

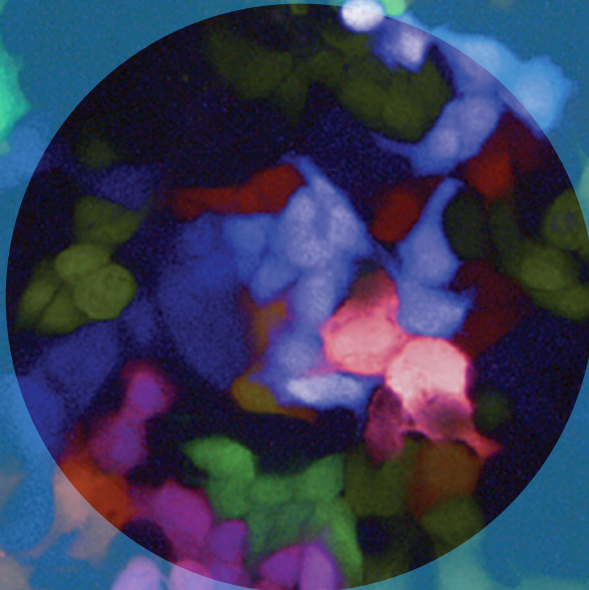


Australian Government

National Health and Medical Research Council

2020-21

# ANNUAL REPORT 2020-21



NHMRC

BUILDING  
A HEALTHY  
AUSTRALIA

Figure 1: NHMRC funding snapshot, 2020-21

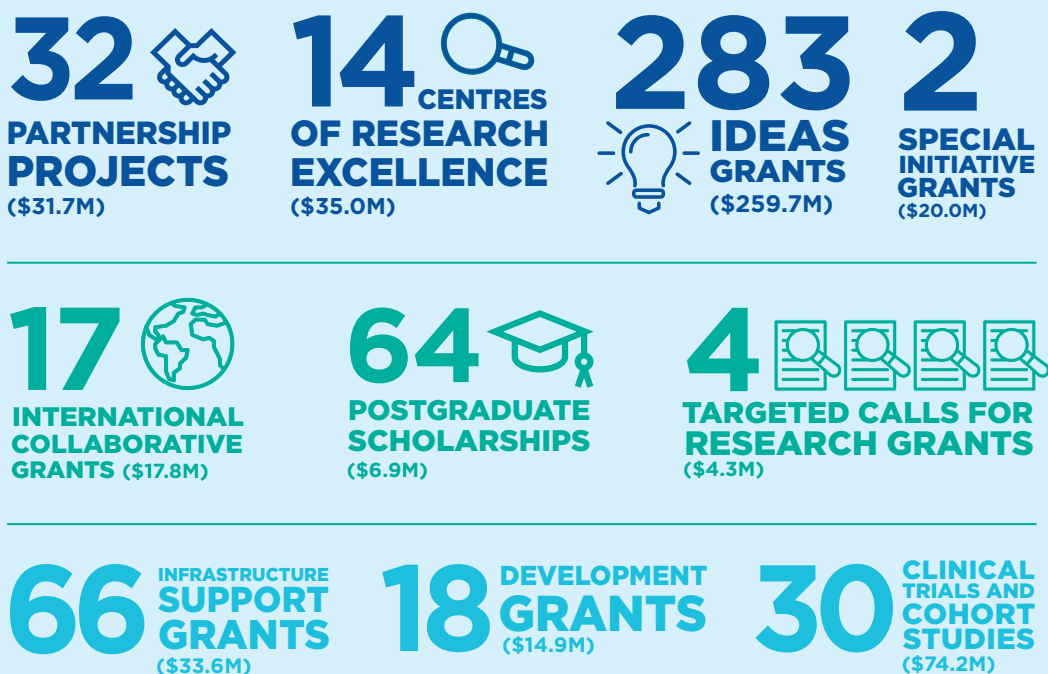


Figure 2: NHMRC staff snapshot, 2020-21



Figure 3: Research on major health issues funded by NHMRC, 2020–21

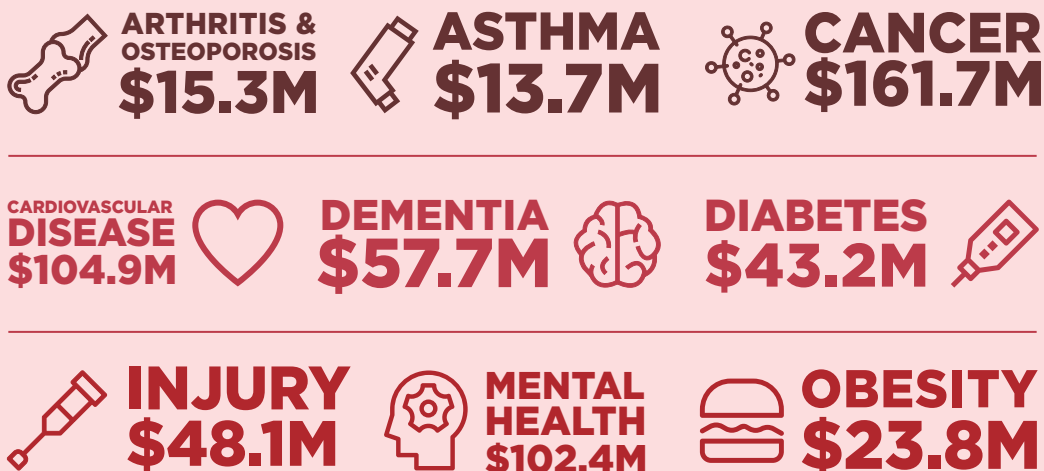


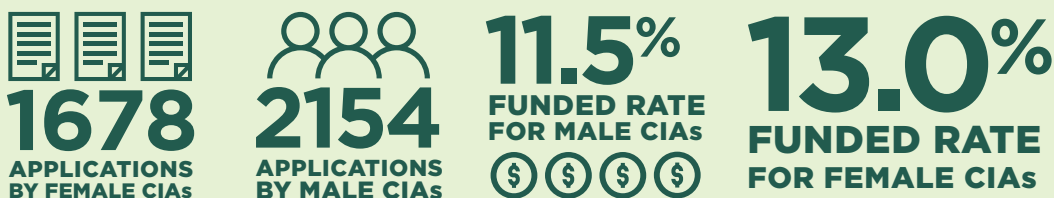
Figure 4: NHMRC Aboriginal and Torres Strait Islander health research funding, 2020–21



MREA refers to the Medical Research Endowment Account.



Figure 5: NHMRC applications for funding by gender, 2020–21



CIA refers to the Chief Investigator A.

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# Letter of transmittal



**Australian Government**  
**National Health and Medical Research Council**



The Hon Greg Hunt MP  
Minister for Health and Aged Care  
Parliament House  
CANBERRA ACT 2600

Dear Minister,

I am pleased to present to you the Annual Report of the National Health and Medical Research Council (NHMRC) for the 2020–21 financial year.

This report was prepared in accordance with section 46 of the *Public Governance, Performance and Accountability Act 2013* and section 83 of the *National Health and Medical Research Council Act 1992* (NHMRC Act).

As demonstrated in this report, NHMRC has continued to achieve its functions, which are to fund high-quality health and medical research and build research capability, support the translation of health and medical research into better health outcomes, and promote the highest standards of ethics and integrity in health and medical research.

Throughout 2020–21, NHMRC performed its functions under the NHMRC Act, the *Prohibition of Human Cloning for Reproduction Act 2002*, the *Research Involving Human Embryos Act 2002* and the *Medical Research Future Fund Act 2015*.

This report includes the annual report of the NHMRC Commissioner of Complaints, as required under section 68 of the NHMRC Act. It also includes a report on the activities of the Australian Research Integrity Committee.

As required by section 10 of the *Public Governance, Performance and Accountability Rule 2014*, I certify that:

- NHMRC has prepared fraud risk assessments and fraud control plans
- NHMRC has in place appropriate fraud prevention, investigation and reporting mechanisms
- I have taken all reasonable measures to deal appropriately with fraud relating to NHMRC.

Yours sincerely

**Professor Anne Kelso AO**  
Chief Executive Officer

16 September 2021

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# Contents

|                                  |    |
|----------------------------------|----|
| Letter of transmittal            | v  |
| About the report                 | x  |
| Chief Executive Officer's review | xi |

## Part 1 Overview 1

NHMRC has been supporting health and medical research and translation to improve the health of all Australians since 1937. This section details NHMRC's role and organisational structure, introduces our senior executive, highlights our 2020-21 strategic priorities and presents our strategy for investment in health and medical research.

|  |    |
|--|----|
| Role and functions                                       | 2  |
| Outcome and program                                      | 3  |
| Purposes   | 3  |
| Strategy for health and medical research                 | 4  |
| Strategic priorities                                     | 4  |
| Research investment in major health issues               | 5  |
| Leadership   | 6  |
| Chief Executive Officer                                  | 6  |
| Leadership team  | 6  |
| Organisational structure                                 | 8  |
| Research funding and expenditure                         | 9  |
| Medical Research Endowment Account                       | 9  |
| NHMRC funding summary                                    | 10 |
| Medical Research Future Fund                             | 12 |
| NHMRC's response to the COVID-19 pandemic during 2020-21 | 14 |

## Part 2 Promoting excellence through NHMRC awards 17

Our awards for excellence highlight outstanding Australian researchers and the extraordinary quality and promise of NHMRC-funded health and medical research.

|   |    |
|---|----|
| 2021 Commonwealth Health Minister's Award for Excellence in Health and Medical Research | 18 |
| 2020 NHMRC Research Excellence Awards   | 18 |
| NHMRC Peter Doherty Investigator Grant Awards   | 19 |
| NHMRC Elizabeth Blackburn Investigator Grant Awards                                     | 20 |
| NHMRC Sandra Eades Investigator Grant Award   | 23 |
| NHMRC Frank Fenner Investigator Grant Award   | 24 |
| NHMRC Gustav Nossal Postgraduate Scholarship Award                                      | 25 |
| NHMRC Marshall and Warren Awards  | 26 |

|   |           |
|---|-----------|
| <b>2021 Biennial Awards</b>   | <b>27</b> |
| NHMRC Outstanding Contribution Award                                      | 27        |
| NHMRC Ethics Award  | 28        |
| NHMRC Consumer Engagement Award   | 28        |
| NHMRC Research Quality Award  | 29        |
| NHMRC Science to Art Award  | 29        |
| <b>Australian guidelines to reduce health risks from drinking alcohol</b> | <b>30</b> |

## **Part 3 Annual performance statements** **33**

**Our annual performance statements outline our activities and achievements against performance targets under the themes of investment, translation and integrity.**

|   |           |
|---|-----------|
| <b>Statement by the accountable authority</b>   | <b>34</b> |
| <b>Purposes</b>   | <b>34</b> |
| <b>Summary of results</b>   | <b>35</b> |
| <b>INVESTMENT: Create knowledge and build research capability through investment in the highest-quality health and medical research and the best researchers</b>                      | <b>37</b> |
| Activities   Investment   | 37        |
| Analysis of performance   Investment  | 38        |
| <b>TRANSLATION: Drive the translation of health and medical research into clinical practice, policy and health systems, and support the commercialisation of research discoveries</b> | <b>45</b> |
| Activities   Translation  | 45        |
| Analysis of performance   Translation   | 46        |
| <b>INTEGRITY: Maintain a strong integrity framework underpinning rigorous and ethical research and promoting community trust</b>  | <b>48</b> |
| Activities   Integrity  | 48        |
| Analysis of performance   Integrity   | 49        |
| <b>National Network for Aboriginal and Torres Strait Islander Health Researchers</b>  | <b>52</b> |
| <b>Special Initiative in Mental Health</b>  | <b>54</b> |

## Part 4 Operating environment

56

This section outlines our legislative, governance, compliance and assurance arrangements and provides information to satisfy Australian Government reporting requirements.

|  |           |
|--|-----------|
| <b>Legislative framework</b>   | <b>57</b> |
| <b>Governance</b>  | <b>57</b> |
| Council  | 58        |
| Principal Committees   | 69        |
| Working committees   | 74        |
| <b>Ministerial advisory committees</b>   | <b>77</b> |
| <b>External scrutiny</b>   | <b>77</b> |
| Judicial decisions, and decisions of the Administrative Appeals Tribunal and the Australian Information Commissioner | 77        |
| Reports by the Commonwealth Ombudsman  | 77        |
| Reports by the Auditor-General   | 78        |
| Reportable matters under section 83  | 78        |
| Reports by parliamentary committees  | 78        |
| <b>Compliance and assurance</b>  | <b>79</b> |
| Audit  | 79        |
| Compliance statement   | 79        |
| Risk management  | 80        |
| Fraud prevention   | 80        |
| Privacy  | 81        |
| Freedom of information   | 81        |
| <b>Research integrity</b>  | <b>82</b> |
| Notification of research integrity matters   | 82        |
| Australian Research Integrity Committee  | 82        |
| <b>Accountability</b>  | <b>83</b> |
| Purchasing and procurement   | 83        |
| Contracts and consultancy services   | 84        |
| Asset management   | 86        |
| Advertising and market research  | 86        |
| Complaints   | 86        |
| <b>Environmental management</b>  | <b>87</b> |
| Energy consumption   | 88        |
| <b>Case study: Autism assessment and diagnosis guideline</b>   | <b>89</b> |
| <b>Case study: Improving health outcomes in the tropical north</b>   | <b>91</b> |



## Part 5 People management 93

This section presents our people management information, including workforce demographics.

|   |     |
|---|-----|
| Overview  | 94  |
| Workplace culture and performance                 | 94  |
| Staffing  | 95  |
| Workforce planning                                | 95  |
| Workplace agreements                              | 96  |
| Remuneration                                      | 96  |
| Executive remuneration                            | 96  |
| Non-salary benefits                               | 99  |
| Performance pay                                   | 99  |
| Work health and safety                            | 99  |
| Response to the COVID-19 pandemic                 | 100 |
| Work health and safety incident reporting         | 101 |
| Learning and development                          | 102 |
| Workplace diversity                               | 102 |
| Disability reporting                              | 104 |
| Performance management framework                  | 104 |
| Australia Day awards                              | 105 |
| Case study: Influenza pandemics and their control | 106 |

## Part 6 Financial performance 108

This section highlights NHMRC's financial performance during 2020-21 for both Departmental and Administered activities.

|                                      |     |
|--------------------------------------|-----|
| Financial performance - Departmental | 109 |
| Financial performance - Administered | 109 |
| Agency resource statement            | 110 |
| Financial statements                 | 111 |

## Appendices 144

|  |     |
|--|-----|
| Appendix 1: Public consultations       | 145 |
| Appendix 2: List of requirements       | 146 |
| Appendix 3: Abbreviations and acronyms | 153 |
| Appendix 4: List of figures and tables | 157 |
| Index                                  | 158 |

# About the report

This annual report is a summary of the performance and financial position of the National Health and Medical Research Council (NHMRC) for the 12-month period to 30 June 2021.

Unless otherwise stated, references to ‘the organisation’, ‘us’ and ‘our’ refer to NHMRC as a whole. In this report, ‘this year’ refers to the financial year that ended 30 June 2021, unless stated otherwise.

As a statutory authority in the Health portfolio, we manage our performance through the outcome and program structure set out in NHMRC’s chapter of the Health Portfolio Budget Statements (PBS).

This report reviews our performance against the purposes and performance targets in our corporate plan and our PBS, as required by the *Public Governance, Performance and Accountability Act 2013*.

Our corporate plan is available at [www.nhmrc.gov.au/about-us/corporate-plans-and-annual-reports](http://www.nhmrc.gov.au/about-us/corporate-plans-and-annual-reports).

Our PBS is available on the Australian Government Department of Health website at [www.health.gov.au/resources/publications/budget-2020-21-health-portfolio-budget-statements](http://www.health.gov.au/resources/publications/budget-2020-21-health-portfolio-budget-statements).

# Chief Executive Officer's review



When the first reports of an infectious disease outbreak emerged from Wuhan in early 2020, few people paid much attention. When the outbreak began spreading to other countries, the world started to take notice but with little sense of what lay ahead. Today we look back on a time in which our lives have been profoundly changed by the COVID-19 pandemic. No matter where we live and no matter how effectively our countries have responded to the incursion of SARS-CoV-2, each of us is affected by this virus – directly or indirectly – in our health and in our personal and professional lives. We have re-learned the power of infectious diseases to shape our daily lives and human history.

There have been many other lessons from the pandemic so far. One that must not be forgotten is the importance of science, both to explain what is happening and to provide the tools to protect us. Humanity has survived many pandemics but sometimes at the cost of extraordinary loss of life. The human cost of this pandemic is being greatly reduced by the tools our researchers have developed: the ability to diagnose and track infections, to identify and understand new viral variants, to treat the severely ill, and to protect through vaccination. Even the least technical of interventions – physical distancing and quarantine – are underpinned by understanding the spread of the virus through households, workplaces and communities. Most remarkable now is the growing evidence that severe COVID-19 is a disease of the unvaccinated. Our pathway ‘out’ is clear.

