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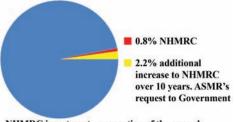


President's Report

The health enterprise in Australia consumes more than one quarter of total Federal Government expenditure—it is the largest publically funded business in the country and is projected to grow over coming decades, from around \$120 billion this year to more than \$3.3 trillion by 2062. Our children and subsequent generations will bear the brunt of this unsustainable escalation in costs and its inevitable impact on health care delivery.

The fastest growing component of the Australian Federal Government's health expenditure is the private health insurance (PHI) rebate, which is projected to grow by more than 50% in real spending over the coming decade. The economic challenges of rising PHI costs are also apparent in other countries, including the USA, where family PHI premiums are expected to egual the median household income by the year 2033. These alarming findings prompted ASMR's recent report "Australian health insurance: extrapolated savings from health and medical research" that projects the proportion of income and pensions spent on PHI premiums to more than double with dire consequences of increasingly unaffordable PHI costs for many Australians. Importantly, conservative decreases by 5 % in the burden of disease, through health & medical research (HMR), are estimated to have significant economic savings of \$21.4 billion to the PHI sector.

Investing in HMR has a proven track record in delivering exceptional health and economic returns. In 2012, ASMR presented to The Treasury, The Department of Finance and Deregulation and the Federal Health Minister, a constructive business case for pegging HMR investment in the NHMRC to a percentage of the total annual health expenditure. Currently, NHMRC investment is approximately 0.8% of the total annual health spend, and ASMR's specific request is to lift this investment to reach 3% by 2022. This increased



NHMRC investment - proportion of the annual Federal Government health spend.



Dr Alain Beaudet receives the ASMR Medal at the National Press Club in Canberra with ASMR President Dr Paul Dawson and NHMRC CEO Professor Warwick Anderson

investment has a conservative estimate of \$25.9 billion in savings to the Australian economy — an approach to alleviate the unsustainable health and aged care costs facing our nation.

ASMR's commissioned reports (all available via the ASMR website) on investment into the NHMRC have supported two submissions to the Federal Government's current review process (aka McKeon review). The first being an ASMR-led submission undersigned by ASMR, Research Australia, Universities Australia, and The Australian Health Care & Hospitals Association. ASMR's individual submission to the review process emphasized the vision for long-term structured and sustainable investment in the HMR sector, particularly for attracting, developing and retaining a highly skilled and multidisciplinary HMR workforce.

The benefits of HMR were also showcased during the recent ASMR Medical Research Week® (31 May to 8 June 2012) by numerous researchers engaging the public, scientific community and politicians around the country. Highlights of ASMR MRW® were presentations from the 2012 ASMR Medallist, Dr Alain Beaudet, President of the Canadian Institutes of Health Research. His key messages focussed on the necessity for investing in HMR, as well as the critical needs for implementing translational outcomes into practice and policy.

In this newsletter, distinguished leaders from the sector summarise their views.

Dr Paul Dawson ASMR President "Science discovery should be driven not just by the quest for intellectual enlightenment, but also for the relief of man's estate."

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strategy for reducing
future Australian health
expenditure



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"Science discovery should be driven not just by the quest for intellectual enlightenment, but also for the relief of man's estate."

had the opportunity to share this quote from British philosopher and statesman Francis Bacon during a speech at the National Press Club in Canberra during my recent trip to Australia. Bacon made the statement 400 years ago, but the sentiment still holds deep significance for funders, performers and consumers of research.

The field and the current challenges we are addressing have changed substantially from early days in medical and mainly disease-oriented research. Modern health research embraces disciplines such as sociology, economy, and health services and policy research to name a few. And, the focus has shifted from disease to wellbeing, from treatment to prevention.

The changing landscape has altered expectations for funders of research. Government contributions in the tens of millions were once referred to as expenditures. But when they reached over one billion dollars a year, as is the case for the Canadian Institutes of Health Research, they were reclassified as investments. And investments call for returns, both economic and health.

As we assay the current state of health research, we must always consider the need to strike the proper balance between basic and applied research, or between curiosity-driven and more targeted research (which are often wrongly taken as referring to the same thing). This remains a major challenge for health research agencies.

