AMRAB Draft Strategy and Priorities Survey Response
Bronwyn Le Grice (ANDHealth) Submission

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ABOUT THE CONSULTATION

The Australian Medical Research Advisory Board (AMRAB) sought feedback on its draft Australian Medical Research and Innovation Strategy 2026–2031 and Australian Medical Research and Innovation Priorities 2026–2028. Together, these documents will guide the future direction and focus areas for investment through the Medical Research Future Fund (MRFF). The below response was provided by ANDHealth CEO Bronwyn Le Grice on behalf of ANDHealth, highlighting considerations for Australia's digital and connected health innovation ecosystem.

ANDHEALTH'S RESPONSE

1. Vision

Q: Does the proposed Vision best position the MRFF to transform health and medical research and innovation in Australia over the next five years?

Yes. ANDHealth supports the ambition of 'transforming health through research excellence and lasting impact,' noting that lasting impact must include commercial and economic impact, not only clinical or health-system impact. Australia continues to under-translate world class research into scaled, revenue generating digital and connected health products and sovereign industry capability.

We recommend the Vision statement, or its supporting narrative, reference the MRFF's role in building a competitive, export capable Australian health technology industry, not just as a beneficiary of research, but as a driver of the lasting impact the Strategy seeks. Without this, there will be risk that impact will continue to be interpreted narrowly as publication or pilot-stage evidence generation, rather than adoption, reimbursement and commercial sustainability.

We also encourage the MRFF to define what excellence means for translation and commercialisation specifically (e.g. regulatory grade evidence, market readiness, investment readiness) alongside research excellence, so both are held to equivalent rigour.

2. Strategic Objectives

Q: Do the proposed Strategic Objectives set a clear and appropriate direction for delivering the MRFF Vision 2026-2031?

ANDHealth strongly supports the inclusion of an objective on 'transformation of health care through AI and digital health advances that integrate preventive health, diagnostics and therapeutics across the care continuum' and the objective on 'end-to-end translation of discoveries and innovation into real-world impact - building sovereign capability and delivering

measurable health and economic benefits.' These two objectives clearly articulate the MRFF's role in commercialisation and industry capability building and should be strengthened through implementation.

We also recommend the Strategic Objectives connect digital health and AI transformation to the sovereign capability and translation objective as they read as parallel but separate goals. Digital and connected health is Australia's fastest growing and most exportable health innovation category, and it sits at the intersection of these two objectives. We recommend a cross reference or unifying narrative that positions digital health commercialisation as a vehicle for achieving both.

We also recommend a clear evaluation framework for 'measurable economic benefits', including metrics such as investment leveraged, number of companies reaching regulatory approval/reimbursement, jobs created, and revenue. This will ensure the MRFF can demonstrate delivery against this objective over the Strategy period, rather than defaulting to research output metrics (publications, citations) that do not capture commercial translation.

3. Cross-cutting Principles

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

Yes. ANDHealth welcomes 'Partnerships and co-investments' as a named cross-cutting principle as this will be critical to leveraging MRFF funding with private capital, industry and philanthropic co-investment, drawing on models such as ANDHealth+ (funded through MRFF BMTI), which has demonstrated substantial private follow-on investment through structured, non-dilutive commercialisation support.

We also support 'Translation and implementation' as a principle and note this is frequently the most under resourced and highest risk stage of the health innovation pipeline. We recommend the Strategy explicitly acknowledge commercialisation expertise (regulatory strategy, health economics, market access, investment readiness) as a distinct capability required to operationalise this principle, separate from academic research translation capability.

'Systems-based and scalability' should also reference digital infrastructure and interoperability as prerequisites for scaling health innovation nationally.

We also recommend 'Partnerships and co-investments' explicitly name payers – private health insurers, state and territory procurement bodies, and Primary Health Networks – as partners alongside consumers, clinicians, industry and philanthropy. Much of the current framing places the burden of translation and adoption on innovators and solution providers; payers determine whether MRFF-funded innovations are ultimately purchased and reimbursed, and their early involvement in co-design and co-investment is critical to closing the translation-to-adoption gap.

