace; reductions in performance and productivity; marital and familial disharmony and reduced libido. Health consequences include increased risk of cardiovascular diseases, including hypertension, stroke, heart attack and arrhythmias; obesity and diabetes; dementia with more rapid progression of the disease; and certain cancers.

Along with exercise and diet, sleep is one of three essential pillars for optimal health and welling. Inadequate sleep which is a problem for 4/10 Australians is linked to all domains of health. However, sleep health has not been the focus of targeted research priorities to date. Indeed, the 2018 Federal Parliamentary Inquiry into Sleep Health Awareness in Australia, the first of its kind globally, recommended that the Australian Government fund sleep research across a range of priorities including research on the prevalence of sleep disorders with a particular focus on under-researched population groups such as women and Aboriginal and Torres Strait Islander peoples.

The current governance and members of the expert advisory panels need to drive a shift of focus to ensure that chronic conditions with a high disability burden be included and prioritised in future MRFF research initiatives. This is imperative to meeting the key indicators of the MRFF of "better patient outcomes" and "evidence of increased efficiency in the health system".

3. Does the Department of Health effectively monitor, measure and evaluate MRFF's performance?

The efforts to monitor, measure and evaluate the MRFF's performance have highlighted several potential shortcomings.
For example, there are currently no statistics available to examine gender equity within successfully awarded grants (as there currently is within NHMRC funded grants), and therefore it is unclear what action is required to address the gaps. If we are to enhance Australian clinical researcher capacity, we must be confident that sufficient investment is committed equitably across the genders.

In addition, the first parliamentary report noted the MRFF Funding Principles "encourage open and contestable, peer reviewed grant opportunities wherever possible as a means to ensure investment in research excellence". Yet as tabled recently in senate estimates, over 65% of the total MRFF funds distributed have occurred without peer review. This is alarming.

Given the importance of the MRFF in the landscape of research funding in Australia and the current lack of transparency in how funding is selected, we recommend a more in depth annual report be tabled in parliament and made public, rather than every 2 years as it currently stands. This report should include statistical analysis examining how and where the successful grants are awarded, as well as key research outputs to measure the overall success of the fund.