Clearly, curiosity-driven, 'blue sky' research is one of the cornerstones of clinical advances and demands

support at all costs. It is what feeds the innovation pipeline: there would be nothing to commercialize if this pipeline dried up. At the same time, to return to Francis Bacon's quote, basic research is not all.

I'm concerned that we are missing the connection between the generation of knowledge and its effective application to health care. Professor Ian Chubb certainly pointed to that same concern when he stated recently: "For translational research in Australia to be fully effective, we need more than funding, we need cultural change."

Fully achieving this translation requires a two-step process. Firstly, research has generated much knowledge and new products and procedures, but we don't fully understand the value of these clinical interventions from the perspective of comparative effectiveness and cost-effectiveness. As an example, in Canada and the US, it is estimated that less than half of clinical acts are evidence-based. Worse, figures hover around 30% for interventions that are at best useless and at worse harmful.

Secondly, it is clear that strong evidence and good intentions, lamentably, do not produce good health outcomes. We need concerted research efforts to learn how to implement research results that we have determined meet the highest standards for efficacy. I'm convinced that a new breed of health researchers: implementation scientists, health economists, biostatisticians, behavioural psychologists, as well as patients and decision makers, will help drive the necessary cultural change.

In meeting these challenges, Australia has a great many strengths to draw on, not the least of which is the country's impressive track record of research success. I was particularly struck by the acute awareness amongst young and emerging researchers in Australia of the overall context and value of their research in society. At the same time, to a person, each of the Australian policymakers that I had the opportunity to meet clearly and enthusiastically grasped the importance and value of health research. This is a partnership for continued success and I applaud the ASMR for helping lead this collaboration.

Dr. Alain Beaudet, President, Canadian Institutes of Health Research, 2012 ASMR Medallist

ASMR Mentoring Program

The ASMR invites members who are 2 to 12 years postdoctoral to participate in the ASMR Mentoring Program. Applications are accepted all year round and the program is free to ASMR members.

For additional information and application forms please visit http://www.asmr.org.au/ Mentor.html



Dr Alain Beaudet, ASMR Medallist 2012, speaking at the National Press Club in Canberra



Closing the gap in life expectancy for Indigenous Australians

The 17-year life expectancy differential between Indigenous and non-indigenous Australians remains one of Australia's most visible and intractable divides.

Whilst there remains no shortage of potential targets for Indigenous health improvement, chronic diseases, including cardiovascular disease, diabetes and chronic kidney disease are the leading causes of death and account for 80% of the life expectancy gap. Despite the inherent complexity of determinants, and the whole of health system reforms required to make a substantive and sustainable difference in chronic disease burden, action is essential.

Fortunately, the reform agenda looms large on the Australian healthcare landscape. Whilst this poses considerable challenges, there are also many opportunities to build systems that not only work for our most vulnerable and marginalised citizens, but that will improve care across the continuum for all Australians.

These interconnected themes have driven the development of our Indigenous health research program over the past seven years. During this time, we started with trying to understand why Indigenous Australians experience higher rates and are more likely to die from CVD than other Australians. In collaboration with many partners we have explored the role of traditional and novel risk factors, health system performance, differential care and psychosocial factors in explaining the gap. However, where we have learnt the most has been from recording and understanding community and patient perspectives of the experience of chronic disease, the manner in which the health care system manages their illnesses and the format and accessibility of care. More fundamental has been to question what defines 'care' for Aboriginal people, as a starting point for holding the system to account, and to drive the development and evaluation of models of care for chronic disease.



The future for our work revolves around several distinct platforms. Firstly a chronic disease agenda has replaced any disease specific approaches; secondly we have chosen to establish a number of critical platforms for integrated collaborative research and service development — such as maternal diabetes as a contributor to intergenerational chronic disease — thirdly we will continue our interests into psychosocial contributors to chronic disease in Aboriginal people with a view to integrated prevention; and we will continue with our national Indigenous primary care research partnerships focused on improving chronic disease care.

Whilst disparity continues, there remains so much to do.