In Australia, health and medical researchers have been key advisers to Commonwealth, state and territory governments from the beginning of the pandemic. The readiness of governments to draw on that advice in setting public health policy is one of the reasons the pandemic has been so much less severe here than in many other comparable countries to date. We can say how lucky we are but this is only partly true. It is not luck that we have a strong, deeply expert, globally connected research community, nor that those researchers had already earned the respect and trust of our governments. This is the result of decades of national investment in Australian research and a history of engagement between the government and research sectors.

It is challenging to measure the value of a country's investment in research and research capability because the pathway from new knowledge to the improvement of the human condition can be indirect and long. Sometimes it takes an emergency, like the one we are living through today, to show us why it matters. We might not easily put a dollar value on the return on that investment but we can understand that our lives depend on it.

As Australia's lead agency for funding health and medical research, NHMRC has continued to deliver its reformed **grant program**, now in its third year, despite disruptions from the pandemic. We reported last year on adjustments made to the 2020 grant program to reduce the immediate pressure on the research sector and to provide flexibility for researchers to contribute to the response to COVID-19. It was thanks to the resilience and hard work of peer reviewers and others in the sector, as well as NHMRC's own staff, that the revised grant program was delivered on schedule with the commitment of about \$760 million to new health and medical research grants across the country for the 2020 calendar year.

In 2021, the full program is being offered once again, with some adjustments to provide applicants with as much time as possible to prepare applications. All the major funding schemes ended the reporting period on track. With funds carried over from 2020 supplementing the \$863 million allocation to the Medical Research Endowment Account (MREA) through the Federal Budget in May 2021, NHMRC anticipates committing about \$1 billion to new grants in the 2021 calendar year.

Like many others in the research community, NHMRC, its Council and advisory committees have been deeply concerned about the impact of the pandemic on the research activities and careers of people across the sector, particularly women and early and mid-career researchers. On the advice of Research Committee and with the support of Council, available funds in reserve have been redeployed to support additional 2020 Ideas Grants and 2021 Investigator Grants at the Emerging Leadership level. NHMRC has also continued to fund a number of high-quality 'near-miss' grants to boost support in predetermined structural priority areas: Aboriginal and Torres Strait Islander health research and researchers, research led by female investigators and health services research.

Important changes were made to a number of funding policies during the year, most notably the peer review process for 2021 Ideas Grants and the Relative to Opportunity Policy, in order to streamline peer review and improve equity of access to funding. As both issues concern many researchers, care was taken to explain our thinking through CEO communiqués. These and other funding policies will continue to be refined on the advice of Research Committee and the wider sector.

In light of the increasing risk of foreign interference in Australia's higher education and research sector, NHMRC has worked to raise awareness among institutions receiving NHMRC funding about the need to **counter foreign interference** in research, while continuing to promote the benefits of international collaboration. NHMRC has drawn on the work of the University Foreign Interference Taskforce and its *Guidelines to counter foreign interference in the Australian university sector* have been added to the set of policies and guidelines all NHMRC-funded institutions are now expected to follow.

As anticipated in last year's report, NHMRC has now awarded funds through two **special initiatives**, each for \$10 million over 5 years: the first to support the National Network for Aboriginal and Torres Strait Islander Health Researchers and the second for the Special Initiative in Mental Health. Both are described in more detail elsewhere in this report and will be important investments in research collaboration and capacity building in areas of national concern. A third, the Special Initiative in Human Health and Environmental Change, aims to improve Australia's preparedness and responsiveness to human health threats from changing environmental conditions and extreme weather events; applications are undergoing peer review.

NHMRC has continued to deliver a portfolio of grant opportunities for the **Medical Research Future Fund** (MRFF) on behalf of the Department of Health's Health and Medical Research Office. The Department's use of NHMRC as a grants hub simplifies access to MRFF funding for many researchers and institutions by using NHMRC's grants management system and established policies and processes, an important government efficiency. The close working relationship between NHMRC and the Health and Medical Research Office parallels the deepening strategic relationship between the MREA and the MRFF, as two large and complementary Australian Government funds supporting health and medical research. My appointment to the Australian Medical Research Advisory Board (AMRAB) and the AMRAB Chair's membership of NHMRC Council facilitate this strategic engagement.

The staged development of NHMRC's new grants management system, **Sapphire**, made very significant progress during the reporting period. The Investigator Grant and Ideas Grant schemes, our two largest in application number and budget, opened in Sapphire in early 2021 and development of the module to support grant assessment is nearly complete. While some processes are still managed in the old Research Grants Management System (RGMS), we are on track to retire RGMS in the coming year.

Two aspects of NHMRC's work in **research translation** deserve particular mention.

The first is the recent completion of NHMRC's review of its **Translation Centre Initiative** following some delay due to the pandemic. Through this Initiative, NHMRC recognises Advanced Health Research and Translation Centres and Centres of Innovation in Regional Health, leading centres of collaboration that excel in providing research-based health care and training in their local contexts. The review considered whether the design and operation of the Initiative remained fit for purpose or could be strengthened. The outcomes will be published in early 2021-22.

The second is NHMRC's continuing work to produce or endorse high-quality evidence-based **guidelines in public health, environmental health and clinical practice**.

A milestone was reached with the launch of the revised *Australian guidelines to reduce health risks from drinking alcohol* in December 2020 with strong community and media engagement. Frequent references to these guidelines in the media likely reflect significant community interest in reducing alcohol consumption, as well as the clarity of the new recommendations. Of similar importance will be the revision of the *2013 Australian Dietary Guidelines*, a major undertaking that commenced in 2020 and is expected to be complete in early 2024. Work has also started on revision of the *2015 CEO Statement on e-cigarettes*, while the rolling review of the *Australian Drinking Water Guidelines* continues.

NHMRC approved a number of clinical practice and public health guidelines developed by third parties in 2020–21. Several are 'living guidelines', a significant innovation in which guidelines are continually updated as new high-quality evidence emerges. Following the Stroke Foundation's early leadership with its development of the NHMRC-approved *Living guidelines for stroke management*, the *Australian guidelines for the clinical care of people with COVID-19* are an important and timely example produced by the National COVID-19 Clinical Evidence Taskforce, with three NHMRC-approved updates during the year.

**Ethics and integrity** are both underpinning values and major areas of activity at NHMRC. During the year, the Australian Health Ethics Committee (AHEC) developed the *Ethical decision-making framework for pandemics*, to be released soon; a document that we hope will be useful during this pandemic and in future public health emergencies. Also under the guidance of AHEC, NHMRC updated the *Australian code for the care and use of animals for scientific purposes* to **ban cosmetic testing** and enhance transparency in research using animals.

Another important area of activity related to research transparency and quality was our public consultation on NHMRC's **Open Access Policy**. NHMRC seeks to ensure that the outcomes of the research it funds are disseminated as widely as possible and free to read, use and share, to maximise the benefits to the Australian research sector, industry and the community. Valuable and wide-ranging feedback was received from across the research sector and the scientific publishing industry on proposed revisions to the policy and will be considered as we refine the policy further.

Under Australian law, research involving human embryos must meet strict ethical and legislative requirements that are overseen by NHMRC's Embryo Research Licensing Committee (ERLC). In 2020–21, in addition to its usual regulatory activities reported biannually to the Australian Parliament, ERLC worked on two issues, both of which reflect scientific advances at the forefront of human embryo research.

The first was **mitochondrial donation**, an IVF technology with the potential to reduce the risk of some mothers with mitochondrial disease transmitting the disease to their children. Following NHMRC's community consultation and report in 2019–20 on the scientific, social, ethical and legal issues raised by this technology, the Government introduced the Mitochondrial Donation Law Reform (Maevé's Law) Bill 2021 to allow the phased introduction of mitochondrial donation into Australian clinical practice. In preparation for the possible passage of this Bill, ERLC commenced considering the regulatory and licensing framework to support mitochondrial donation, for which the committee would be responsible.

The second concerned a major Australian advance in reprogramming human adult skin cells to create early embryo-like structures, termed **iBlastoids**. Following careful consideration, ERLC determined that iBlastoids come within one of the definitions of a human embryo under the *Research Involving Human Embryos Act 2002* and therefore require regulation and oversight by ERLC. NHMRC issued a *Statement on iBlastoids* on our website.

To return to **COVID-19**, NHMRC has supported a range of activities that contribute to Australia's response to the pandemic. The agency has delivered urgent MRFF grant opportunities, for example on COVID-19 vaccine and antiviral drug development,

immunological studies and mental health impacts of the pandemic. Grants for COVID-19 research have also been awarded through NHMRC grant schemes, on top of continuing support for the Australian Partnership for Preparedness Research on Infectious Disease Emergencies (APPRISE) highlighted last year.

We have continued to host the **National COVID-19 Health and Research Advisory Committee** (NCHRAC), supporting the development of urgent advice on the public health response to COVID-19 at the request of the Chief Medical Officer. Since January 2021, NHMRC has also coordinated 3-weekly online **COVID-19 Vaccine Forums** on behalf of the Australian Government Department of Health, NCHRAC and the Australian Technical Advisory Group on Immunisation, to enable government officials, scientists and researchers to share information and discuss the COVID-19 vaccine rollout.

Like others across Australia, **NHMRC staff** have been subject to the many effects of the pandemic on work and personal lives – particularly Melbourne-based staff and remote workers in areas with prolonged lockdowns in 2020–21. While supporting staff in a range of practical ways, we have been proud of their resilience and continuing productivity throughout this challenging period of restrictions and uncertainty. Recognising how well people can work from home with appropriate technical support, NHMRC has enabled many staff to continue hybrid in-office and remote working arrangements when restrictions have been lifted.

This Annual Report marks the end of NHMRC's **2018–2021 triennium**. We are deeply grateful to our Council and Principal Committees – Research Committee, AHEC, the Health Innovation Advisory Committee, the Health Translation Advisory Committee and ERLC – for their wise counsel and support over the triennium. The guidance and insights we have received from each of these committees and from other working committees, such as the Principal Committee Indigenous Caucus, the Community and Consumer Advisory Group and the Women in Health Science Committee, anchor all our significant decisions in the real world of community, health system and research sector needs. We particularly thank our outgoing Council Chair, Professor Bruce Robinson AC, for his leadership over the past 6 years.

It was a special pleasure to be able to hold the Council's final meeting in person over two days in June 2021 after more than a year of largely virtual meetings. The meeting was also an opportunity to celebrate the winners of the 2020 Research Excellence Awards and 2021 Biennial Awards, showcased later in this report.

The awards remind us of the exceptional quality and commitment of the many people who contribute to Australian research in our universities, institutes and hospitals and across the wider community – as researchers, peer reviewers, administrators, consumer representatives, trial participants, philanthropists and much more. It is through their inspiration and hard work that NHMRC can achieve its mission of *building a healthy Australia*.



**Professor Anne Kelso AO**  
Chief Executive Officer



L to R: Professor Steve Wesselingh (Chair, Research Committee), Professor Ingrid Winship AO (Chair, Australian Health Ethics Committee), Professor Anne Kelso AO (Chief Executive Officer, NHMRC), Professor Dianne Nicol (Chair, Embryo Research Licensing Committee), Professor Sharon Lewin AO (Chair, Health Translation Advisory Committee), Professor Bruce Robinson AC (Chair, Council of NHMRC). Absent: Dr Katherine Woodthorpe AO (Chair, Health Innovation Advisory Committee).



# Part 1 Overview

NHMRC has been supporting health and medical research and translation to improve the health of all Australians since 1937. This section details NHMRC's role and organisational structure, introduces our senior executive, highlights our 2020-21 strategic priorities and presents our strategy for investment in health and medical research.



# Role and functions

NHMRC is a statutory authority within the Australian Government Health portfolio. The *National Health and Medical Research Council Act 1992* (NHMRC Act) requires us to pursue activities designed to:

- raise the standard of individual and public health throughout Australia
- foster the development of consistent health standards between the states and territories
- foster medical research and training, and public health research and training, throughout Australia
- foster consideration of ethical issues relating to health.

Our functions under the NHMRC Act are to:

- inquire into, issue guidelines on, and advise the community on, matters related to
  - improvement of health
  - prevention, diagnosis and treatment of disease
  - provision of health care
  - public health research and medical research
  - ethical issues in health
- advise and make recommendations to the Australian Government, the states and the territories on the above matters
- make recommendations to the Minister for Health on expenditure on public health research and training, and medical research and training.

We also administer and have statutory obligations under the *Prohibition of Human Cloning for Reproduction Act 2002* and the *Research Involving Human Embryos Act 2002*, and exercise some statutory functions under the *Medical Research Future Fund Act 2015*.

We develop evidence-based health advice and translate research findings into evidence-based clinical practice guidelines for the Australian community, health professionals and governments. We provide advice on ethical practice in health and the conduct of health and medical research.

Our key stakeholders are governments, researchers, research institutions, health consumers, health professionals and the Australian community.

# Outcome and program

The Australian Government uses outcomes and programs as the basis for budgeting and performance reporting for Commonwealth entities. Outcomes are the Government's intended benefits for the community. Entities undertake programs designed to achieve these outcomes.

NHMRC's budget allocation and performance measures are published in the Health Portfolio Budget Statements (PBS). The 2020–21 PBS set out our outcome and program as follows:

## Outcome 1

Improved health and medical knowledge, including through funding research, translating research findings into evidence-based clinical practice, administering legislation governing research, issuing guidelines and advice for ethics in health and the promotion of public health.

### Program 1.1 Health and Medical Research

The Australian Government, through NHMRC, invests in health and medical research that:

- addresses national health priorities
- supports investigator-initiated and priority-driven research
- is undertaken within a framework promoting research quality, integrity and ethics.

NHMRC drives the translation of research outcomes into clinical practice, policies and health systems and supports the commercialisation of research discoveries to improve health care and the health status of all Australians.

## Purposes

We realise our mission of *building a healthy Australia* through our purposes, which reflect our legislated functions and align with our strategic themes of **investment**, **translation** and **integrity**. Our purposes, as published in our Corporate Plan 2020–21, are detailed in Table 1.

Table 1: NHMRC's strategic themes, functions and purposes

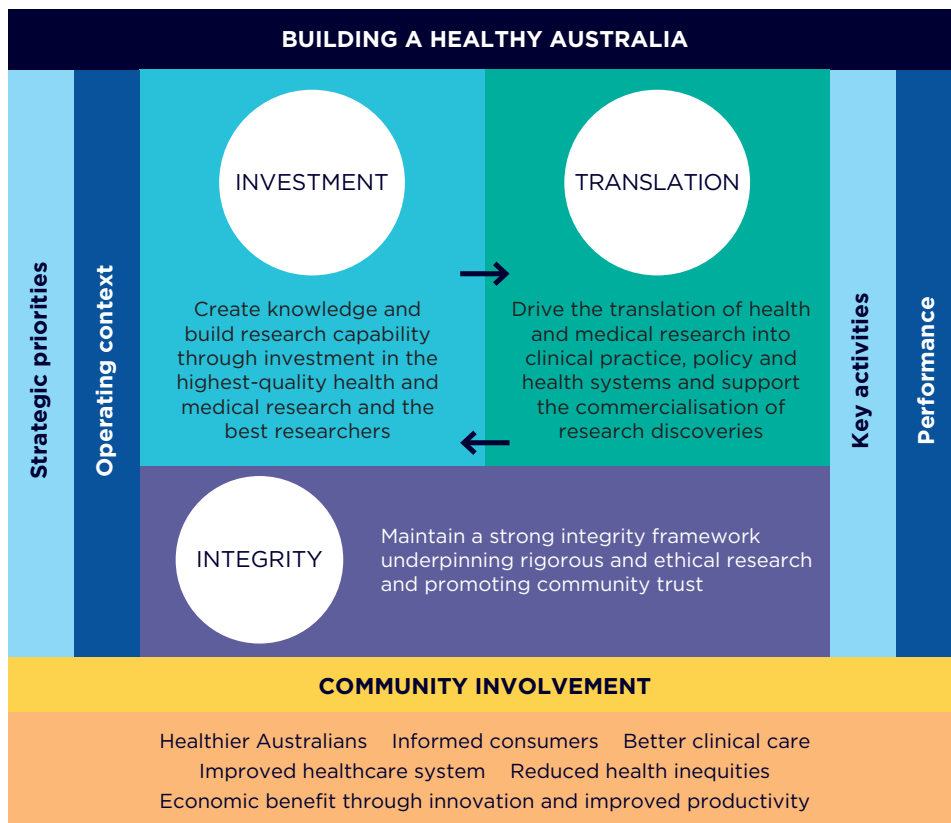
| THEME    | INVESTMENT   | TRANSLATION   | INTEGRITY   |
|----------|--|---|---|
| Function | Fund high-quality health and medical research and build research capability.   | Support the translation of health and medical research into better health outcomes.   | Promote the highest standards of ethics and integrity in health and medical research.                           |
| Purpose  | Create knowledge and build research capability through investment in the highest-quality health and medical research and the best researchers. | Drive the translation of health and medical research into clinical practice, policy and health systems and support the commercialisation of research discoveries. | Maintain a strong integrity framework underpinning rigorous and ethical research and promoting community trust. |

# Strategy for health and medical research

Our Corporate Plan 2020–21 set out a national strategy for health and medical research and identified major national health issues for the planning period.