4. Shared Enablers

Q: Will the shared enablers support the successful delivery of the MRFF Strategy 2026-2031?

Yes. ANDHealth supports 'Coordinated & complementary MRFF and NHMRC investment' and 'Integrated national research ecosystem' as enablers and recommends that commercialisation

organisations (such as accelerators and incubators) are recognised as part of this ecosystem. Currently the enablers appear to describe academic, health service and lived experience agents only, and not industry facing organisations that translate research into deployable products and sustainable businesses.

We recommend a sixth enabler, or an addition to existing enablers, focused on commercialisation and industry translation infrastructure, encompassing specialist accelerator/incubator programs, access to regulatory and health economics expertise, and pathways connecting research outputs to investment ready ventures.

'Advanced and emerging research technologies' should include digital health platforms, data infrastructure and AI as core enabling technologies given their relevance to every priority area.

We further recommend a dedicated shared enabler on 'value demonstration and market access', requiring MRFF-funded translation grants to include health-economic modelling and reimbursement-strategy milestones from the outset, rather than as an afterthought once proof-of-concept is achieved. This enabler should also fund fast-track or navigator support connecting MRFF grant recipients to MSAC, TGA and Services Australia pathways, to reduce the multi-year gap that currently exists between proof-of-concept and paid access.

5. Further Feedback on the MRFF Strategy

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

Nil.

6. MRFF Priorities 2026-2028

Q: Considering the proposed Priority 2026-2028 of AI in research and health systems, are there any important elements not captured in this Priority that should be included?

ANDHealth recommends this Priority addresses the regulatory, safety and reimbursement pathways required to translate AI research tools into approved, funded clinical products. The regulatory frameworks for AI in health are evolving and there is a lack of established reimbursement pathways for AI-enabled care.

ANDHealth also recommends this Priority be broadened to explicitly encompass digital health, not only AI-specific technologies. As currently framed, the Priority carries the full clinical breadth of the care continuum (prevention, diagnostics, therapeutics, service delivery) but only for AI-based research and technologies, while most evidence-based digital health interventions in clinical use today – software as a medical device, digital therapeutics, remote monitoring, virtual models of care – do not necessarily use AI. This creates a practical risk that non-AI innovators either self-select out of this Priority or rebadge their work as 'AI' to fit, when it more naturally aligns with the Strategy's broader digital health and AI objective (we are already seeing this 'AI badging' occur). We recommend the Priority be retitled 'Digital health and AI in research and health systems' and described as: 'Nationally coordinated, safe and ethical use of digital health technologies, including artificial intelligence, across research and health systems that accelerates innovations in preventive health, diagnostics, therapeutics and service delivery across the care continuum.' This positions AI as a named and prominent subset of digital health, consistent with how the WHO, FDA and TGA define the sector, and mirrors the Strategy's own Strategic Objective on this topic.

Q: Considering the proposed Priority 2026-2028 of Integrated digital health systems, are there any important elements not captured in this Priority that should be included?

ANDHealth recommends the Priority include:

- interoperability standards and data-sharing infrastructure to enable integration
- support for commercialisation and scale-up of Australian digital and connected health SMEs
- reimbursement and funding pathway reform to enable digital health tools to be sustainably adopted within federal and state health system funding models.

ANDHealth also recommends this Priority be retitled and tightened to focus explicitly on the data and infrastructure foundations it is describing, for example 'Health system data and digital infrastructure', described as: 'Research-informed, person-centred and data-driven transformation of the health system through interoperable, secure and high-quality data utilisation, linkages and infrastructure.' Read alongside a broadened AI in research and health systems Priority (see our response to Q14), the two Priorities then work as a natural pair – one covering the technologies and interventions transforming care, the other the data foundations they depend on – so that innovators developing evidence-based digital health technologies that are not AI-based are not excluded from either Priority.