Professor Alex Brown
Indigenous Health Theme Leader,
South Australian Health and
Medical Research Institute

Indigenous Health: Embracing and Enacting the Spirit of Change

n 26 January 1972, four Aboriginal men planted a beach umbrella on the lawn opposite old Parliament House and formed the site that became the Aboriginal Embassy also called the Tent Embassy. At that time Aboriginal infant mortality was 17 times that of other Australians, the Government had rejected Aboriginal land rights and mining was allowed on Aboriginal reserves. These men started a movement that continues today.

History tells us that differences and changes will happen but on some level sameness prevails. In not challenging sameness, the status quo in relation to Indigenous health means more of the same, and the same is not good enough. It is not good enough that infant mortality rates are still high and on nearly every social, health, education, employment and economic indicator that we as Indigenous people fair poorly in comparison to the broader population.

I know there are people doing research that contributes to change and not just to knowing for knowing's sake, and who in 40 years people will reflect on.

How will you recognize them now? Will you see them as radicals? Trouble makers? Or will you see them for the change agents they are? Who will be the people who will make a significant difference to the health of Indigenous people? Is it you?

In my work I try to think about how I can make change not just for the short term but for the longer term. I encourage research teams to do the same. I try to foster capacity building and development in communities and in other researchers. I work with others through leadership in community engagement to form partnerships between Indigenous people and communities and researchers. I am inspired by some of the emerging researchers coming through. I know that in some cases my colleagues and I need to

work out ways that we can develop

them in their research leadership at a faster rate. For significant changes to Indigenous health we need all of this and more.

I ask members of the ASMR how can you as individuals, groups, organisations, institutes and departments bring about the changes needed to shift the health status of Indigenous people to where it needs to be by 2052? That's right 40 years from now.

Let's embrace the spirit of the Tent Embassy in its anniversary year to drive us to bring about a change in the status quo and to enact change for the future health of Indigenous Australia.

Professor Bronwyn Fredericks Pro Vice-Chancellor (Indigenous Engagement) and BMA Chair in Indigenous Engagement, CQUniversity Australia





ASMR Medical Research Week® 2012

SMR Medical Research Week® has once again showcased and celebrated the achievements and diversity of health and medical research in Australia and the researchers who make it happen. The hard work and commitment of the state convenors and their committees and the generosity of their sponsors and supporters culminated in a successful and jam-packed week of events with many highlights.

The wonderful gala dinners held around the country where enjoyed by many researchers, quests and VIPs who heard the ASMR medallist Dr Alain Beaudet (President, Canadian Institutes of Health Research) deliver an insightful presentation on the challenges facing our sector and the approaches being used both here and in Canada to bring investment into health and medical research. We were particularly excited this year to set up our first ever live link between two cities to beam the ASMR president and medallist speeches from the Melbourne dinner to the inaugural Newcastle dinner. Many fingers were crossed as we went live, thankfully without a hitch — a special thank-you to the Newcastle committee and medical research community in the Hunter Valley for their enthusiasm and hard work to make it all come together. The Newcastle dinner is a fantastic new addition to the ASMR MRW® calendar.

The student research symposia are always a highlight of ASMR MRW® and this year was no exception. The depth of talent and enthusiasm of the early career

researchers who present is always inspiring and all prize winners are to be congratulated on their success.

The range of outreach activities run across the country continues to grow, with Science in the Cinema encouraging a better understanding on topical areas of research from health and longevity, memory loss, through to the control and treatment of infectious disease, and a special ASMR MRW® live broadcast on 3RRR. Hundreds of high school students were exposed to the benefits of a career in medical research at events in Melbourne and Sydney and the National online Schools Quiz. The increasing number of outreach activities including trivia nights, science in the pub and regional schools tours held outside ASMR MRW®, continue to highlight the significance of Health and Medical Research well beyond the first full week in June.

Many thanks to all involved especially the state convenors and their committees for another successful ASMR MRW®.