Our strategy for health and medical research, as depicted in Figure 1, addresses major health issues and other functions conferred on us by the NHMRC Act.

Figure 6: NHMRC’s strategy for health and medical research



## Strategic priorities

NHMRC’s strategic priorities (incorporating major national health issues) are identified in our Corporate Plan 2020–21 as follows:

- resilience to environmental change, emerging health threats and emergencies
- improving the health of Aboriginal and Torres Strait Islander people, including through research that builds capacity in Aboriginal and Torres Strait Islander researchers and addresses health disparities
- issues related to the end of life, and the delivery of palliative and supportive care
- integrated and coordinated approaches to chronic conditions

- harnessing the power of data and analytical technologies
- improving research quality to maximise the rigour, transparency and reproducibility of NHMRC-funded research.

## Research investment in major health issues

NHMRC reports investment across nine major health issues that contribute significantly to the burden of disease in Australia.<sup>1</sup> Although preventive health and primary care interventions have shifted from a disease-specific approach to a more integrated approach, these major health issues are still useful for interpreting NHMRC's investment in research and translation. Our peer review processes ensure that the most compelling and significant research proposals, as judged by independent experts, are funded in each area. Table 2 shows NHMRC expenditure on research on the nine major health issues over the past 5 years.

Table 2: NHMRC expenditure on research on major health issues, 2016-17 to 2020-21<sup>a</sup>

| Major health issue <sup>b</sup> | 2016-17 (\$) | 2017-18 (\$) | 2018-19 (\$) | 2019-20 (\$) | 2020-21 (\$) | Total (\$)  |
|---------------------------------|--------------|--------------|--------------|--------------|--------------|-------------|
| Arthritis and osteoporosis      | 18,587,314   | 17,090,906   | 16,753,034   | 17,522,971   | 15,311,464   | 85,265,688  |
| Asthma                          | 14,090,531   | 14,630,187   | 14,799,985   | 13,409,583   | 13,728,034   | 70,658,320  |
| Cancer                          | 173,941,646  | 175,843,293  | 177,119,115  | 176,195,811  | 161,750,934  | 864,850,798 |
| Cardiovascular disease          | 106,093,758  | 100,220,334  | 99,207,972   | 110,051,267  | 104,921,796  | 520,495,127 |
| Dementia                        | 47,506,067   | 55,949,202   | 67,923,621   | 69,771,215   | 57,715,106   | 298,865,211 |
| Diabetes                        | 60,758,105   | 52,898,334   | 46,026,444   | 45,874,167   | 43,232,571   | 248,789,621 |
| Injury                          | 47,067,086   | 46,986,732   | 50,745,510   | 51,116,530   | 48,096,047   | 244,011,905 |
| Mental health <sup>c</sup>      | 92,253,295   | 99,136,786   | 108,345,344  | 107,337,360  | 102,426,830  | 509,499,614 |
| Obesity                         | 27,565,388   | 24,578,731   | 22,770,158   | 23,826,669   | 23,794,762   | 122,535,708 |

<sup>a</sup> Funding represents payments for active grants from the Medical Research Endowment Account (MREA) and excludes administered grant programs that were paid outside the MREA.

<sup>b</sup> For reporting purposes, NHMRC classifies applications against disease, health and research topics based on information provided at the time of application including an application's title, keywords, media summary and other research classifications where appropriate. This process results in the classification of applications to more than one health issue and therefore the columns in this table cannot be totalled. NHMRC does not apportion funding when more than one topic is indicated and attributes the full value of the grant to each topic.

<sup>c</sup> Includes research into addiction and substance abuse.

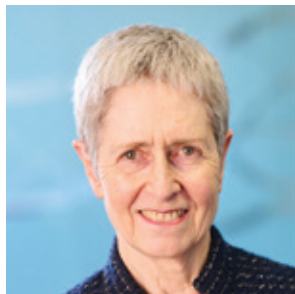
<sup>1</sup> The nine major health issues are based on the former National Health Priority Areas (NPHAs), which were agreed by the Commonwealth and State and Territory governments between 1996 and 2012. The NPHAs sought to focus public attention and health policy on areas that contribute significantly to the burden of disease in Australia.

# Leadership

Our executive is responsible for the management of NHMRC.

## Chief Executive Officer

Our Chief Executive Officer (CEO) is the accountable authority for NHMRC under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).



### CEO, Professor Anne Kelso AO FAA FAHMS

After completing her PhD at the University of Melbourne, Professor Kelso undertook research in immunology at the Swiss Institute for Experimental Cancer Research, the Walter and Eliza Hall Institute of Medical Research, and the Queensland Institute of Medical Research (QIMR). From 2000 to 2006, she was Director/CEO of the Cooperative Research Centre for Vaccine Technology based at QIMR. In 2007, she returned to Melbourne as Director of the World Health Organization Collaborating Centre for Reference and

Research on Influenza, until taking up her role with NHMRC in April 2015. She was appointed Officer of the Order of Australia in 2007 for service to science, and was elected to the fellowship of the Australian Academy of Science and the Australian Academy of Health and Medical Sciences in 2018.

Professor Kelso is a member of several government and international committees, including the Australian Medical Research Advisory Board (advising the Minister for Health on the strategy and priorities for the Medical Research Future Fund), the Board of Trustees of the International Human Frontier Science Program Organization and the Strategy Board of the Global Alliance for Chronic Diseases.

## Leadership team



### General Manager, Ms Clare McLaughlin

Ms McLaughlin is responsible for overseeing the operation of NHMRC, a role she has held since January 2019.

Ms McLaughlin was previously General Manager, Science Agencies Governance Branch in the Australian Government Department of Industry, Innovation and Science. She served as Science Counsellor at the Australian Embassy and Mission to the European Union in Brussels from 2013 to 2016. She worked in research and research infrastructure

policy and funding from 2003, including managing the National Collaborative Research Infrastructure Strategy, research block grant funding and astronomy policy.

Ms McLaughlin has previously worked in the Australian Taxation Office, the National Office for the Information Economy and the Australian Government Department of Education. She holds a Bachelor of Arts in Political Science and History from the Australian National University.



### **Executive Director, Research Foundations, Dr Julie Glover**

Dr Glover's team manages NHMRC's largest research funding schemes, coordinates peer review training activities, produces research impact case studies, and manages NHMRC's grants and funding arrangements with research institutions.

Dr Glover completed a PhD in the Faculty of Science at the Australian National University and held research positions until joining the Bureau of Rural Sciences in 2002. In 2007, Dr Glover moved to the Innovation Division of the Australian Government Department of Industry and spent 4 years developing and delivering key innovation policies. Dr Glover joined NHMRC as a Director in 2011.



### **Executive Director, Corporate Operations and Information, Mr Tony Krizan FCPA**

Mr Krizan is Executive Director, Corporate Operations and Information; Chief Financial Officer; and Chief Information Officer of NHMRC. He has experience in a number of industries, as well as 31 years in the public sector working in a range of policy, program and corporate roles in the Finance, Employment, Education and Training, and Health and Ageing portfolios.



### **Executive Director, Research Translation, Mr Alan Singh**

Mr Singh's responsibilities centre on research translation, including public health, guidelines for clinical practice, the Translation Centre initiative, and translation-focused funding schemes for Clinical Trials and Cohort Studies, Partnership Projects and Centres of Research Excellence. He also leads NHMRC's activities to support Indigenous health research and researchers, and NHMRC's work on behalf of the Medical Research Future Fund.

He is NHMRC's Indigenous Champion.

Mr Singh has held a range of senior management roles, mostly in health policy.



### **Executive Director, Research Quality and Priorities, Ms Prue Torrance**

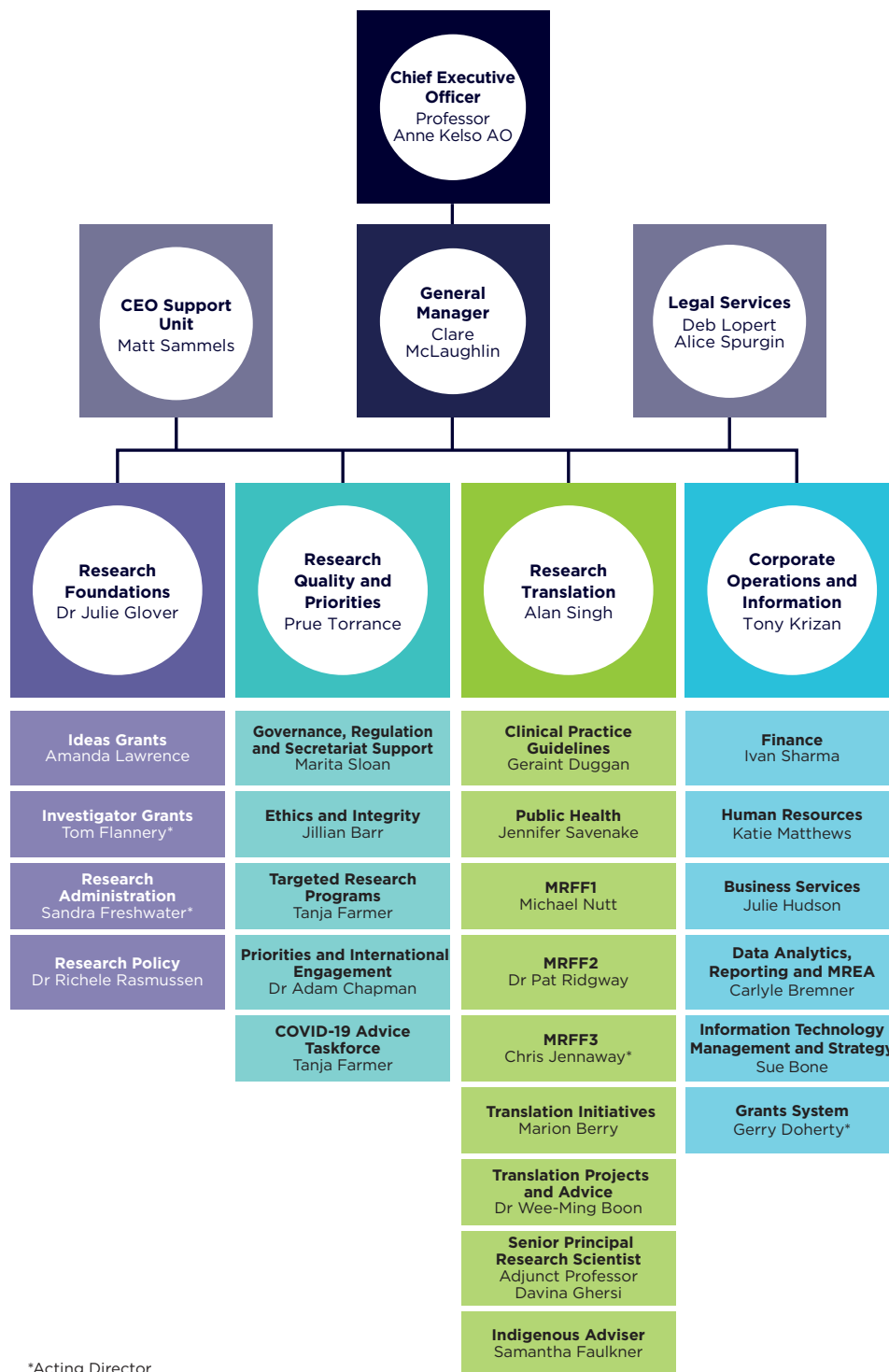
Ms Torrance is responsible for NHMRC's frameworks that support quality, integrity and ethics in health and medical research, targeted and priority-driven funding schemes, and international engagement. Additionally, she is responsible for strategic planning and corporate governance for the agency.

Ms Torrance joined NHMRC in May 2019. She has experience in senior management roles in corporate governance and finance, and a background in science and university research policy. She holds a Master of Studies from the Australian National University and a Bachelor of Arts (Hons) and Science.

# Organisational structure

Figure 7 shows our organisational structure in 2020–21.

Figure 7: NHMRC organisational structure at 30 June 2021



\*Acting Director



# Research funding and expenditure

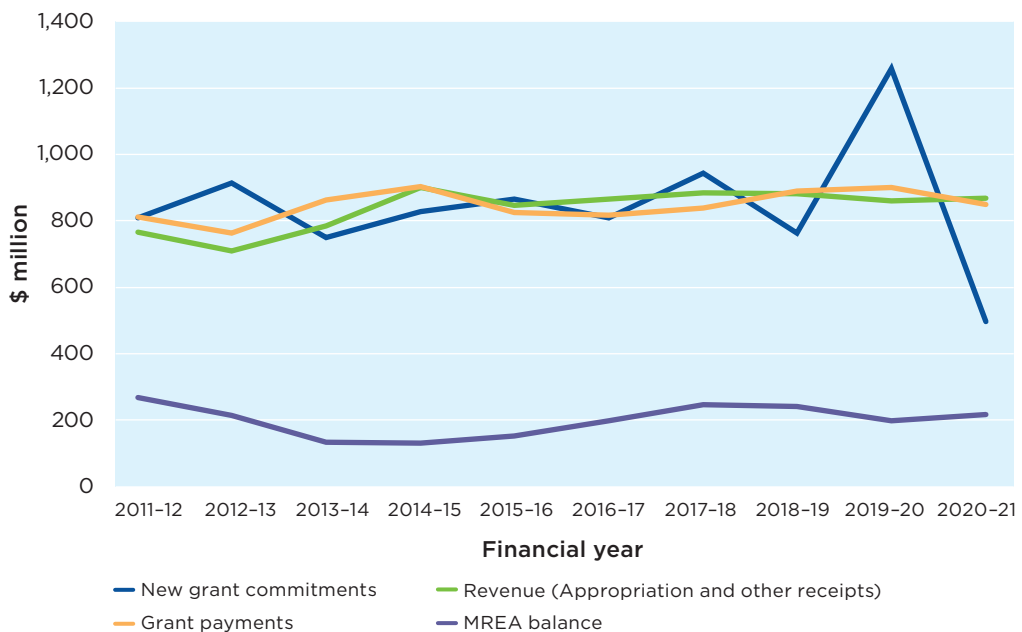
## Medical Research Endowment Account

A total of \$497.7 million in new grants was awarded during 2020–21, compared with \$1259.6 million in 2019–20. New grants awarded through the Medical Research Endowment Account (MREA) during the 2020–21 financial year did not include a round of Investigator Grants – NHMRC’s largest grant scheme – because funding for both the 2019 and 2020 rounds was committed in the previous financial year. In addition, the 2020 Synergy Grants round was cancelled to focus the efforts of NHMRC and peer reviewers on the Ideas Grant scheme during the COVID-19 pandemic disruptions to the research sector. As NHMRC operates most of its grant schemes on a calendar year basis, the amount awarded in any financial year can vary due to such factors. NHMRC expects to award approximately \$1 billion in new grants in the 2021 calendar year.

Funding received for health and medical research from the Australian Government and other sources through the MREA amounted to \$868.4 million in 2020–21. Grant payments for health and medical research totalled \$850.4 million in the same year. Payments were lower than expected due to delays in new grant rounds and variations to existing grants.

Figure 8 shows the MREA financial position from 2011–12 to 2020–21.

Figure 8: Medical Research Endowment Account, 2011–12 to 2020–21



In 2020–21, NHMRC also administered \$5.3 million in grant programs outside the MREA for the Dementia Centre for Research Collaboration (\$3.0 million), antivenom research (\$0.5 million) and the provision of research evidence for clinical practice and policy through the Cochrane Collaboration (\$1.8 million).

## NHMRC funding summary

NHMRC’s grant program supports outstanding health and medical research leading to significant improvements in individual and population health. The structure of the grant program reflects the philosophy that health and medical research is best supported by a diverse portfolio of schemes that:

- funds across the spectrum of health and medical research
- invests in people with outstanding research achievement and promise
- supports the most innovative research to solve complex problems
- meets specific strategic objectives.

The grant program comprises four funding streams, as detailed in Table 3.

Table 3: NHMRC grant program

| Investigator Grants  | Ideas Grants  | Synergy Grants  | Strategic and leveraging grants  |
|--|---|---|--|
| Support the research program of outstanding investigators at all career stages | Support innovative research projects that address a specific question | Support outstanding multidisciplinary teams to work together to answer major questions that cannot be answered by a single investigator | Research that responds to national needs and priorities, including: <ul style="list-style-type: none"> <li>• Centres of Research Excellence</li> <li>• Clinical Trials and Cohort Studies</li> <li>• Development Grants</li> <li>• International schemes</li> <li>• Partnership Projects</li> <li>• Postgraduate Scholarships</li> <li>• Special initiatives</li> <li>• Targeted Calls for Research</li> </ul> |

Table 4 summarises the number and total value of new grants awarded across the NHMRC grant program in 2020-21. Further information on grants awarded during 2020-21 is available at [www.nhmrc.gov.au/funding/data-research/outcomes-funding-rounds](http://www.nhmrc.gov.au/funding/data-research/outcomes-funding-rounds).

