Interview with Worwick Anderson, NHMRC,

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Would you begin by outlining the key milestones & achievements of the NHMRC in the past four years?

The first point is the development of our initiatives on an international level: for example, we joined the International Cancer Genome Consortium and we are funding pancreatic cancer and ovarian cancer both in partnership with other countries. Such international cooperation is the way of the present and the future. Health research has always been an international activity but there is more and more international cooperation.

We are also a founding member of the Global Alliance for Chronic Disease, through which we are looking at the burden of chronic disease on lower and middle income countries. We all know about the infectious diseases such as malaria and HIV, but actually the biggest burden is in chronic diseases. The Alliance is developing very well; we have rolled out the first coordinating funding round between us and our American, Canadian and British partners. We hosted a reception for some of the recipients recently in Sydney on high-blood pressure control in the community.

Furthermore NHMRC signed a Memorandum of Understanding with Singapore on rolling out collaborative research funding on frontier technologies in infection control. We are trying to get ahead of the game in antibiotic resistance. In November we host an international conference on H5N1 risks to human health and are in advanced discussions with both China and India on a MoU for collaborative research.

NHMRC continues to enable researchers anywhere in the world to join with Australian researchers with our funding schemes. To be internationally connected is one of our major drivers, and it also makes the point to those funded and the tax-payers of Australia that NHMRC is committed to developing capabilities to help the world at the best international level.

In health systems and health services research we developed an initiative called Partnerships for Better Health. There are two activities in this regard, the first regards partnership projects where an organization with a certain research need can partner with researchers and come to us for funding. These are sometimes State Departments for Health or, for example, road traffic accident reduction organizations. A wide range of non-government organizations and private sector organizations are involved. We have over 200 partners that have a research need.

We are matching that with partnership centers which entail partnerships between NHMRC and other bodies. We are rolling out two at the moment â?? one is in the area of dementia, through which State governments and private sector healthcare providers partner with NHMRC to put together a consortium of researchers who can do policy- and practice type research. The second one is in chronic disease â?? a systems approach rather than an individual approach to design a system to cope with people with multiple complex diseases, a very complicated research and policy area.

The third concerns the Research Translation Faculty â?? we reached out to the thousands of people that we fund and emphasized the need to build bridges between what we know from research and what happens in the health system.

We nominated thirteen priority areas in our strategic plan starting January 1, 2013, to find out what NHMRC can do to close the translational gap. That might be through a public statement, it might be a recommendation to a minister, it might be working with the Department of Health, and sometimes it will develop into a priority call for research â?? a targeted call for research. We are expecting those to be big, important questions, carefully documented, peer reviewed. It comes down to NHMRC wanting to use the intellect and wisdom of the people it funds to address more quickly the gap between what we know and what actually happens in health care.

How would you rate the interaction and cross-over from academia to the private sector in Australia?

This has been fairly weak historically. It is a cultural thing: the Americans always think about private enterprise development while the Australians tend to think, â??what can government do about this?â??

Probably as recently as 25 years ago the attitude among academics was that they should not get into business. Australiaâ??s reputation in this regard is changing however with changes in the mentality in the academia. The growth in value of the Australian biotech industry has been spectacular, especially for a country of 20 million people, and successes like Mesoblast, Cochlear and CSL offer great examples.

How is NHMRC contributing to this change in mentality?

We have been sending messages for ten years that we value national prosperity out of research. There are government guidelines about exploiting intellectual property out of government funded research, and I am the chair of the committee that is revising those guidelines. We have always taken the view that the third party owns the intellectual property, but we also expect them to do something with it. In our peer review processes we value people who have patented work and they can claim that as part of their track record. Our statistics show that the number of people who now have at least some patents or something beyond that has rapidly grown over the period of time. It is a cultural shift.

Institutions vary a lot in their ability to support the next step to commercial development. The bigger universities as well as some of the medical research institutes tend to be fairly good at this stage. But Australia has grown a lot of smaller institutes over the past twenty years that often do not have the resources to do that. We are trying to think which policy settings we can do to encourage that.

Medicines Australia recently announced that pharmaceutical exports with A$4 billion is now Australiaâ??s biggest manufacturing export. This would not have been possible without a very vibrant medical research community that is accustomed to competition, and NHMRC plays an important role in stimulating that competition. All our grants are rewarded through an open, competitive tender.

In clinical research however we saw a drop in the number of trials and the number today is still below that of 2007. How would you rate the attractiveness of Australia as a destination for clinical research?

We became a high-cost country on the back of our economic performance, which means that we are not able to compete on price alone anymore. While this has pressured our competitiveness in clinical trials, our high quality and high ethics still make us an attractive location.