Rosemary Keogh and Amanda Philp ASMR Medical Research Week® Convenors

ASMR Professional Development Sessions

@ the AustralianHealth and MedicalResearch Congress

Adelaide Convention Centre, Adelaide November 2012

Aimed at:

Early to mid-career medical researchers

Focus:

Invaluable tips by experts on:

- Writing a successful research grant application
- Preparing a competitive fellowship application
- How to most effectively lead a research group

When

Monday 26th November: 1 to 3pm, or Tuesday 27th November: 1

* Topics repeated on the Tuesday to allow Congress attendees flexibility in when to attend.

Cost:

Included in a daily or 2-daily conference registration covering the Monday or Tuesday, or the full conference registration. Prices outlined on the website.

Register:

Online at www.ahmrcongress.org.au

More information:

Kristen Nowak Kristen.Nowak@uwa.edu.au) or Amanda Philp (APhilp@ccia.org.au).



Joanne Gardner and Laura Masters receive their WA Department of Health Awards from Dr Tarun Weeramanthri (WA Dept of Health)



ASMR Medallist Dr Alain Beaudet receives a gift from Queensland Dinner Convenor Associate Professor Jean-Pierre Levesque.

Thank you to all sponsors of ASMR Medical Research Week®, in particular our Major National Sponsors,



The ASMR Medical Research Week® undertaken by
The Australian Society for Medical Research is supported by funding from the Australian Government Department of Health and Ageing



Prize Winners from ASMR MRW® 2012

Prizes for excellence in health and medical research were awarded across the nation during ASMR MRW®. Some of the worthy winners are listed below:

ACT

ASMR ACT New Investigator Forum

ANU College of Medicine, Biology and Environment, Best Oral Presentation Award

Daniel Chaston

University of Canberra Best Poster Presentation Award Tenille Sibbritt

New South Wales

ASMR NSW Scientific Meeting 2012

University of Sydney Medal Samantha Oakes

NSW Office for Health and Medical Research, Post-Doctoral Award for Excellence in Medical Research David Gallego Ortega Miltenyi Biotech Student Oral Presentation Award

Miriam Brandl

University of Western Sydney, Student Prize

Siong Meng Lim

Queensland

Queensland Health and Medical Research Awards

Senior Researcher Award Ashraful Haque

Clinical Researcher Award Emma Duncan

Post-Doctoral Researcher Award
Michael Tallack

Student Award

Keerthana Krishnan

South Australia

ASMR SA Annual Scientific Meeting

Ross Wishart Award Jennifer Myers

Best Oral Presentation

Anna Leonard Nadira Ruzehaji

Best Oral Presentation (Early Career Researcher) Kwok Ho Ho Yip

Tasmania

ASMR Tasmania New Investigator Forum

2012 ASMR MRW® Tasmanian Student Award Nicholas Blackburn

Victoria

ASMR Victoria Student Symposium 2012

Best Oral Presentation

Bevan Main

Western Australia

ASMR WA Scientific Symposium 2012

WA Department of Health Award Laura Masters Joanne Gardner

Edith Cowan University Award Ozzie Coghlan

Marc Sim Anna Johansson

Murdoch University Award Alison Louw

ASMR branches out!

SMR is a dynamic organisation representing health and medical researchers in Australia through public, political and scientific advocacy. Each year, the Society hosts a range of events throughout Australia, giving as many of our members as possible opportunities to be involved. In terms of public advocacy, ASMR Medical Research Week® is our flagship event. Every June, the major national focus is on the ASMR Medalist's tour where our eminent guest speaks at Gala Dinners across the country.

Most ASMR MRW® events are held in capital cities, where traditionally the majority of health and medical research is conducted. With the expansion of programs at a number of Australian universities, we now have increasing numbers of world-class researchers and research labs located in regional universities and regional locations. In 2011 we held our first ASMR MRW® Gala Dinner outside a capital city, in Launceston. This year we were delighted to host the inaugural ASMR MRW® Newcastle Dinner, the first in a regional centre to include the ASMR Medalist's presentation by live telecast from the Melbourne dinner

The Newcastle dinner marks an expansion of ASMR MRW® activities and committees into regional areas. Plans for next year include further activities in Newcastle and other regional areas, including Queensland and Darwin. I personally find this to be very exciting for ASMR and health and medical researchers in regional

areas, in part because my current portfolio as an ASMR Director is convener of regional activities for ASMR, and also because I am a health and medical researcher based in a regional location, at Central Queensland University at the Rockhampton campus.