Table 4: NHMRC funding summary, 2020–21

| Funding stream                  | Funding scheme   | New grants | Total commitments (\$) |
|---------------------------------|--|------------|------------------------|
| Investigator Grants             | Investigator Grants <sup>a</sup>   | 1          | 2,238,220              |
| Ideas Grants                    | Ideas Grants   | 283        | 259,722,563            |
| Synergy Grants                  | Synergy Grants <sup>b</sup>  | 0          | 0                      |
| Strategic and leveraging grants | Clinical Trials and Cohort Studies   | 30         | 74,223,141             |
|                                 | Centres of Research Excellence   | 14         | 35,000,000             |
|                                 | Partnership Projects <sup>c</sup>  | 32         | 31,707,898             |
|                                 | Independent Research Institutes Infrastructure Support Scheme <sup>d</sup>                         | 21         | 27,940,980             |
|                                 | Development Grants   | 18         | 14,978,660             |
|                                 | International collaborative schemes <sup>e</sup>   | 17         | 14,767,590             |
|                                 | National Network for Aboriginal and Torres Strait Islander Health Researchers                      | 1          | 10,000,000             |
|                                 | Special Initiative in Mental Health  | 1          | 10,000,000             |
|                                 | Postgraduate Scholarships  | 64         | 6,872,519              |
|                                 | Equipment Grants <sup>f</sup>  | 45         | 5,700,000              |
|                                 | Targeted Calls for Research <sup>g</sup>   | 4          | 4,322,416              |
|                                 | Seed funding for the National Network for Aboriginal and Torres Strait Islander Health Researchers | 5          | 175,000                |
| <b>Total<sup>h</sup></b>        |  | <b>536</b> | <b>497,648,987</b>     |

<sup>a</sup> No rounds of Investigator Grants were approved in 2020–21 because the 2019 and 2020 rounds were both approved in 2019–20. One additional grant from the 2020 Investigator Grant round was approved in 2020–21.

<sup>b</sup> The 2020 Synergy Grant round was cancelled due to COVID-19.

<sup>c</sup> Comprises the 2019 Peer Review Cycle 3 (22 grants, \$20,363,016) and the 2020 Peer Review Cycle 1 (10 grants, \$11,344,883).

<sup>d</sup> Independent Research Institutes Infrastructure Support Scheme grants are non-competitive and are awarded to eligible institutions based on NHMRC grant payments in the previous financial year and a census of grants active on 30 June.

<sup>e</sup> Comprises the Global Alliance for Chronic Diseases Cancer Prevention Call (4 grants, \$5,927,064), NHMRC eASIA Joint Research Program (4 grants, \$3,918,393), NHMRC-European Union Collaborative Research Grants (5 grants, \$2,488,632), NHMRC-National Institute for Health Research Collaborative Research Grants (3 grants, \$2,040,403) and NHMRC-European Union Joint Programme – Neurodegenerative Disease Research Grants (1 grant, \$393,099).

<sup>f</sup> Equipment grants are non-competitive and are awarded pro rata with the value of NHMRC grants held by each eligible Administering Institution in the previous financial year.

<sup>g</sup> Comprises the Targeted Call for Research into Myalgic Encephalomyelitis and Chronic Fatigue Syndrome (3 grants, \$3,327,774) and NHMRC Co-funding for the Medical Research Future Fund Emerging Priorities and Consumer Driven Research Silicosis Research round (1 grant, \$994,642).

<sup>h</sup> All figures have been rounded to the nearest whole dollar.

## Medical Research Future Fund

NHMRC works with the Australian Government Department of Health as a grants hub for Medical Research Future Fund (MRFF) initiatives, using NHMRC's expertise in managing grant application rounds and administering awarded grants. As at 30 June 2021, NHMRC was administering 435 MRFF grants.<sup>2</sup>

In 2020–21, NHMRC conducted multiple MRFF grant opportunities across four key themes of the MRFF program, as summarised below.<sup>3</sup>

### Patients

#### *Clinical Trials Activity initiative*

- 2020 International Clinical Trial Collaborations Grant Opportunity (rounds 20.1 and 20.2)
- 2020 Rare Cancers, Rare Diseases and Unmet Need
  - 2020 Rare Cancers, Rare Diseases and Unmet Need General Grant Opportunity
  - COVID-19 Grant Opportunity
- 2021 Innovative Therapies for Mental Illness Grant Opportunity
- 2021 International Clinical Trial Collaborations Grant Opportunity (round 21.1)
- 2021 Rare Cancers, Rare Diseases and Unmet Need General Grant Opportunity

#### *Emerging Priorities and Consumer Driven Research initiative*

- 2020 Childhood Cancer Research Grant Opportunity
- 2020 Improving Diagnosis in Cancers with Low Survival Rates Grant Opportunity
- 2020 Medicinal Cannabis Clinical Trials Grant Opportunity
- 2020 Neurofibromatosis Research Grant Opportunity
- 2020 Paediatric Cancer Grant Opportunity
- 2020 Silicosis Research Grant Opportunity

### Researchers

#### *Coronavirus Research Response*

- 2020 Antiviral Development for COVID-19
- 2020 COVID-19 Immunological Studies Grant Opportunity
- 2020 COVID-19 Mental Health Research Grant Opportunity
- 2020 COVID-19 Vaccine Candidate Research Grant Opportunity
- 2021 COVID-19 Health Impacts and Vaccination Schedules Grant Opportunity

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2 Refers to grants that are currently active and paying as at 30 June 2021, as well as MRFF Investigator Grants that commence funding in 2021.

3 Refers to MRFF rounds that opened or closed in the period 1 July 2020 to 30 June 2021.

## Research Missions

### *Cardiovascular Health Mission*

- 2020 Cardiovascular Health Grant Opportunity

### *Dementia, Ageing and Aged Care Mission*

- 2020 Dementia, Ageing and Aged Care Grant Opportunity

### *Genomics Health Futures Mission*

- 2020 Genomics Health Futures Mission Grant Opportunity

### *Indigenous Health Research Fund*

- 2020 Indigenous Health Research Grant Opportunity

### *Million Minds Mental Health Research Mission*

- 2020 Mental Health Research Grant Opportunity

### *Stem Cell Therapies Mission*

- 2020 Stem Cell Therapies Grant Opportunity

### *Traumatic Brain Injury Mission*

- 2020 Traumatic Brain Injury Mission Grant Opportunity

## Research Translation

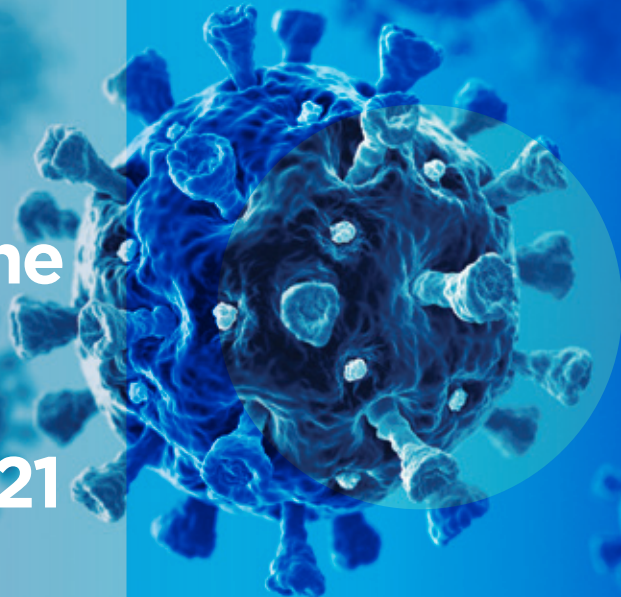
### *Preventive and Public Health Research initiative*

- 2020 Efficient Use of Existing Medicines Grant Opportunity
- 2020 Maternal Health and First 2000 Days, Early Childhood, and Exercise and Nutrition Grant Opportunity

### *Primary Health Care Research initiative*

- 2020 Primary Health Care Research Grant Opportunity

# NHMRC's response to the COVID-19 pandemic during 2020–21



As with the Australian community as a whole, the health and medical research sector continues to be profoundly affected by the COVID-19 pandemic. These effects have included interruptions to research activities, increased workloads for frontline health care and public health researchers and increased caring responsibilities. NHMRC has responded to these challenges across each of our purposes: investment, translation and integrity.

## Investment

Throughout 2020–21, NHMRC continued to fund health and medical research and build research capability by offering new grant opportunities and supporting existing NHMRC-funded researchers, while also making adjustments to our policies and programs in response to COVID-19.

On 13 May 2020<sup>4</sup>, 4 August 2020<sup>5</sup> and 15 December 2020<sup>6</sup> the Chief Executive Officer issued communiqués to the health and medical research sector noting the issues facing the sector and advising of changes to NHMRC activities in response to the COVID-19 pandemic. These communiqués addressed issues such as:

- updates to NHMRC's Relative to Opportunity Policy and peer review processes to recognise the impacts of COVID-19 on Australia's health and medical research community
- adjustments to NHMRC's 2021 grant schedule to provide applicants with as much time as possible to prepare applications and to avoid scheduling clashes as a result of delays to the 2020 Ideas Grant and Clinical Trials and Cohort Studies rounds
- outcomes of the 2020 Ideas Grant round, which included \$20 million extra funding to assist the research sector's recovery following the disruption of research by COVID-19

4 [www.nhmrc.gov.au/about-us/news-centre/changes-peer-review-processes-ideas-grant-scheme-2020](http://www.nhmrc.gov.au/about-us/news-centre/changes-peer-review-processes-ideas-grant-scheme-2020)

5 [www.nhmrc.gov.au/about-us/news-centre/changes-nhmrcs-grant-schedule-and-policies-response-covid-19](http://www.nhmrc.gov.au/about-us/news-centre/changes-nhmrcs-grant-schedule-and-policies-response-covid-19)

6 [www.nhmrc.gov.au/about-us/news-centre/ceo-communique-15-december-2020](http://www.nhmrc.gov.au/about-us/news-centre/ceo-communique-15-december-2020)

- the use of streamlined peer review processes for the 2020 Ideas Grant round, to allow the optimal matching of peer reviewers to applications, reduce peer review burden on the sector and provide outcomes sooner.

In addition, NHMRC continued to support existing grant holders and institutions through:

- efforts to accommodate all reasonable requests for variation, with an emphasis on keeping research teams intact and supporting the NHMRC-funded research workforce where possible
- flexibility for NHMRC-funded researchers to pivot their research focus to COVID-19 or to delay their research activities while they contribute to the clinical or public health response
- streamlined reporting and extensions to reporting deadlines for Administering Institutions
- provision of letters confirming grant details, on request from Administering Institutions seeking exemptions for researchers to travel to Australia to work on grants funded or managed by NHMRC.

Information was made available and regularly updated on NHMRC's website, including a page of frequently asked questions (FAQs) on the effect of the COVID-19 pandemic on applications for NHMRC funding, peer review, grant management and other NHMRC processes.<sup>7</sup>

## Translation

Throughout 2020–21, NHMRC supported the translation of health and medical research into better health outcomes, including national and international efforts to address the COVID-19 pandemic and its consequences. For example, NHMRC-funded researchers continue to be provided with the flexibility to pivot their research focus to COVID-19, or to delay their planned research activities while they contribute to the clinical or public health response.

NHMRC continues to support the Australian Partnership for Preparedness Research on Infectious Disease Emergencies (APPRISE), which has been at the forefront of the Australian research response to COVID-19. APPRISE is an NHMRC-funded Centre of Research Excellence (CRE) supported by a \$5 million grant over 5 years from 2016 and an additional \$2 million in emergency funding from NHMRC provided in April 2020 for specific research to respond to the COVID-19 pandemic.<sup>8</sup> APPRISE is an Australia-wide network of leading experts involved in clinical, laboratory, public health and ethics research who have played a critical role in Australia's COVID-19 response so far, including leading research on:

- better tests for surveillance and point-of-care testing, monitoring how the virus is changing and understanding how it causes serious lung disease
- potential treatments using a novel and innovative adaptive trial design (REMAP-CAP)
- protection of First Nations communities and healthcare workers and studying how the virus spreads in aged care facilities

<sup>7</sup> [www.nhmrc.gov.au/research-policy/COVID-19-impacts/faqs-effect-covid-19-health-emergency-nhmrc-grant-processes](http://www.nhmrc.gov.au/research-policy/COVID-19-impacts/faqs-effect-covid-19-health-emergency-nhmrc-grant-processes)

<sup>8</sup> The competitive funding call to establish this special CRE included a provision for NHMRC to request and fund the CRE to undertake rapid research during an infectious disease emergency.

- the key clinical, epidemiological and virological characteristics of the first confirmed cases and their household contacts (the 'First Few X' research project)
- the social and ethical issues arising from quarantine, self-isolation and communication in a pandemic
- publicly accessible tools to assist contact tracing.

Australian researchers continue to play an important part in the international research effort to respond to COVID19. NHMRC is a member of the Global Research Collaboration for Infectious Disease Preparedness (GloPID-R), an international network of major research funding organisations that invest in research capacity to support the rapid initiation of scientific research in an outbreak.

NHMRC supported the delivery of funding calls through the Medical Research Future Fund (MRFF), including calls for urgent research on COVID-19 vaccines, immunological studies and mental health. Full details of MRFF funding calls delivered by NHMRC during 2020–21 are available on page 12.

NHMRC has been supporting the work of the National COVID-19 Health and Research Advisory Committee since it was established by the Minister for Health, the Hon Greg Hunt MP, in April 2020. The committee was established to provide rapid, evidence-based, expert advice to the Commonwealth Chief Medical Officer and the Australian Health Protection Principal Committee. This advice contributes to decision making on Australia's health response to the COVID-19 pandemic. The committee, which is co-chaired by Professor Sharon Lewin AO and Professor Michael Kidd AM, met 22 times in 2020–21.

NHMRC has also coordinated online COVID-19 vaccine forums on behalf of the Australian Government Department of Health, the National COVID-19 Health and Research Advisory Committee and the Australian Technical Advisory Group on Immunisation since January 2021. The forums, held approximately every 3 weeks, include more than 100 invited researchers and clinicians. The purpose of the forums is to share information and enable discussion among government officials, scientists and researchers on the COVID-19 vaccine rollout and associated developments.

## Integrity

While recognising the urgency of research to address COVID-19, NHMRC has continued to promote the highest standards of ethics and integrity as paramount at all times.

In 2020–21, NHMRC's Australian Health Ethics Committee (AHEC) worked on developing an ethics framework for pandemics. This work followed from a workshop with members of the National COVID-19 Health and Research Advisory Committee, members of AHEC and representatives of the Consumers Health Forum of Australia, held in May 2020. The workshop identified a range of ethical issues related to the COVID-19 pandemic. It recommended further consultation with AHEC and consumer groups to develop an ethics framework to address the needs of people who are at greater risk of disadvantage as a result of the pandemic. Targeted consultation on the framework took place in October 2020 and AHEC further refined the framework to take account of the comments received. *Decision-making for pandemics: an ethics framework* is expected to be released in 2021.

Read more about NHMRC's response to the COVID-19 pandemic at [www.nhmrc.gov.au/research-policy/COVID-19-impacts](http://www.nhmrc.gov.au/research-policy/COVID-19-impacts).



# Part 2

## Promoting excellence through NHMRC awards

Our awards for excellence highlight outstanding Australian researchers and the extraordinary quality and promise of NHMRC-funded health and medical research.



## 2021 Commonwealth Health Minister's Award for Excellence in Health and Medical Research



(L to R) The Hon Greg Hunt MP, Minister for Health and Aged Care, Associate Professor Joshua Vogel and Professor Anne Kelso AO.

This award recognises the outstanding achievement and potential of an Australian medical researcher who has completed a Doctor of Philosophy (PhD) or Doctor of Medicine within the past 10 years. It is given to the highest-ranked applicant for an Emerging Leadership Level 2 Investigator Grant.

Associate Professor Joshua Vogel, a Principal Research Fellow at the Burnet Institute, won this award in 2021. The award recognises Associate Professor Vogel's outstanding research achievements in maternal and perinatal health issues, with a particular focus on improving survival rates of preterm babies in low- and middle-income countries.

## 2020 NHMRC Research Excellence Awards

The Research Excellence Awards recognise the top-ranked applicants to each of NHMRC's major funding schemes during the past year. NHMRC grants are awarded following critical assessment by independent peer reviewers and all NHMRC's grant schemes are highly competitive. To be ranked first in this rigorous process indicates the exceptional quality of the research proposals presented by each of the individuals and team leaders celebrated here – whether in laboratory science, clinical medicine or research – to improve community health or the health system. On 16 June 2021, NHMRC recognised 11 outstanding researchers at its annual Research Excellence Awards dinner, held in conjunction with the final meeting of Council for the 2018–2021 Triennium. The awardees listed below have all demonstrated exceptional achievement in their chosen research fields.

## NHMRC Peter Doherty Investigator Grant Awards

Honouring Australian Nobel Laureate Professor Peter Doherty AC, the Peter Doherty Awards recognise the highest-ranked applications in the Leadership and Emerging Leadership categories of the NHMRC Investigator Grant Scheme.