The speed of ethics approval in Australia has been mentioned as a difficulty as well, and as much as NHMRC would want to be part of the solution, the key lies with the states. It is important that we get cooperation between all the States, since they are responsible for the conduct of trials in their public hospitals.

There is no reason now that ethics approval cannot happen in a month. We have all the processes in place: we have certified 40 high-quality ethics committees and said that as far as NHMRC is concerned this is a one-stop shop for ethics approval.

Ethics is not the issue and it never was; it is governance around clinical trials: getting the hospitals that should host the clinical trials to agree to host them. We have helped there too: we have a guide to governance approval and came up with a list of reasonable charges, and we have templates and forms that can be downloaded from our website. We cannot mandate ethics and governance agreements; we can only facilitate them, and we have done everything in our powers to do that.

Many people wonder why there is not just one national ethics committee. The commonwealth could do that but it could not mandate its use. We have therefore taken the approach to set up a system of credentialing ethics committees under the auspice of the Australian Health Ministers Advisory Committee This way, everybody can be assured of high quality. I keep saying to the industry: you can make this happen more than we can â??only fund clinical trials if there is agreement to use NHMRCâ??s system.

How do you see the co-existence of government funded & private CROs?

Generally I think clinical research in Australia and in any developed country, is struggling. NHMRC has a fellowship for clinical researchers, and clinical research has been the biggest percent growth funding area for NHMRC. To put it in perspective: NHMRC funds around A$0.8 billion annually and clinical research represents about A$0.25 billion of that. We have suggested some ideas in the health reform discussions to do better, and we hope that the Review of Health & Medical Research, whose preliminary report was released in October, might pick up some of those ideas.

The general view would be that the public health system is underdone in support of clinical research, and this has certainly been put to Review many times. Even in the big state-run â??teachingâ?• hospitals, support for clinical research has moved away because the infrastructure has not been specifically funded through the health system. It has been an expectation that the university sector would pick that up and NHMRC would fund some of it.

As far as the private sector hospitals are concerned, clinicians working in private hospitals can apply for NHMRC funding through their affiliated universities. There is no barrier to that, although they might be less aware of it than they should be. Private hospitals could register as an Administering Institutions provided they meet our criteria. I suspect that their views are changing too as they hear NHMRC and other bodies talk more and more about the gap between discovery and what happens at the bedside. We have had discussions with the Private Hospital Association though, through our partnership center idea. So much of the Australian health care delivery happens in the private sector, and it would be terrific if they registered in a stronger partnership.

In your vision what are the main challenges & opportunities for the Australian research community associated with the Asian Century?

The developments in Eastern Asia and the related opportunities for Australia are very exciting, and the Australian health research community is aware of it. Many of our universities have campuses in Asia. Monash University for instance has a medical school in Kuala Lumpur and just opened a new campus in China. So much of our research is in partnership with researchers in those countries and

in less developed countries our researchers are researching health problems such as infectious or chronic disease. We see a lot of embedding already. I am a great believer in people getting to know each other, and it is absolutely crucial to set up networks, friendships, and fellowships for today and for coming generations.

Australia undoubtedly faces challenges connected with the rise of Asia. The population size of most of the Asia Pacific countries â?? not just China and India but also other quickly emerging countries such as Indonesia and Thailand are many times bigger than Australiaâ??s. The next decades will be about positioning Australia as a high-quality destination in research but also in the economic and the health outcomes of translational research.

It is a little hard to see what the research enterprise 50 years from now is going to look like worldwide, but in my view we can be sure of one thing: most health research is going to come out of the time zones covered by Australia from the west- to the east coast.

What role do you see for international cooperation in the future of Australiaâ??s research community?

The way the Global Alliance for Chronic Disease has been put together is highly relevant in this regard. I suspect that twenty years from now â?? let alone fifty years from now â?? we will have worked out a system in which national governments pay for their own populationâ??s research, but research is highly integrated internationally. In a century that has multilateral agreements in many areas it is interesting that there are no multilateral agreements around health research yet. We have the WHO, but that is not really about research. The closest is an organization known under the perhaps unfortunate acronym HIROS, through which the heads of various national research organizations come together every six months to discuss the big issues that we all face. In my vision the organization has the potential to eventually develop into a multinational agreement around research â?? about ethical issues, about sharing data, open access to the results of publicly funded research. That is an unstoppable trend.

What is your final message?

We need to keep our policy makers understanding that booms in minerals and coals come and go. We need to balance that with industries built on brains, and the Australian medicines industry has shown that it can fulfill a balancing role. We need to make sure that we do not lose the plot on this in times when it all seems to be about iron ore.

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