This broadening of ASMR activities and support for health and medical researchers in regional centres recognises the growing volume of high quality research being undertaken in regional locations, as well as the desire of researchers based at regional Universities and research institutes to be active members of ASMR and interact with other members of Australia's vibrant health and medical research sector. If you are located at a regional University, and wish to explore the possibility of forming an ASMR organising committee and having a MRW dinner in your city, please contact Cath West at asmr@alwaysonline.net.au to express your interest. While we cannot host MRW dinners in every city, we do plan to expand the number of MRW dinners in 2013 and beyond. As with all ASMR events, the success of future regional events will be dependent upon the enthusiasm and support of our members. I look forward to welcoming ASMR members to new regional committees, as well as welcoming new members in regional areas to ASMR.

Associate Professor Naomi Rogers President Elect and Regional Events Convenor

Conferences

GeneMappers 2012

26–29 August 2012 Sheraton Mirage, Port Douglas Queensland

http://genemappers.org

Ride the Wave of Collaboration: Industry, Institutions, Individuals 19–21 September 2012 Surfers Paradise Marriot Resort & Spa http://www.arms2012.org.au

17th International Congress of the World Muscle Society

9–13 October 2012 Perth Convention Exhibition Centre

http://wms2012.com

The JBI National Australian Conference on Evidence-based Clinical Leadership, 'Transforming Clinical Leaders to Reform Healthcare' 13-14 August 2012

www.joannabriggs.edu.au/ Events

Mercure Grosvenor Hotel, Adelaide



Professor Colin Sibley — Plenary Speaker and Firkin Orator at the 6th AH&MRC and ASMR NSC 2012



Professor Colin Sibley

Charity Maternal and Fetal Health Research Centre in Manchester. This is one of three Centres in the UK, funded by Tommy's, which aim to find solutions to pregnancy problems such as pre-eclampsia, intrauterine growth restriction and preterm labour. Colin is also Head of the Research and Innovation Division at Central Manchester University Hospitals NHS Foundation Trust.

Poor growth of the fetus whilst in the womb can lead to prenatal or postnatal death or lifelong handicap. Furthermore, babies that are born small are at much greater risk of cardiovascular disease and of diabetes, as well as of a range of other diseases, in adulthood.

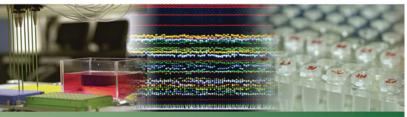
Pre-eclampsia, high blood pressure in pregnancy, which can lead to eclampsia, fitting and death, is the

major killer of pregnant women in the developed world. The placenta forms the essential link between mother and baby whilst in the womb.

It is now clear that poor fetal growth and pre-eclampsia are caused by an abnormal placenta but it is not known what causes the placenta to be abnormal and why this leads to the diseases of pregnancy.

Colin Sibley's research group is trying to understand how the placenta normally allows nutrients to get to the fetus and how it extracts waste products of metabolism from the fetus. Furthermore, the group has been trying to find out why the placenta is at fault in some cases of poor fetal growth; their data show that amino acid transport abnormalities might be important in this regard.





6th Australian Health and Medical Research Congress 25th – 28th November 2012, Adelaide Convention Centre

Promoting new, multidisciplinary approaches to health and medical research

Featuring ASMR 2012 NSC

A Healthy Start to Life: Placental Biology

Epigenetics

- · Trophoblast invasion
- · Immunity

- Sleep and pregnancy
- · Placental transport
- · Vascular adaptations

PLENARY SPEAKER AND FIRKIN ORATOR

Professor Colin Sibley (University of Manchester)

EDWARDS ORATOR

Professor Sarah Robertson (University of Adelaide)

INTERNATIONAL SPEAKERS

Prof Larry Chamley (NZ) **Dr Thierry Fournier** (Paris)