A viral immunologist, Professor Doherty received the Albert Lasker Basic Medical Research Award in 1995 and the Nobel Prize in Physiology or Medicine in 1996 jointly with Rolf Zinkernagel for discoveries on the specificity of cell-mediated immune defence. Professor Doherty was Australian of the Year in 1997.

### 2020 NHMRC Peter Doherty Investigator Grant Award (Leadership)



#### **Professor Don McManus, QIMR Berghofer Medical Research Institute**

Professor Don McManus is a senior scientist at QIMR Berghofer and an internationally acclaimed parasitologist. His research targets the control and elimination of parasitic worms, the cause of considerable human suffering and economic loss globally. Professor McManus is an elected Fellow of the American Society of Tropical Medicine and Hygiene, the American Society of Parasitologists, the United

Kingdom Royal Society of Biology, the British Society of Parasitology, and the Australian Academy of Health and Medical Sciences. He was recipient of the Ralph Doherty QIMR Prize in 2014 and the Sornchai Looareesuwan Medal in 2018 for outstanding achievements in experimental and clinical tropical medicine research.

*Grant title: A worm-free world: defeating parasitic helminths via global integrated control*

Infestations with parasitic helminths (worms) are very common in humans and spread extremely efficiently. Worm diseases cause severe disability and malnutrition, hinder growth, and affect productivity and cognitive development, often ending in death; children are disproportionately affected. The spread and impact of worm diseases cause considerable economic burden on communities and contribute to a cycle of poverty. By marrying basic and applied research, Professor McManus and his team aim to translate their laboratory findings to develop innovative and practical public health interventions to eliminate parasitic worm infestations. These interventions include health education, prophylactic vaccines and novel diagnostics.

### 2020 NHMRC Peter Doherty Investigator Grant Award (Emerging Leadership)



#### **Associate Professor Joshua Vogel, Burnet Institute**

Associate Professor Joshua Vogel is a medical doctor and public health researcher, specialising in maternal and perinatal epidemiology. He is a Principal Research Fellow at the Burnet Institute, where he co-heads the Global Women's and Newborn's Health Group. His research addresses maternal and perinatal health issues affecting women and families in resource-limited settings. He leads clinical trials to determine how to improve the quality of maternal and perinatal health care. Associate Professor Vogel also has an interest in

guideline development and implementation research, and was the winner of the 2020 Nature Research Award for Driving Global Impact.

*Grant title: Improving health outcomes of preterm newborns in low- and middle-income countries*

Preterm birth affects 1 in 10 births worldwide. In many low- and middle-income countries, preterm babies die because of lack of effective care. Associate Professor Vogel's research aims to determine whether medicines such as steroid injections (to develop the baby's lungs) and tocolytics (to slow down or stop labour) can improve survival rates of preterm babies in low-income countries. His research also aims to understand how and why women experience a greater prevalence of preterm birth in low- and middle-income countries.

## NHMRC Elizabeth Blackburn Investigator Grant Awards

Honouring Australian Nobel Laureate Professor Elizabeth Blackburn AC, these awards seek to promote and foster the career development of female researchers. They are awarded to the highest-ranked female applicants in the Leadership category of the Investigator Grant Scheme in the areas of basic science, clinical medicine and science, public health research and health services research.

Professor Blackburn is a molecular biologist who received the Nobel Prize in Physiology or Medicine in 2009 jointly with Jack Szostak and Carol Greider for the discovery of how chromosomes are protected by telomeres, and the enzyme telomerase.

### 2020 NHMRC Elizabeth Blackburn Investigator Grant Award (Leadership in Basic Science)



#### **Professor Sarah Robertson, University of Adelaide**

Professor Sarah Robertson is Professor of Reproductive Bioscience at the University of Adelaide. Her research focuses on the immune response to conception and pregnancy, and consequences for reproductive success and offspring health. Professor Robertson was Director of the Robinson Research Institute from October 2013 to March 2021. In partnership with industry, Professor Robertson has undertaken research that has led to novel interventions for infertility and miscarriage in women. She is an elected Fellow

of the Australian Academy of Science, the Australian Academy for Health and Medical Sciences, and the Society for Reproductive Biology.

*Grant title: Peri-conception determinants of reproductive and pregnancy health*

Disorders of reproduction and pregnancy affect more than 100,000 Australian families every year, leading to long-term health and wellbeing impacts for women, men and their infants. Professor Robertson and her team aim to define how maternal immune tolerance generated at conception protects against pregnancy loss and prevents pre-eclampsia, preterm birth, fetal developmental disorders and stillbirth. The goal is to advance understanding of the biological mechanisms governing human reproduction, fertility and pregnancy health, to underpin new diagnostics for immune-based reproductive and pregnancy disorders, and innovative therapies to improve these conditions. Ultimately, this investment will achieve better birth outcomes for families in Australia and around the world.

**2020 NHMRC Elizabeth Blackburn Investigator Grant Award (Leadership in Clinical Medicine and Science)**



**Professor Angela Morgan, Murdoch Children's Research Institute**

Professor Angela Morgan is head of the Speech and Language group at the Murdoch Children's Research Institute and Professor of Speech Pathology at the University of Melbourne. Professor Morgan's work has contributed to understanding of the aetiology of childhood speech disorders. This includes demonstrating that there is a genetic basis to severe speech disorders such as apraxia, and that this condition is not always inherited but can occur de novo. Professor Morgan is co-director of a speech genomics clinic at the Royal Children's Hospital in Melbourne, which delivers diagnoses directly to families.

*Grant title: Biology of speech disorders: advancing diagnosis, prognosis and management*

The causes of speech disorders are not well known. Professor Morgan's research aims to improve health outcomes by optimising detection, diagnosis and prognosis, including counselling and clinical management of children with speech disorders. The research aims to identify novel genetic causes for speech disorders, develop a digital speech outcome tool to improve diagnostic accuracy and efficiency, and implement a world-first speech disorder genomics clinic. It will have immediate clinical impact and international reach.

### 2020 NHMRC Elizabeth Blackburn Investigator Grant Award (Leadership in Public Health Research)



#### **Professor Allison Tong, University of Sydney**

Professor Allison Tong is a Principal Research Fellow at the University of Sydney's School of Public Health. Professor Tong has an interest in patient involvement in research, including in setting research priorities, developing core outcomes for research and co-producing clinical trials. She co-founded the Standardised Outcomes in Nephrology initiative, which aims to establish consensus-based core outcomes in chronic kidney disease treatment and management.

*Grant title: Partnering with patients to transform practice and policy for improved patient-centred outcomes in chronic kidney disease*

In partnership with patients with chronic kidney disease (CKD), Professor Tong and her research team will conduct trials to address the research priorities of patients across all stages of CKD. These include preventing disease progression, improving fatigue in patients on dialysis, and optimising life participation for kidney transplant recipients. The research outcomes will be implemented through evidence translation at a global scale to transform practice and policy for improved patient-centred care and outcomes.

### 2020 NHMRC Elizabeth Blackburn Investigator Grant Award (Leadership in Health Services Research)



#### **Professor Karen Canfell, Cancer Council NSW**

Professor Karen Canfell is the inaugural Director of the Daffodil Centre, a joint venture between the University of Sydney and Cancer Council NSW. She is an epidemiologist, modeller and translation-focused population health researcher. Professor Canfell has led evaluations of new cancer screening approaches for government agencies in several countries. Her team's work underpins the 2017 transition of the National Cervical Screening Program in Australia from pap smears to 5-yearly human

papillomavirus (HPV)-based screening. Professor Canfell's work as one of the co-leads of the World Health Organization (WHO) Cervical Cancer Elimination Modelling Consortium contributed to the WHO Global Strategy for Cervical Cancer Elimination, launched in late 2020.

*Grant title: Realising the WHO targets for elimination of cervical cancer as a public health problem: effective implementation and scale-up of HPV vaccination and cervical screening in Australia, regionally and globally*

Australia is positioned to eliminate cervical cancer by 2028–2035. Making cervical screening accessible to all groups of women will be critical to achieving equitable outcomes, including in the western Pacific region and globally. Rates of cervical cancer in low- and middle-income countries are far higher than in Australia. Professor Karen Canfell's work will support these countries through a range of ongoing projects and programs involving many collaborators. Her research will support WHO's development of updated cervical screening guidelines, as well as a more detailed cost-effectiveness assessment of the cervical cancer elimination initiative for countries.

## NHMRC Sandra Eades Investigator Grant Award

Honouring Professor Sandra Eades, the first Indigenous Australian medical practitioner to be awarded a PhD, this award recognises the highest-ranked application by an Indigenous researcher in the Emerging Leadership category of the Investigator Grant Scheme.

Through her research on the epidemiology of Aboriginal child health, Professor Eades has made substantial contributions to the health of Aboriginal communities and provided national leadership in Indigenous health research. In 2019, Professor Eades was appointed Dean of Medicine at Curtin University, the first Indigenous Australian to be dean of a medical school.

### 2020 NHMRC Sandra Eades Investigator Grant Award



#### **Associate Professor Luke Burchill, University of Melbourne**

Associate Professor Luke Burchill is Australia's first Aboriginal cardiologist. His clinical leadership and research in the field of adult congenital heart disease (CHD) are recognised internationally. He is a proud member of the Yorta Yorta and Dja Dja Wurrung nations, and Associate Professor of Medicine at Royal Melbourne Hospital. With more than 60 publications, including in journals such as *Circulation*, *The Lancet Global Health* and *Journal of the American College of Cardiology*,

Associate Professor Burchill is committed to improving health equity in the communities he serves, particularly adults living with CHD and Victoria's Aboriginal community.

*Grant title: LIFESPAN-CHD: leading innovation by finding and eliminating gaps in research, specialist care and mental health services for people with congenital heart disease*

In 2019, CHD specialists reported an acute resource deficit in adult CHD services in Australia. Mental health concerns among people living with CHD are extremely common, adding to their complex health needs. Associate Professor Burchill's research aims to provide whole-of-life and whole-of-person solutions that maximise engagement in care across the lifespan, and address each person's cardiac and mental health needs. His research will produce a linked dataset for improved prediction of gaps in care; co-designed mental health care pathways; and a digital tool that improves patient support, communication and access to CHD services.

## NHMRC Frank Fenner Investigator Grant Award

Honouring the achievements of Professor Frank Fenner AC, a distinguished virologist who oversaw the global eradication of smallpox and the introduction of myxoma virus to control Australia's rabbit plague, this award recognises the highest-ranked applicant in the Emerging Leadership (Level 1) category of the Investigator Grant Scheme within the basic science or public health research areas. The recipient's research focus will be in an area of international public health and will best reflect the qualities exemplified by Professor Fenner's career.

### 2020 NHMRC Frank Fenner Investigator Grant Award



#### **Dr Marios Koutsakos, University of Melbourne**

Dr Marios Koutsakos is a Postdoctoral Research Fellow at the Peter Doherty Institute for Infection and Immunity. He works on the development of a universal influenza B virus (IBV) vaccine and on understanding the fundamental biology of immune responses to vaccination. Dr Koutsakos has previously worked on the preclinical development of universal influenza vaccines, immunity to IBVs and immunity in high-risk groups for severe influenza infection, such as

transplant recipients. His work has been recognised with numerous awards, including the QIAGEN PhD Achievement Award, the James S Porterfield Prize in International Virology from the University of Oxford, the Australian and New Zealand Society for Immunology (ASI) Pharmaxis Award and an ASI International Travel Award; he was also an ASI New Investigator finalist.

*Grant title: Understanding immunity to influenza B viruses for a rationally designed universal vaccine*

IBVs circulate annually and are particularly prevalent and severe in children, but remain largely understudied. Our immune system provides protection against IBVs through a variety of mechanisms. Dr Koutsakos's research aims to increase understanding of the generation of broadly cross-reactive immune responses to influenza viruses. His research will characterise immunity to IBVs and host-virus interactions, which provide protection from IBV infection. It will inform the rational design of novel vaccines eliciting universal immunity to IBVs, with the ultimate goal of controlling these infections.



## NHMRC Gustav Nossal Postgraduate Scholarship Award

Honouring Sir Gustav Nossal AC for his pioneering work in the field of immunology, this award recognises the highest-ranked applicant for an NHMRC Postgraduate Scholarship in the clinical medicine and science category.

An eminent immunologist and advocate for global health, Sir Gustav is renowned for his contributions to the fields of antibody formation and immunological tolerance. An inspirational leader in health research, he was Director of the Walter and Eliza Hall Institute for Medical Research (WEHI) for 31 years, knighted in 1977 for his pioneering research in immunology, made a Companion of the Order of Australia in 1989 and named Australian of the Year in 2000.

### 2020 NHMRC Gustav Nossal Postgraduate Scholarship Award



#### **Dr Jonathan Pham, University of Melbourne**

Dr Jonathan Pham is a respiratory physician at the Alfred Hospital with a clinical interest in severe asthma and allergy. He is passionate about improving the health of disadvantaged minority groups and has researched malnutrition in Bangladeshi children, sleep apnoea in Chinese Australians and severe asthma in ethnic populations. Dr Pham has been deployed on humanitarian aid missions in Uganda and Bangladesh, providing medical care to impoverished communities and refugees fleeing war. He is currently completing a PhD at the University of Melbourne, investigating the impact of ethnicity in asthma expression.

*Grant title: Investigating the impact of ethnicity on asthma: determining risk factors, modifiers, clinical phenotypes, and differential response to treatment*

Certain ethnic populations have disproportionately worse outcomes in asthma. Yet current treatment guidelines are based on research predominantly involving Caucasians. Dr Pham's research will help identify what causes such health inequalities, with a particular focus on genetic and immunological factors. It will also identify clusters of clinical characteristics (asthma phenotypes) that are unique to specific ethnic populations. This will help identify high-risk individuals and predict disease course and severity. Dr Pham will analyse multiple datasets of international cohorts and use advanced statistical modelling techniques.

## NHMRC Marshall and Warren Awards

Honouring Australian Nobel Laureates Professor Barry Marshall AC and Professor Robin Warren AC, these awards recognise the highest-ranked application, and the most innovative and potentially transformative application in the Ideas Grant Scheme.

Professors Marshall and Warren received the 2005 Nobel Prize in Physiology or Medicine for their discovery of the bacterium *Helicobacter pylori* and its role in gastritis and peptic ulcer disease.

### 2020 NHMRC Marshall and Warren Ideas Grant Award



#### **Professor Ian Alexander, University of Sydney**

Professor Ian Alexander is a physician and scientist who has dedicated his career to the development of gene transfer and genome editing technology and its application to the treatment of infants and children with devastating genetic diseases using gene therapy (the use of genes as medicine). Professor Alexander's team was the first in Australian medical history to treat a genetic disease using gene therapy and he has led the development of the field in Australia. His team

takes a bench-to-bedside approach, developing novel genetic therapies in Australia and bringing world-best therapies to Australia at the earliest possible time.

*Grant title: Exploiting anti-capsid humoral immunity induced in infants receiving gene therapy for spinal muscular atrophy to engineer the next generation of gene transfer vectors*

After decades of incremental progress, the possibility of treating genetic disease by gene therapy has become an exciting reality. This has been achieved by harnessing the gene transfer power of viruses made harmless by genetic engineering (vectors). A major limitation is that many patients are currently excluded because of pre-existing immunity to these powerful tools. Professor Alexander's research team is exploiting induced immunity in infants receiving gene therapy for spinal muscular atrophy to reverse-engineer antibodies against the vector's outer shell. This will allow structure-guided evolution of the next generation of gene transfer technologies, extending their therapeutic reach to more patients and diseases.

### 2020 NHMRC Marshall and Warren Innovation Award



#### **Associate Professor Peter Psaltis, University of Adelaide**

Associate Professor Peter Psaltis is an academic interventional cardiologist, who holds NHMRC Career Development and National Heart Foundation Future Leader Fellowships. He is co-leader of the Lifelong Health theme and leader of the Heart and Vascular program at the South Australian Health and Medical Research Institute (SAHMRI) and President of the Australian Atherosclerosis Society. He completed his PhD in Adelaide in 2009, then undertook a postdoctoral

fellowship as an NHMRC CJ Martin Fellow at the Mayo Clinic in the United States. He returned to Adelaide in 2015 to positions at SAHMRI, the University of Adelaide and the Central Adelaide Local Health Network. His bench-to-bedside research focuses on the developmental origins of tissue macrophages and endothelial cells, molecular and pharmacological regulation of atherosclerosis and application of stem cells in cardiovascular therapeutics.

*Grant title: Defining a new player in atherosclerosis: the role of adventitial haemangioblasts as an 'outside-in' driver of plaque growth and stability*

As the underlying cause of heart attacks and many strokes, atherosclerosis is a leading cause of death worldwide. New approaches to treatment are desperately needed and this requires a better understanding of how atherosclerotic plaques form in arteries. Associate Professor Psaltis's project studies a new population of stem cells, which his team discovered in the outer layer of arteries, that can form both inflammatory cells (macrophages) and endothelial cells. His team is investigating how these unique stem cells contribute to plaque growth and instability, with the aim of developing new therapies to treat atherosclerosis more effectively.