Q: Considering the proposed Priority 2026-2028 of Aboriginal and Torres Strait Islander community governed and directed research, are there any important elements not captured in this Priority that should be included?

The priority is well addressed.

Q: Considering the proposed Priority 2026-2028 of Advanced therapeutics and emerging technology, are there any important elements not captured in this Priority that should be included?

ANDHealth recommends this Priority includes digital and connected health technologies (software as a medical device, AI-enabled diagnostics, remote monitoring), along with cell and gene therapies and other biotech modalities more traditionally associated with emerging technologies. Digital health is frequently omitted from advanced therapeutics despite representing one of the largest and fastest growing categories of health technology innovation and commercial opportunity in Australia.

Q: Considering the proposed Priority 2026-2028 of Health impacts from environmental factors, including climate change, are there any important elements not captured in this Priority that should be included?

The priority is well addressed.

Q: Considering the proposed Priority 2026-2028 of Multiomics-informed healthcare, are there any important elements not captured in this Priority that should be included?

ANDHealth recommends this Priority reference the data infrastructure, digital platforms and AI analytics capability required to make multiomics data clinically actionable and commercially deployable.

Multiomics research without investment in the digital and computational infrastructure to translate it into usable clinical tools is unlikely to achieve informed healthcare.

Q: Considering the proposed Priority 2026-2028 of Determinants of health, are there any important elements not captured in this Priority that should be included?

The priority is well addressed.

Q: Considering the proposed Priority 2026-2028 of Embedding research in the health system, are there any important elements not captured in this Priority that should be included?

ANDHealth recommends this Priority recognise commercialisation and industry partnership as a mechanism for embedding research in the health system, as distinct from clinician-led implementation science approaches. We recommend the Priority reference procurement reform and health service readiness to adopt novel, evidence-based digital and connected health products as a specific action area.

We also recommend the MRFF fund pilot procurement or 'innovation purchasing' programs in partnership with hospitals and health services, so that technologies can generate real-world adoption evidence ahead of formal MSAC or state-based listing. This addresses the chicken-and-egg problem where payers require adoption evidence before funding a technology, but adoption evidence cannot be generated without funded access.

Q: Considering the proposed Priority 2026-2028 of Skilled and sustainable health and medical research workforce, are there any important elements not captured in this Priority that should be included?

ANDHealth recommends this Priority includes commercialisation, regulatory affairs, health economics and market access skills as part of the skilled workforce definition, expanding the focus on academic research skills.

7. MRFF Priorities 2026-2028

Q: Are the proposed Priority Populations appropriate for guiding equity considerations across the proposed MRFF Priority 2026-2028?

Yes. Digital and connected health technologies have the potential to improve equity of access for people in remote/rural communities, people with disability, and CALD communities. However, these digital health tools must be designed and funded with these access needs (connectivity, digital literacy, language, assistive technology compatibility) built into commercialisation and adoption pathways.

We also recommend that patient and consumer affordability and digital access analysis – covering out-of-pocket cost as well as digital literacy – be included as a required output of MRFF-funded digital health translation research, given that consumer adoption depends as much on affordability and access as on clinical validity.

8. Further Feedback on the MRFF Priorities

Q: Is there any additional feedback on the proposed Priorities you would like to provide that has not been addressed above? (Optional)

ANDHealth recommends the final Strategy include a clear implementation and evaluation framework that tracks commercial and economic translation outcomes over the 2026–2031 period, in addition to research and health outcomes. We also recommend continued and expanded investment in proven commercialisation vehicles such as the BioMedTech Incubator program as a mechanism for delivering the Strategy's translation and sovereign capability objectives at scale.

Regarding data sovereignty, we recommend this should not be restricted to indigenous data, the issues of trust, the pending Consumer Data Right and data sovereignty should apply to all Australians and their data.

ENDS