A/Prof Louise O'Brien (USA)
Prof Cees Oudejans (Netherlands)

NATIONAL SPEAKERS

Dr Maree Barnes Dr Paul Dawson Dr Annemarie Hennessy Prof David Kennaway Dr Peter Mark Dr Padma Murthi Dr Laura Parry Dr Richard Saffrey Dr Matthew Simpson

Dr Philippe Boeuf Dr Eva Dimitriadis Prof Jeff Keelan Dr Sharon McCracken Dr Chris O'Neil Prof Claire Roberts Dr David Simmons Dr Michael Stark

Abstract submission and registration now open! Early bird registrations close 24th August For more information visit: www.ahmrcongress.org.au



ASMR Directors 2012

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Dr Paul Dawson — President

Associate Professor Naomi Rogers — President-elect

and Regional Events Convenor

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and Research Careers Convenor

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Dr Louise Dunn — Media Convenor

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Dr Amanda Philp — Assisting Research Careers and ASMR MRW®

Dr Steven Polyak — AHMRC 2012 Convenor

Dr Juliet Taylor — Membership and NSC 2013 Convenor

Dr Daniel Wallace — Newsletter Editor

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Assistant Professor Michelle Gahan — ACT Convenor

Dr Cassandra McIver — South Australia Convenor

Dr Amanda Philp — New South Wales Convenor

Dr Kevin Spring — Queensland Convenor

Dr Katherine Thompson — Western Australia Convenor

Contact details from www.asmr.org.au/Statebranch.html

Call for nominations: Directors of ASMR

Nominations are now being called for election to the ASMR Board. Six current directors Terms of Office expire at the November 2012 AGM. Further information and the Nomination Form are available at http://www.asmr.org.au/Nom12.pdf. Nominations are required at the executive office by no later than September 3rd.

The ASMR is the peak professional body representing medical researchers in Australia. The Society has a long and successful track record of public, political and scientific advocacy with a reputation for integrity second to none. ASMR has been a key player in the NHMRC Budget successes of the last twelve years (doubling of government investment in 1999 and 2006) and will continue to pursue appropriate investment in NHMRC through clearly articulated and evidence based submissions supported by the sector. This is an important and exciting time to be on the ASMR board and we do encourage a wide representation of the membership from across all sectors. Directors are elected for a term of two years and must be prepared to accept portfolio responsibilities and attend three board meetings a year in March, September and at the National Scientific Conference in November. Being an ASMR director is a rewarding experience and an opportunity to make a solid and valuable contribution to H&MR in Australia.

Affiliate Members of ASMR

Association of Australian Medical Research Institutes (AAMRI)

Australasian College for Emergency Medicine Australasian College of Dermatologists

Australasian Faculty of Occupational and Environmental Medicine Australasian Gene Therapy Society Inc Australasian Menopause Society

Australasian Sleep Association

Australasian Society of Clinical Immunology and Allergy

Australasian Society for HIV Medicine Inc

Australasian Society for Immunology

Australasian Society for Infectious Diseases Australasian Society for Psychiatric Research

Australasian Society of Clinical and Experimental Pharmacologists and

Toxicologists

Australian and New Zealand Association of Neurologists Australian and New Zealand Bone & Mineral Society

Australian and New Zealand College of Anaesthetists

Australian and New Zealand Obesity Society

Australian and New Zealand Society for Blood Transfusion

Australian and New Zealand Society for Cell & Developmental Biology Inc

Australian and New Zealand Society of Nephrology

Australian Atherosclerosis Society Australian Diabetes Society

Australian Physiological Society

Australian Rheumatology Association
Australian Society for Biochemistry and Molecular Biology Inc

Australian Vascular Biology Society

Cardiac Society of Australia and New Zealand

Clinical Oncológical Society of Australia

Ear Science Institute Australia

Endocrine Society of Australia
Fertility Society of Australia
Haematology Society of Australia and New Zealand
Health Innovations Research Insitute (HIRi)