## 2021 Biennial Awards

The 2021 Biennial Awards recognise individuals or groups who have made a special contribution in an area of importance to NHMRC. On 16 June 2021, five awards were presented: the Outstanding Contribution Award, the Ethics Award, the Consumer Engagement Award, the inaugural Research Quality Award and the Science to Art Award.

### NHMRC Outstanding Contribution Award

NHMRC's Outstanding Contribution Award recognises outstanding long-term contributions, individual commitment and support to NHMRC.



#### **Professor Sharon Lewin AO, Peter Doherty Institute for Infection and Immunity**

Professor Sharon Lewin has been at the forefront of the infectious diseases response in Australia and globally through the HIV pandemic and now through the COVID-19 pandemic. She is an exceptional researcher, leader, communicator and advocate. Her contribution during the COVID-19 pandemic has been thoughtful, measured, clear and compassionate, and is one of the reasons Australia is in such a good place in 2021. She is the incoming President of the International AIDS Society and has made a major contribution to NHMRC as a Council member and two-term Chair of the Health Translation Advisory Committee. Professor Lewin personifies excellence in research leadership, and her contribution over the past two decades has been nothing short of outstanding.

## NHMRC Ethics Award

NHMRC's Ethics Award recognises an individual, a group of individuals or an organisation that has made a significant contribution to supporting the highest ethical standards in Australia in health and medical research.



### **Professor Ian Olver AM, University of Adelaide**

Professor Ian Olver has made a significant contribution to Australian health and medical research ethics over the past decade. He was Chair of NHMRC's Australian Health Ethics Committee and a valued member of NHMRC Council from 2012 to 2018. In these roles, his balanced and considered leadership style and willingness to engage sensitively on tough issues have supported a wider understanding of the ethical impact of emerging health and medical research innovations and technologies. Professor Olver brings a breadth of perspective, intellectual heft and subtlety of insight to ethical deliberations, and NHMRC ethical advice has been richer for his engagement.

## NHMRC Consumer Engagement Award

NHMRC's Consumer Engagement Award recognises an individual, a group of individuals or an organisation that has made a long-term contribution to consumer and community involvement in health and medical research.



### **Ms Anne McKenzie AM, Telethon Kids Institute**

Ms Anne McKenzie is a nationally and internationally respected consumer advocate who has worked tirelessly over a nearly 30-year career to change the conversation on consumer involvement in health research. A passionate champion of the consumer voice, she has devoted her career to helping researchers understand the value of listening to those most affected by their research, and helping consumers gain a meaningful seat at the research table. A highly sought-after adviser, she has trained thousands of researchers and made a significant and lasting contribution to the formation and implementation of best-practice consumer involvement in Australia and overseas. Ms McKenzie has been an integral member of NHMRC's Community and Consumer Advisory Group since its inception in 2013 and has advocated for consumer involvement in urgent COVID-19-related research during the past year.

## NHMRC Research Quality Award

The inaugural NHMRC Research Quality Award recognises excellence and outstanding contribution to ensuring the highest quality in health and medical research from an individual, a group of individuals or an organisation.



### Charles Perkins Centre, University of Sydney

To support its commitment to conducting high-quality animal research, the University of Sydney's Charles Perkins Centre commenced a research and development program to implement actions recommended in NHMRC's *Best practice methodology in the use of animals for scientific purposes* (2017). Led by Associate Professor Kieron Rooney, and working with local and international collaborators, the team is investigating the barriers to, and facilitators of, engagement with preclinical trial registration and developing educational tools. The program is delivering a cultural shift in the conduct of animal research that will increase transparency and reproducibility, reduce animal use and, ultimately, deliver improvements in human health.

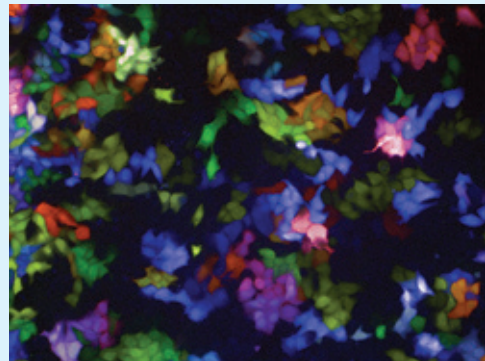
## NHMRC Science to Art Award

NHMRC's Science to Art Award recognises outstanding imagery that has arisen from research funded by NHMRC.



### Professor Frederic Hollande, University of Melbourne

The image shows a population of metastatic colorectal cancer cells that have been 'optically barcoded' with different fluorescence markers. By tracking the different coloured tumour cells over time, the research team can monitor how individual cells respond to chemotherapy and use this knowledge to study mechanisms of drug resistance in cancer.



Optically barcoded colorectal cancer cells by Professor Frederic Hollande and Dr Carolyn Shembrey at the University of Melbourne Centre for Cancer Research.



# Australian guidelines to reduce health risks from drinking alcohol

## Revised guidelines to reduce health risks from drinking alcohol

NHMRC is responsible for developing guidelines on a wide range of public health, clinical and environmental health issues in Australia. Since 1987, this role has included developing guidelines on alcohol consumption.

In December 2020, NHMRC published the revised *Australian guidelines to reduce health risks from drinking alcohol*, which updated the previous edition of the guidelines published in 2009.

Used by health professionals, policy makers and the Australian community, the guidelines provide evidence-based advice on the health effects of drinking alcohol and help people make informed decisions about how much they drink, if any. They are also the evidence base for policy making and educational materials.

The guidelines are based on the most recent and best available evidence on the harms and benefits of alcohol consumption. They have been written following best-practice guideline development processes.

The guidelines' recommendations for alcohol consumption are as follows.

### Adults

To reduce the risk of harm from alcohol-related disease or injury, healthy men and women should drink no more than 10 standard drinks a week and no more than 4 standard drinks on any one day.

The less you drink, the lower your risk of harm from alcohol.

### Children and people under 18 years of age

To reduce the risk of injury and other harms to health, children and people under 18 years of age should not drink alcohol.

## Women who are pregnant or breastfeeding

- A. To prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol.
- B. For women who are breastfeeding, not drinking alcohol is safest for their baby.

The key change to the guidelines since the 2009 edition is the removal of the daily limit of 2 standard drinks a day for adults. Instead, the guidelines advise drinking no more than 10 standard drinks a week and no more than 4 on any one day. The advice for people under 18 years of age and for pregnant women has been strengthened from 'not drinking alcohol is the safest option' to 'should not drink alcohol'.

Research published since the 2009 guidelines has reinforced earlier evidence on the risks of alcohol-related harm for a range of chronic diseases, accidents and injuries. In addition, the growing body of evidence shows that there is:

- a stronger relationship between certain cancers and low levels of alcohol consumption than previously recognised
- an increased risk of a number of cancers, including breast, liver, pancreatic, colorectal, oesophageal, mouth and throat cancer from drinking alcohol; the level of risk increases as more alcohol is consumed
- uncertainty about evidence that suggests that lower levels of alcohol consumption provide some protection against coronary heart disease and type 2 diabetes; it was previously thought that lower levels of alcohol support this protective effect
- no clear safe level of alcohol consumption for people under 18 years of age, including children
- no safe level of alcohol consumption during pregnancy or while breastfeeding that has been identified.

The guidelines were developed over 4 years. The development process included:

- an independent expert advisory committee comprising members with expertise in epidemiology, sociology, medicine, addiction and public health and consumer representatives
- a comprehensive review of the evidence base on the harms and benefits of alcohol consumption, with an overview of 38 systematic reviews, 4 additional systematic reviews, mathematical modelling and a public call for evidence
- a 10-week public consultation period
- a number of quality assurance steps, including reviews of the methodology for the overview and systematic reviews, independent expert review of the guidelines by four experts and a separate expert review of the mathematical modelling
- endorsement from the Council of NHMRC, whose members include state and territory Chief Health Officers and Chief Medical Officers and the Commonwealth Chief Medical Officer.

The release of the guidelines was accompanied by press releases and considerable media coverage.

Read more about the guidelines online at [www.nhmrc.gov.au/health-advice/alcohol](http://www.nhmrc.gov.au/health-advice/alcohol).

Figure 9: Alcohol guidelines

**NHMRC**  
BUILDING  
A HEALTHY  
AUSTRALIA

# Alcohol Guidelines

Australian guidelines to reduce health risks from drinking alcohol

## 1: HEALTHY ADULTS

Drink no more than 10 standard drinks a **week**



AND  
no more than 4 standard drinks on **any one day**



to reduce the risk of harm from alcohol.  
The less you drink, the lower your risk of harm.

## 2: CHILDREN AND PEOPLE UNDER 18 YEARS OF AGE

Should not drink alcohol



to reduce the risk of harm from alcohol.

## 3: WOMEN WHO ARE PREGNANT OR BREASTFEEDING

Should not drink alcohol



to prevent harm from alcohol to their unborn child or baby.

[www.nhmrc.gov.au/alcohol](http://www.nhmrc.gov.au/alcohol)



# Part 3

## Annual performance statements

Our annual performance statements outline our activities and achievements against performance targets under the themes of investment, translation and integrity.



# Statement by the accountable authority

I, as the accountable authority of the National Health and Medical Research Council (NHMRC), present the 2020–21 annual performance statements of NHMRC, as required under section 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). In my opinion, these annual performance statements are based on properly maintained records, accurately reflect the performance of NHMRC and comply with section 39(2) of the PGPA Act.



Professor Anne Kelso AO  
 Chief Executive Officer  
 National Health and Medical Research Council

16 September 2021

## Purposes

NHMRC’s purposes support our mission of building a healthy Australia. They reflect NHMRC’s legislated functions to fund health and medical research and training, and to issue guidelines and advise on improving health outcomes, through prevention, diagnosis and treatment of disease and provision of health care. They also reflect NHMRC’s role in promoting the highest standards of ethics and integrity in health and medical research.

NHMRC’s purposes align with the three strategic themes of investment, translation and integrity. Our activities cover a wide range of health-related areas, from funding research to guideline development and advice.

Our purposes are set out in our Corporate Plan 2020–21 and are shown in Table 5.

Table 5: NHMRC’s strategic themes, functions and purposes

| THEME    | INVESTMENT   | TRANSLATION   | INTEGRITY   |
|----------|--|---|---|
| Function | Fund high-quality health and medical research and build research capability.   | Support the translation of health and medical research into better health outcomes.   | Promote the highest standards of ethics and integrity in health and medical research.                           |
| Purpose  | Create knowledge and build research capability through investment in the highest-quality health and medical research and the best researchers. | Drive the translation of health and medical research into clinical practice, policy and health systems and support the commercialisation of research discoveries. | Maintain a strong integrity framework underpinning rigorous and ethical research and promoting community trust. |

# Summary of results

Table 6 summarises our performance against the targets outlined in our Corporate Plan and Portfolio Budget Statements (PBS) for 2020–21.

Table 6: Summary of results, 2020–21

| <b>INVESTMENT</b>  |   | <b>RESULT</b>        |
|--|---|----------------------|
| <b>Create knowledge and build research capability through investment in the highest-quality health and medical research and the best researchers</b>   |   |                      |
| <b>Research grants in basic science, clinical medicine, public health and health services research meet the health needs of Australians, and include national, state and territory, and community priorities</b> |   |                      |
| Target 1   | Grants are awarded, based on expert peer review, across the full spectrum of health and medical research areas, and focus on achieving better health outcomes   | <b>MET</b>           |
| Target 2   | Targeted and priority-driven research funding calls are initiated that address areas of unmet need  | <b>MET</b>           |
| <b>Support research that will provide better health outcomes for Aboriginal and Torres Strait Islander people</b>  |   |                      |
| Target 3   | More than 5% of NHMRC's annual budget is expended/awarded on research that will provide better health outcomes for Aboriginal and Torres Strait Islander people   | <b>MET</b>           |
| <b>Support Aboriginal and Torres Strait Islander researchers through building and strengthening capacity</b>   |   |                      |
| Target 4   | Monitor the number of Aboriginal and Torres Strait Islander chief investigators   | <b>MET</b>           |
| <b>Foster gender equality in research funding through NHMRC policies and processes</b>   |   |                      |
| Target 5   | An increase in the funded rates for women in NHMRC grant schemes where funded rates are statistically significantly lower than those for men  | <b>MET</b>           |
| <b>TRANSLATION</b>   |   | <b>RESULT</b>        |
| <b>Drive the translation of health and medical research into clinical practice, policy and health systems, and support the commercialisation of research discoveries</b>   |   |                      |
| <b>Support an Australian health system that is research led, evidence based, efficient and sustainable</b>   |   |                      |
| Target 6   | Improvements in clinical care, health service delivery and clinical training achieved by Advanced Health Research and Translation Centres and Centres for Innovation in Regional Health are identified and promoted | <b>PARTIALLY MET</b> |
| Target 7   | Development and/or approval of public health, clinical and environmental health guidelines  | <b>MET</b>           |
| <b>Report on the impact of the research funded by NHMRC</b>  |   |                      |
| Target 8   | Five case studies (per year) are presented that demonstrate the impact of health and medical research funding   | <b>MET</b>           |

| <b>INTEGRITY</b>   |   | <b>RESULT</b>            |
|--|---|--------------------------|
| <b>Maintain a strong integrity framework underpinning rigorous and ethical research and promoting community trust</b>  |   |                          |
| <b>Promote and monitor the implementation of the revised <i>Australian code for the responsible conduct of research, 2018 (the Code)</i> and supporting guides</b>   |   |                          |
| Target 9   | Implementation of the Code and available guides is reported by 100% of Administering Institutions                     | <b>SUBSTANTIALLY MET</b> |
| <b>Provide guidance to the research sector to support research quality</b>   |   |                          |
| Target 10  | Guidance on research quality is published   | <b>NOT MET</b>           |
| <b>Stakeholders demonstrate good understanding of the regulatory requirements under the <i>Research Involving Human Embryos Act 2002</i> and <i>Prohibition of Human Cloning for Reproduction Act 2002</i></b> |   |                          |
| Target 11  | Good understanding of regulatory requirements is demonstrated through outcomes from inspections and 6-monthly reports | <b>SUBSTANTIALLY MET</b> |

# INVESTMENT: Create knowledge and build research capability through investment in the highest-quality health and medical research and the best researchers

## Activities | Investment

NHMRC's Corporate Plan 2020-21 outlines our key activities.

Our priority activities for 2020-21 were to:

- ensure that Australia maintains its capacity for high-quality health and medical research across a range of health areas and challenges by ensuring that funding opportunities are available and new grants are awarded through NHMRC's grant program, including throughout the COVID-19 pandemic
- address the impact of the COVID-19 pandemic on health and medical research and researchers, for example by
  - continuing to offer flexibility for NHMRC-funded researchers to pivot their research to COVID-19 where appropriate
  - facilitating grant variations for NHMRC-funded researchers whose research is delayed as a result of their involvement in the clinical or public health response, or social restrictions
  - modifying funding policies or processes, such as scheme closing dates, as needed to reduce the adverse impact on access to funding opportunities
- continue to optimise grant application, peer review and grant management processes, for example through increased peer reviewer training
- build and make effective use of evaluation and data capabilities, including impact case studies, to monitor the performance of the NHMRC grant program
- develop and implement strategies to address gender inequality in NHMRC-funded research.

During the period covered by the Corporate Plan (2020-21 to 2023-24), we:

- deliver grant schemes that fund the best researchers and research, from basic science through to clinical, public health and health services research, and invest in innovative and collaborative research projects
- fund health research to improve health outcomes for Aboriginal and Torres Strait Islander people and to build and strengthen Aboriginal and Torres Strait Islander researcher capacity
- provide strategic funding in areas of need, such as Aboriginal and Torres Strait Islander health research and researchers, grants led by female researchers and health services research.

## Analysis of performance | Investment

Research grants in basic science, clinical medicine, public health and health services research meet the health needs of Australians, and include national, state and territory, and community priorities

*Target 1: Grants are awarded, based on expert peer review, across the full spectrum of health and medical research areas, and focus on achieving better health outcomes*

|                    |   |
|--------------------|---|
| <b>Source</b>      | NHMRC Corporate Plan 2020–21 and PBS 2020–21  |
| <b>Methodology</b> | Quantitative assessment and analysis of the distribution of grant expenditure and of new grants awarded in the financial year. The analysis will draw on the new evaluation framework for NHMRC’s grant program. The analysis may be supplemented by selected qualitative cases studies and/or researcher profiles of top grants awarded. |

### Result **MET**

NHMRC’s strategy for health and medical research is underpinned by our strong commitment to the highest quality and standards of research and health advice to support health outcomes for the Australian community.

All NHMRC’s grant schemes are highly competitive. NHMRC grants are awarded following critical assessment by independent peer reviewers. This rigorous process supports the exceptional quality of the research NHMRC funds across the full spectrum of health and medical research areas, including basic science, clinical medicine, public health and health services research. NHMRC’s grant expenditure across these research areas for 2020–21 is reported in Table 7.

Table 7: NHMRC expenditure by broad research area, 2016–17 to 2020–21

| Broad research area           | 2016–17 (\$)       | 2017–18 (\$)       | 2018–19 (\$)       | 2019–20 (\$)       | 2020–21 (\$)       |
|-------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Basic science                 | 326,513,258        | 332,233,704        | 358,472,639        | 363,312,278        | 339,695,034        |
| Clinical medicine and science | 293,765,578        | 295,388,527        | 309,399,525        | 307,393,276        | 278,633,965        |
| Public health                 | 114,773,175        | 117,670,602        | 126,384,582        | 130,206,801        | 125,546,889        |
| Health services research      | 49,891,734         | 52,277,215         | 55,696,549         | 59,633,121         | 69,243,706         |
| Other <sup>a</sup>            | 35,546,331         | 36,530,956         | 39,357,705         | 40,891,500         | 37,288,407         |
| <b>Total<sup>b</sup></b>      | <b>820,490,076</b> | <b>834,101,004</b> | <b>889,311,000</b> | <b>901,436,976</b> | <b>850,408,000</b> |

<sup>a</sup> Equipment Grants, Independent Research Institute Infrastructure Support Scheme Grants, Human Frontier Science Program

<sup>b</sup> All figures have been rounded to the nearest whole dollar

Further data on grants awarded under NHMRC’s grant program, including breakdowns by Administering Institution, state, gender, field of research, disease or health topic, and broad research area are available on NHMRC’s website at [www.nhmrc.gov.au/funding/data-research](http://www.nhmrc.gov.au/funding/data-research).

NHMRC also recognises excellence in the health and medical research sector through its annual Research Excellence Awards and celebrates leadership and outstanding contributions to the sector through its biennial awards. Part 2 of this annual report highlights the awardees honoured in 2020-21.

Additionally, 26 research case studies and researcher profiles were posted to the InFocus section of NHMRC's website in 2020-21 at [www.nhmrc.gov.au/about-us/infocus](http://www.nhmrc.gov.au/about-us/infocus). These articles highlight the diversity of NHMRC-supported research and researchers in Australia.

*Target 2: Targeted and priority-driven research funding calls are initiated that address areas of unmet need*

**Source** NHMRC Corporate Plan 2020-21

**Methodology** Qualitative assessment of how targeted and priority-driven funding meets a research gap and how the unmet need was identified.

**Result** **MET**

In 2020-21, \$24.3 million<sup>9</sup> was awarded through NHMRC's priority-driven special initiatives and the Targeted Calls for Research (TCR) scheme, which address national, state and territory, and community priorities.

#### **National Network for Aboriginal and Torres Strait Islander Health Researchers**

In 2020-21, \$10 million was awarded to establish a National Network for Aboriginal and Torres Strait Islander Health Researchers, which will build capacity and capability of these researchers. Establishing the National Network forms part of NHMRC's *Road map 3: a strategic framework for improving Aboriginal and Torres Strait Islander health through research*. Further information on the establishment and objectives of the National Network is provided on page 52.

#### **Special Initiative in Mental Health**

In 2020-21, \$10 million was awarded to establish a national centre for innovation in mental health care through a collaborative network across Australia under NHMRC's Special Initiative in Mental Health. The call scope and focus were based on advice provided by the NHMRC Mental Health Research Advisory Committee, convened to explore and identify areas of unmet need in mental health research, and a stakeholder workshop held in 2019. Further information on the establishment and objectives of the ALIVE National Centre for Mental Health Research Translation is provided on page 54.

#### **TCR into Myalgic Encephalomyelitis / Chronic Fatigue Syndrome**

In 2020-21, \$3.3 million was awarded for research to improve understanding of myalgic encephalomyelitis (ME) / chronic fatigue syndrome (CFS). This was identified as a priority by the community through a submission to the NHMRC Community Research Priorities Portal and evaluated by the NHMRC Targeted Calls for Research Prioritisation Committee. The scope of the TCR was based on gaps identified by NHMRC's ME/CFS Advisory Committee.

<sup>9</sup> The total awarded includes a \$1 million contribution from the MREA to the Medical Research Future Fund - Emerging Priorities and Consumer Driven Research Initiative on Artificial Stone Silicosis.

## Part 3 Annual performance statements

A further three targeted and priority-driven research funding calls were initiated in 2020-21 and funding is due to be awarded in the second half of 2021. These are described below.

### Special Initiative in Human Health and Environmental Change

This special initiative aims to boost research capacity and capability to improve Australia's preparedness for, and responsiveness to, human health threats from changing environmental conditions and extreme weather events. 'Resilience to environmental change, emerging health threats and emergencies' is one of NHMRC's strategic priorities for action in 2018-2021. Under this grant opportunity, \$10 million in funding is available to establish a national research network to help protect the health of the Australian community and build a resilient and responsive health system.

### TCR into End of Life Care

This TCR addresses a national priority identified by states and territories through a subcommittee of the former Australian Health Ministers' Advisory Council. The TCR aims to identify best-practice approaches to end of life care that are meaningful to patients, carers and families, and are coordinated within, and sustainable for, the health system. Up to \$5 million in funding is available through this grant opportunity.

### TCR into Participation in Cancer Screening Programs

This TCR addresses a national priority under the National Preventive Health Strategy and aims to increase long-term participation in the three national cancer screening programs – breast, bowel and cervical cancer. Up to \$9 million in funding is available through this grant opportunity, which NHMRC is administering on behalf of the Australian Government Department of Health.

### Support research that will provide better health outcomes for Aboriginal and Torres Strait Islander people

*Target 3: More than 5% of NHMRC's annual budget is expended/awarded on research that will provide better health outcomes for Aboriginal and Torres Strait Islander people*

**Source** NHMRC Corporate Plan 2020-21 and PBS 2020-21

**Methodology** Quantitative assessment of grant expenditure and of new grants awarded in the financial year. Funding is categorised as 'Indigenous health research' by Indigenous Review Panels (IRPs) during peer review. If an IRP process was not used, grants from those rounds can be categorised as Indigenous health by reviewing each grant against a range of investigator-provided data classifications, including fields of research, keywords, grant titles and media summaries.

This measure can be evaluated in two ways:

- commitments – 5% of new commitments made in a year, based on the announcement date and the total value of grants (including all future years) announced during the year as at the time of announcement
- expenditure – 5% of expenditure (payments) made for all active research grants within the year for Indigenous health research.

**Result** MET



In 2020–21, this target was achieved, with 7.0% of Medical Research Endowment Account expenditure – approximately \$59.5 million – directed to Aboriginal and Torres Strait Islander health research through NHMRC funding schemes (Table 8).

Table 8: NHMRC expenditure on Aboriginal and Torres Strait Islander health research, 2016–17 to 2020–21

| Research area   | 2016–17 (\$) | 2017–18 (\$) | 2018–19 (\$) | 2019–20 (\$) | 2020–21 (\$) |
|---|--------------|--------------|--------------|--------------|--------------|
| Aboriginal and Torres Strait Islander health research   | 52,807,350   | 49,601,395   | 52,522,761   | 55,095,357   | 59,475,743   |
| Total research expenditure  | 820,490,076  | 834,101,004  | 889,311,000  | 901,436,976  | 850,408,000  |
| Percentage of expenditure (payments) made for all active research grants within the year for Indigenous health research | 6.4%         | 5.9%         | 5.9%         | 6.1%         | 7.0%         |

In addition, during 2020–21, NHMRC awarded \$10 million for a National Network for Aboriginal and Torres Strait Islander Health Researchers. Further information on the establishment and objectives of the National Network is provided on page 52.

### Support Aboriginal and Torres Strait Islander researchers through building and strengthening capacity

*Target 4: Monitor the number of Aboriginal and Torres Strait Islander chief investigators*

|                    |   |
|--------------------|---|
| <b>Source</b>      | NHMRC Corporate Plan 2020–21  |
| <b>Methodology</b> | <p>Monitoring and reporting of the number of chief investigators (CIs) currently funded across all NHMRC schemes who identify as being of Aboriginal and/or Torres Strait Islander descent.</p> <p>Numbers will be reported for all grants announced in the financial year, across all schemes, and will be broken down by:</p> <ul style="list-style-type: none"> <li>• number of unique CIs who self-identified as Indigenous (all applications)</li> <li>• number of unique CIs who self-identified as Indigenous (funded applications)</li> <li>• percentage of CIs who self-identified as Indigenous awarded NHMRC funding in a financial year</li> <li>• number of applications with at least one CI who self-identified as Indigenous (all applications)</li> <li>• number of funded grants with at least one CI who self-identified as Indigenous (funded applications)</li> <li>• funded rate of applications with at least one CI who self-identified as Indigenous that were awarded NHMRC funding in a financial year.</li> </ul> |
| <b>Result</b>      | <b>MET</b>  |

### Part 3 Annual performance statements

The number of Aboriginal and Torres Strait Islander chief investigators on NHMRC grant applications was monitored in 2020–21 and is reported in Table 8. As described above, NHMRC awarded \$10 million during 2020–21 for a National Network for Aboriginal and Torres Strait Islander Health Researchers, which has 47 chief investigators. This has affected the number of unique chief investigators who self-identified as Indigenous in 2020–21 and the percentage of unique chief investigators who self-identified as Indigenous that were awarded funding in 2020–21, as shown in Table 9. NHMRC will continue to monitor and report this information, which will be used to inform future policy decisions.

Table 9: Number of Indigenous Chief Investigators (CIs) on NHMRC grant applications, 2017–18 to 2020–21

| Quantitative measure   | 2017–18 | 2018–19 | 2019–20 | 2020–21 |
|--|---------|---------|---------|---------|
| Number of unique CIs who self-identified as Indigenous (all applications)  | 125     | 153     | 143     | 144     |
| Number of unique CIs who self-identified as Indigenous (funded applications) <sup>a</sup>  | 49      | 55      | 55      | 79      |
| Percentage of unique CIs who self-identified as Indigenous awarded NHMRC funding in each financial year                              | 39.2%   | 35.9%   | 38.5%   | 54.9%   |
| Number of applications with at least one CI who self-identified as Indigenous (all applications)                                     | 135     | 149     | 126     | 97      |
| Number of funded grants with at least one CI who self-identified as Indigenous (funded applications)                                 | 40      | 40      | 42      | 30      |
| Funded rate of applications with at least one CI who self-identified as Indigenous that were awarded NHMRC funding in financial year | 29.6%   | 26.8%   | 33.3%   | 30.9%   |

<sup>a</sup> Denotes unique CIs in any one financial year.

### Foster gender equality in research funding through NHMRC policies and processes

*Target 5: An increase in the funded rates for women in NHMRC grant schemes where funded rates are statistically significantly lower than those for men*

**Source** NHMRC Corporate Plan 2020–21

**Methodology** Quantitative assessment of the funded rates for men and women across all NHMRC grant schemes (collectively) and in key schemes (Investigator, Ideas and Synergy Grants), including distribution across career stage.

**Result** **MET**

NHMRC is committed to supporting gender equality in its research funding. Funded rates for women in many NHMRC schemes are historically lower than funded rates for men, and we seek to reduce this gap by implementing actions identified in NHMRC’s Gender Equality Strategy.<sup>10</sup>

<sup>10</sup> [www.nhmrc.gov.au/about-us/publications/nhmrcs-gender-equality-strategy-2018-2021](http://www.nhmrc.gov.au/about-us/publications/nhmrcs-gender-equality-strategy-2018-2021)

NHMRC requires that Administering Institutions have policies in place to facilitate gender equity, including strategies that encourage the recruitment, retention and progression of women in health and medical research to support talented women in science.<sup>11</sup>

A key to achieving this target is the allocation of structural priority funding to support additional high-quality applications led by women. This direct intervention has enabled parity, or near parity, of funded rates for women and men across most schemes. This initiative provides opportunity and support for many additional outstanding female researchers.

The application of structural priority funding in key NHMRC grant schemes in 2019 and 2020 is detailed in Table 10.<sup>12</sup> In 2019 and 2020, NHMRC identified the Investigator and Ideas Grant schemes as having significant differences in the proportion of grants awarded to women before the application of structural priority funding.<sup>13</sup> After structural priority funding was applied, the gap in the funded rate for women (12.7%) compared with men (14.0%) for 2020 Investigator Grants was reduced from 3.4 to 1.3 percentage points. For 2020 Ideas Grants, the gap in the funded rate before the application of structural priority funding was 2.3 percentage points; the final funded rate for women and men was equal at 9.8%. Across all schemes awarded in 2020, there is no significant difference in the final funded rates for women (13.0%) compared with men (12.9%).

While structural priority funding can help reduce the gap in funded rates between women and men, the number of applications from women and the distribution by career stage are more difficult to address with direct intervention by NHMRC. In the 2020 Investigator Grant scheme, 834 applications were submitted by women and 934 by men. The proportion of female applicants fell progressively with seniority (as in 2019 and in the former Fellowship schemes) from 54.5% at Emerging Leadership Level 1 to 20.7% at Leadership Level 3. Women received 39.7% of the total funding.<sup>14</sup>

11 For more information, see: [www.nhmrc.gov.au/research-policy/women-health-science/administering-institutions-consideration-gender-equality](http://www.nhmrc.gov.au/research-policy/women-health-science/administering-institutions-consideration-gender-equality).

12 NHMRC schemes are delivered through calendar year grant rounds to align with Administering Institution funding requirements.

13 Data on funding outcomes by gender of the Chief Investigator A, including comparisons of funded rates, number of applications, number of grants and amount awarded are available for all major funding schemes on the NHMRC website at [www.nhmrc.gov.au/funding/data-research/outcomes](http://www.nhmrc.gov.au/funding/data-research/outcomes).

14 More information on the distribution of applications and funded rate by gender across the career stages is available in the Investigator Grants 2020 Outcomes Factsheet, available on the NHMRC website at [www.nhmrc.gov.au/funding/data-research/outcomes](http://www.nhmrc.gov.au/funding/data-research/outcomes).

## Part 3 Annual performance statements

Table 10: Funded rate by gender of Chief Investigator A (CIA), 2019 and 2020

| Initiative                                      | Impact of structural priority funding <sup>a</sup> | 2019 funded rate (%) |             |                        | 2020 funded rate (%) |             |                        |
|---|--|----------------------|-------------|------------------------|----------------------|-------------|------------------------|
|   |  | Female CIA           | Male CIA    | Other CIA <sup>b</sup> | Female CIA           | Male CIA    | Other CIA <sup>b</sup> |
| Investigator Grants                             | Baseline   | 8.9                  | 14.7        | 10.0                   | 10.2                 | 13.6        | 0.0                    |
|   | Final  | 11.3                 | 14.9        | 10.0                   | 12.7                 | 14.0        | 0.0                    |
| Ideas Grants                                    | Baseline   | 8.5                  | 10.7        | 7.7                    | 7.3                  | 9.6         | 9.1                    |
|   | Final  | 11.1                 | 11.1        | 7.7                    | 9.8                  | 9.8         | 9.1                    |
| Synergy Grants <sup>c</sup>                     | Baseline   | 20.7                 | 11.4        | n/a                    | n/a                  | n/a         | n/a                    |
|   | Final  | 20.7                 | 11.4        | n/a                    | n/a                  | n/a         | n/a                    |
| Clinical Trials and Cohort Studies <sup>d</sup> | Baseline   | 5.0                  | 4.8         | n/a                    | n/a                  | n/a         | n/a                    |
|   | Final  | 5.8                  | 5.1         | n/a                    | n/a                  | n/a         | n/a                    |
| All other schemes (combined) <sup>e</sup>       | Baseline   | 28.2                 | 26.1        | 37.5                   | 28.6                 | 27.3        | 0.0                    |
|   | Final  | 29.7                 | 26.1        | 37.5                   | 28.6                 | 27.3        | 0.0                    |
| <b>Total<sup>f</sup></b>                        | <b>Baseline</b>                                    | <b>10.9</b>          | <b>13.0</b> | <b>13.6</b>            | <b>10.8</b>          | <b>12.6</b> | <b>5.3</b>             |
|   | <b>Final</b>                                       | <b>13.1</b>          | <b>13.3</b> | <b>13.6</b>            | <b>13.0</b>          | <b>12.9</b> | <b>5.3</b>             |

n/a = not applicable

<sup>a</sup> Structural priority funding was also applied to meet priorities other than gender equality, such as Indigenous research, Indigenous researchers or health services research. These results include all structural priority funding awarded to grants with a female CIA, even if gender equality was not the reason that structural priority funding was awarded. In the table, 'Baseline' excludes any structural priority funding that was used in the round, and 'Final' is the funded rate at time of announcement.

<sup>b</sup> 'Other CIA' combines intersex/indeterminate/unspecified and not stated/not provided.

<sup>c</sup> The 2020 Synergy Grants round was cancelled due to COVID-19.

<sup>d</sup> The 2020 Clinical Trials and Cohort Studies round was delayed due to COVID-19.

<sup>e</sup> Comprises Centres of Research Excellence, Targeted Calls for Research, International Collaborations, Development Grants, Partnership Projects, Postgraduate Scholarships and Boosting Dementia Research Initiative Grants (2019 only). Excludes Independent Research Institute Infrastructure Support Scheme, Equipment Grants and Research Fellowship 6th year extensions (2019 only). Structural priority funding was not applied in most of these schemes.