High Blood Pressure Research Council of Australia

Human Genetics Society of Australasia

Institute of Health and Biomedical Innovation

Institute of Mind & Behavioural Sciences

Lions Eye Institute Limited

National Association of Research Fellows

Neuroscience Society of Australia and New Zealand

Nutrition Society of Australia Inc Paediatric Research Society of Australia and New Zealand Perinatal Society of Australia and New Zealand Royal ANZ College of Obsertativities and Constitution

Royal ANZ College of Obestetricians and Gynaecologists

Royal Australasian College of Surgeons

Royal College of Nursing Australia Society for Free Radical Research (Australasia)

The Australian College of Ambulance Professionals

The Australian Medical Students' Association Ltd

The Australian Society for Parasitology

The Bionics Institute of Australia

The Royal Australian and New Zealand College of Radiologists The Royal Australian and New Zealand College of Psychiatrists The Royal Australasian College of Physicians

The Royal Australian College of General Practitioners

The Royal College of Pathologists of Australasia

The Society for Reproductive Biology

Thoracic Sóciety of Australia and New Zealand

Transplantation Society of Australia and New Zealand

Associate Members of ASMR

Arthritis Australia

Australian Red Cross Blood Service

Australian Respiratory Council

Brain Foundation

Clifford Craig Medical Research Trust Cystic Fibrosis Australia Incorporated

Foundation for High Blood Pressure Research Haemophilia Foundation of Australia

Juvenile Diabetes Research Foundation

Kidney Health Australia

MS Résearch Australia

Muscular Dystrophy Association Inc National Heart Foundation of Aust

Prostate Cancer Foundation of Australia

Queensland Health

Scleroderma Association of NSW Inc

The Lupus Association of NSW

The Ophthalmic Res Inst of Aust

Supporting Members of ASMR

Biota Holdings Limited Research Australia Sapphire Bioscience Pty Ltd Servier Laboratories

Wilev-Blackwell

Health and Medical Research investment strategy for reducing future Australian health expenditure

Health and Medical Research in Australia

The Australian Society for Medical Research

- The Australian Society for Medical Research (ASMR) is the peak professional body representing Australia's 24,000 health and medical research (HMR) workforce.
- Established in 1961, the Society promotes HMR in all its aspects through public, political and scientific advocacy.
- ASMR is committed to clearly articulated, evidenced-based political advocacy; in the past decade
 (2001 and 2006) playing a key role in two doublings
 of investment in National Health and Medical
 Research Council (NHMRC).

Australia faces unprecedented health and economic challenges

- Health and Ageing expenditure: currently >¼ of total Government spend increasing to almost ½ of toal spend by 2049–50.
- Total health and residential aged care expenditure escalating from 9.3% GDP in 2003 to 12.4% GDP in 2033.²
- Health system expenditure to grow from \$113 billion in 2012 to \$3.3 trillion by 2062.³
- Proportion of income spent on Private Health Insurance to double by 2062 (16% family income, 46.5% couple pension).

Economic benefit of health and medical research

- HMR between 1993 and 2005 is estimated to have returned a net benefit of \$29.5 billion.⁴
- Every dollar invested in HMR returns on average \$2.17 in health benefits.⁴
- Australian HMR returns 117%, exceeded only by mining (159%) and wholesale/retail (438%) sectors.⁴

ASMR's request to government

- Lift investment into the NHMRC to 1% of the total health expenditure in Australia in 2012.⁵
- Subsequent increases in investment into NHMRC by 0.2% annually to reach 3% by 2022.³

Exceptional returns on investment into NHMRC

- Investment in NHMRC between 2000–10 is projected to save \$966 million in direct/indirect costs to the health system.⁶
- Gains of \$6 billion linked to increased well-being from NHMRC investment between 2000–10.6
- Increasing investment in NHMRC to 3% of total health spend has a conservative saving of \$25.9 billion to the Australian economy.³
- Conservative decrease by 5% in the burden of disease, through HMR, has an estimated saving of \$21.4 billion to the Private Health Insurance sector.⁷

Support ASMR's case for Australian Health and Medical Research.

This investment will feed directly into more cost effective and efficient treatment of patients. It will build knowledge for prevention, intervention and innovation. It will reduce the predicted unsustainable escalation of health spending, safeguarding both the community and government.



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