<sup>f</sup> In 2019, structural priority funding was applied in Investigator Grants, Ideas Grants, Clinical Trials and Cohort Studies Grants, Centres of Research Excellence, Postgraduate Scholarships and the Targeted Call for Research into Nutrition in Aboriginal and Torres Strait Islander Peoples. In 2020, structural priority funding was applied in Investigator Grants and Ideas Grants.

# TRANSLATION: Drive the translation of health and medical research into clinical practice, policy and health systems, and support the commercialisation of research discoveries

## Activities | Translation

NHMRC's Corporate Plan 2020–21 outlines our key activities.

Our priority activities for 2020–21 were to:

- drive a research-led, evidence-based health response to the COVID-19 pandemic, including supporting the APPRISE Centre of Research Excellence, which is undertaking research to inform Australia's emergency response to infectious diseases, and the National COVID-19 Health and Research Advisory Committee, which is advising the Commonwealth Chief Medical Officer on the public health response to COVID-19
- maintain a leadership role in the development of public and environmental health and clinical advice, which is relied on by states and territories, including releasing the updated *Australian guidelines to reduce the health risks from drinking alcohol* and starting the revision of the *Australian dietary guidelines*.

During the period covered by the Corporate Plan (2020–21 to 2023–24), we:

- drive translation of evidence into innovative and evidence-based health care, for example by recognising Advanced Health Research and Translation Centres (AHRTCs) and Centres for Innovation in Regional Health (CIRHs), and finalising the research translation strategy
- engage with the Australian community and consumers on healthcare and medical research, including increasing community involvement in research and access to the results of research
- deliver grant schemes that focus on research translation, including encouraging industry engagement and the commercialisation of research outcomes
- develop and revise guidelines in public and environmental health and approve third-party clinical practice and public health guidelines to support consistent standards
- promote best-practice evidence development and standards, including guidelines for guidelines
- maintain and update open access policies that encourage sharing of publications and data from NHMRC-funded research
- contribute to national and international research policy.

## Analysis of performance | Translation

Support an Australian health system that is research led, evidence based, efficient and sustainable

*Target 6: Improvements in clinical care, health service delivery and clinical training achieved by NHMRC's AHRTCs and CIRHs are identified and promoted*

**Source** NHMRC Corporate Plan 2020-21 and PBS 2020-21

**Methodology** Qualitative assessment of key achievements by NHMRC-accredited AHRTCs and CIRHs, with a focus on the impacts (on knowledge, health, the economy and/or society) or key achievements of centres as evidence that the accreditation process is effective in supporting improvements in these areas. This will include targeted consultation with national, state and territory stakeholders on AHRTC and CIRH achievements and any decisions made to continue or expand the initiative.

**Result** **PARTIALLY MET**

NHMRC recognises leading centres of collaboration that excel in providing research-based health care and training through the Translation Centre Initiative. This program encourages excellent health research and translation, bringing together researchers, healthcare providers, and education and training to improve the health and wellbeing of patients and populations.

In late 2020-21, NHMRC finalised its review of the Translation Centre Initiative that accredits AHRTCs and CIRHs. The review considered whether the design and operation of the Translation Centre Initiative remained fit for purpose, and whether any modifications could strengthen research-based health care and training to improve the health and wellbeing of patients and communities, and the integration of research into multiple health services. NHMRC will publish the review outcomes in early 2021-22.

As a result of the review, work to promote the achievements of NHMRC-accredited AHRTCs and CIRHs was placed on hold in 2020-21. This work will be reconsidered following implementation of any changes to the Translation Centre Initiative.

*Target 7: Development and/or approval of public health, clinical and environmental health guidelines*

**Source** NHMRC Corporate Plan 2020-21

**Methodology** Qualitative assessment of NHMRC's role in revising, developing and approving new guidelines and advice that are timely, are based on a review of the available evidence, follow transparent development and decision-making processes, and will promote health, prevent harm, encourage best practice and reduce waste.

**Result** **MET**

Evidence-based guidelines and advice support the prevention, detection and treatment of illness, and the application of consistent standards in public and environmental health and clinical practice in Australia. NHMRC has a role in developing evidence-based guidelines for human health, as well as approving guidelines developed by external bodies. NHMRC approval indicates that third-party guidelines are of high quality, are based on the best available scientific evidence and have been developed to rigorous standards.

### Public health guidelines

In 2020–21, NHMRC:

- issued the updated *Australian guidelines to reduce health risks from drinking alcohol* (available on the NHMRC website at [www.nhmrc.gov.au/about-us/publications/australian-guidelines-reduce-health-risks-drinking-alcohol](http://www.nhmrc.gov.au/about-us/publications/australian-guidelines-reduce-health-risks-drinking-alcohol))
- approved the *Best-practice guidelines for the safe restraint of children travelling in motor vehicles* (developed by the third-party organisation NeuRA).

### Clinical practice guidelines

NHMRC approved seven clinical practice guidelines developed by third parties in 2020–21:

- *Australian guidelines for the clinical care of people with COVID-19* (three updates) (National COVID-19 Clinical Evidence Taskforce)
- *Living guidelines for stroke management* (two updates) (Stroke Foundation)
- *Australian evidence-based clinical guidelines for diabetes* (Living Evidence for Diabetes Consortium)
- *Australian clinical practice guideline for the management of communication and swallowing in children diagnosed with childhood brain tumour or leukaemia* (University of Sydney)
- *Clinical practice guidelines: pregnancy care* (recently reviewed topics, 27 August 2020) (Australian Government Department of Health)
- *Australian Immunisation Handbook* (chapter on rabies and other lyssaviruses) (Australian Technical Advisory Group on Immunisation)
- *Australian living guideline for the pharmacological management of inflammatory arthritis* (Australia & New Zealand Musculoskeletal Clinical Trials Network).

### Report on the impact of the research funded by NHMRC

*Target 8: Five case studies (per year) are presented that demonstrate the impact of health and medical research funding*

|                    |  |
|--------------------|--|
| <b>Source</b>      | NHMRC Corporate Plan 2020–21   |
| <b>Methodology</b> | Qualitative and in-depth assessment of the impact of NHMRC-funded research using a case study approach. The process of developing the impact case studies that are presented each year includes the collection of performance data, which will enable annual evaluation of the development process, as part of broader NHMRC evaluation efforts. |
| <b>Result</b>      | <b>MET</b>   |

NHMRC-funded research has wide-reaching impacts. Showcasing this through case studies demonstrates NHMRC's contribution to raising the standard of individual and public health throughout Australia.

NHMRC works with partners to illustrate the longer-term impacts of NHMRC-funded research in detailed impact case studies, which are published on the NHMRC website at [www.nhmrc.gov.au/about-us/resources/impact-case-studies](http://www.nhmrc.gov.au/about-us/resources/impact-case-studies).

Eight impact case studies were published in 2020–21, and extracts from some of these are highlighted in this annual report. As at 30 June 2021, there were 19 case studies available on the NHMRC website.

# INTEGRITY: Maintain a strong integrity framework underpinning rigorous and ethical research and promoting community trust

## Activities | Integrity

NHMRC's Corporate Plan 2020–21 outlines our key activities.

Our priority activities for 2020–21 were to:

- work with health consumers and the Australian Health Ethics Committee to develop an ethical framework to support decision making in research and health care during the COVID-19 pandemic
- ensure that the highest standards of ethical research are maintained during the COVID-19 pandemic, for example by contributing to national guidance on overseeing clinical trials in the context of the COVID-19 pandemic
- progress actions to ensure the rigour, transparency and reproducibility of health and medical research (under NHMRC's Research Quality Strategy).

During the period covered by the corporate plan (2020–21 to 2023–24), we:

- promote the highest standards of research quality and integrity, for example by leading the development and revision of key statements, codes and guidelines
- identify, explore and consult on ethical issues relating to health and develop ethical guidelines and advice as needed
- ensure the integrity of NHMRC-funded research and support the Australian Research Integrity Committee
- continue to support streamlined research governance and ethics review processes
- administer the *Research Involving Human Embryos Act 2002* and *Prohibition of Human Cloning for Reproduction Act 2002* through the work of the Embryo Research Licensing Committee.



## Analysis of performance | Integrity

### Promote and monitor the implementation of the revised *Australian code for the responsible conduct of research, 2018* (the Code) and supporting guides

*Target 9: Implementation of the Code and available guides is reported by 100% of Administering Institutions (AIs)*

|                    |  |
|--------------------|--|
| <b>Source</b>      | NHMRC Corporate Plan 2020–21 and PBS 2020–21   |
| <b>Methodology</b> | Quantitative assessment using NHMRC’s annual survey of AIs to ensure that the Code and its supporting guides have been implemented in institutional processes. |

**Result**                      **SUBSTANTIALLY MET**

The Code is co-authored by NHMRC, the Australian Research Council and Universities Australia. The Code is supported by guidance on specific topics to encourage responsible research conduct. The coauthors have released guides on managing and investigating potential breaches of the Code, authorship, management of data and information in research, peer review, disclosure of interests and management of conflicts of interest, supervision, collaborative research, and publication and dissemination of research.

Monitoring implementation of the Code and supporting guidance helps ensure the highest standards of research quality and promotes community trust. Implementation is assessed annually through the Institutional Annual Compliance Report (IACR).

Results of the 2020 IACR demonstrated that 100% of institutions that administered NHMRC funds and submitted reports during 2020–21 had implemented the Code.<sup>15</sup> Implementation of the guides is also well advanced. Almost all institutions had fully implemented the *Guide to managing and investigating potential breaches of the Australian code for the responsible conduct of research*, which was released at the same time as the Code; the remainder (around 10%) reported that they had partially implemented it. Partial implementation was mostly reported by institutions that have collaborative arrangements with other institutions, where some aspects of policy implementation were being undertaken by these collaborators. In a few other cases, implementation was well advanced, but not yet complete.

The majority of institutions had also implemented, or were well advanced in implementing, the other guides, which were released between June 2019 and August 2020. These guides had been either fully or partially implemented by 90–99% of institutions that administered NHMRC funds during 2020–21.

### Provide guidance to the research sector to support research quality

*Target 10: Guidance on research quality is published*

|                    |  |
|--------------------|--|
| <b>Source</b>      | NHMRC Corporate Plan 2020–21   |
| <b>Methodology</b> | Qualitative assessment of the guidance developed confirms that it focuses on critical issues, including rigour, transparency and reproducibility, and addresses previous gaps. |

**Result**                      **NOT MET**

<sup>15</sup> Two institutions did not submit reports for the period.

## Part 3 Annual performance statements

Implementation of NHMRC's Research Quality Strategy is being progressed in consultation with the sector, and with advice from NHMRC's Research Quality Steering Committee (RQSC). In 2020-21, the RQSC considered the impacts of the COVID-19 pandemic, and the resulting rapid research and publications (including pre-prints), on research quality. RQSC provided advice on proposed amendments to NHMRC's Open Access Policy and on options for registration and reporting of NHMRC-funded preclinical research.

In 2020-21, NHMRC staff who were working on developing further guidance material for the research sector were redeployed to support the National COVID-19 Health and Research Advisory Committee, as part of NHMRC's contribution to the national COVID-19 pandemic response. As a result, guidance material was not published in 2020-21, although some preliminary work did progress to scope guidance on institutional best practice to support research quality and education and training about good research practices. This scoping work built on the outcomes of the Research Quality Workshop held in July 2019 and a survey conducted in late 2019 on research culture in NHMRC-funded institutions, the results of which were released on 4 June 2020.

NHMRC is also working with other agencies and bodies, both nationally and internationally, to ensure that concerns about research quality are addressed globally in a coordinated fashion.

### **Stakeholders demonstrate good understanding of the regulatory requirements under the *Research Involving Human Embryos Act 2002 (RIHE Act)* and *Prohibition of Human Cloning for Reproduction Act 2002 (PHCR Act)***

*Target 11: Good understanding of regulatory requirements is demonstrated through outcomes from inspections and 6-monthly reports*

**Source** NHMRC Corporate Plan 2020-21

**Methodology** Qualitative assessment through licence inspections, which include an assessment of the licence holder's processes in relation to activity under each licence, and whether these processes meet legislative and licence requirements.

**Result** **SUBSTANTIALLY MET**

The NHMRC Embryo Research Licensing Committee (ERLC) administers the RIHE and PHCR Acts, which prohibit certain practices, including human cloning for reproduction. ERLC regulates the use of excess human embryos created through assisted reproductive technology, the creation of embryos by other means and the use of such embryos in research. The main functions of ERLC are to consider applications, grant licences and monitor adherence with the conditions of licences, in accordance with the RIHE Act.

In general, licence holders showed an understanding of their responsibilities, which was demonstrated in 6-monthly reports and requests for licence variations. However, three breaches of licence conditions were identified in 2020-21, all of which were for late submission of a required report. ERLC also continued to monitor a licence that had been suspended in the preceding year, until it lapsed in December 2020. No activity was performed under the suspended licence.

NHMRC inspectors did not conduct any on-site licence inspections during 2020-21 due to COVID-19-related restrictions. However, inspectors continued to review biannual reports from licence holders and held several monitoring discussions to provide additional guidance on compliance with licence conditions and the RIHE Act.

More information about the operation of the RIHE Act, including the licences issued under the Act and compliance with licence conditions, is available in ERLC's biannual reports to the Parliament of Australia on NHMRC's website at [www.nhmrc.gov.au/research-policy/embryo-research-licensing/embryo-research-licensing-committee-reports-parliament](http://www.nhmrc.gov.au/research-policy/embryo-research-licensing/embryo-research-licensing-committee-reports-parliament).



# National Network for Aboriginal and Torres Strait Islander Health Researchers

The National First Nations Research Network was established in May 2021 with \$10 million over 5 years, awarded through NHMRC's National Network for Aboriginal and Torres Strait Islander Health Researchers grant opportunity.

The network brings together and fosters a workforce of Aboriginal and Torres Strait Islander health researchers, research groups and their support networks. It aims to build and strengthen the capacity and capability of Indigenous health researchers nationally, while delivering research to improve the health of Australia's Aboriginal and Torres Strait Islander population. The Aboriginal and Torres Strait Islander health research workforce will connect with Indigenous communities to support research in their high-priority areas and bring together unique skills across culture, knowledge and health research.

The network has 47 chief investigators and 44 associate investigators. It is led by some of Australia's most eminent Aboriginal and Torres Strait Islander researchers, many of whom have pioneered Indigenous health research over the past two decades: Ms Pat Anderson AO (Lowitja Institute), Professor Sandra Eades (Curtin University), Professor Gail Garvey (Menzies School of Health Research), and Professor Alex Brown (South Australian Health and Medical Research Institute).

'The collective vision of the National First Nations Research Network is the establishment of a culturally secure and inclusive network of Indigenous researchers across Australia. It will be guided by self-determination and will nurture culturally safe environments, connect expertise and catalyse research methods, training and development,' the four network leaders said.

The concept was based on needs identified by the Indigenous health research sector and the network's objectives were developed in consultation with Aboriginal and Torres Strait Islander health researchers and the community.

The development process involved:

- advice and guidance from the Principal Committee Indigenous Caucus, NHMRC's advisory group of Aboriginal and Torres Strait Islander researchers
- national workshops held in May 2018 (Melbourne) and December 2018 (Canberra) with researchers and key leaders from Aboriginal and Torres Strait Islander organisations, institutions and the community
- a three-stage funding process of expressions of interest, seed funding and full application; seven teams were provided with seed funding and then collaborated to submit a single application to NHMRC
- assessment of the final application by First Nations health and education experts from New Zealand, Canada and Australia (under the Tripartite Agreement on international Indigenous health).

The National First Nations Research Network will report to NHMRC annually over the next 5 years and a panel of experts will review its progress. This progress reporting will help inform important conversations to strengthen outcomes and adapt to the needs of Aboriginal and Torres Strait Islander health researchers along the way.

Read more about the network at [www.nhmrc.gov.au/health-advice/aboriginal-and-torres-strait-islander-health](http://www.nhmrc.gov.au/health-advice/aboriginal-and-torres-strait-islander-health).

# Special Initiative in Mental Health



Led by the University of Melbourne, the ALIVE National Centre for Mental Health Research Translation was announced in March 2021 with \$10 million over 5 years through NHMRC's Special Initiative in Mental Health. The centre is focused on translating research to implement mental health care at scale in primary care and community settings.

ALIVE takes a holistic approach to addressing physical and mental health. It focuses on early identification and prevention over crisis support. ALIVE will use research to identify opportunities for better coordination of services, and more accessible and successful care models that can be rolled out to reach more people across primary care settings and the community.

Associate Professor Victoria Palmer, Research Program Leader, leads a team of 34 chief investigators and 10 associate investigators from across Australia. These investigators have expertise in the mental health of Aboriginal and Torres Strait Islander people, severe mental illness, suicide prevention, early identification of at-risk groups and triage tools to support mental health needs and care pathways.

The involvement of more than 2,200 Australians living with mental illness will help to inform co-design approaches at all levels of research. Priority populations will include Aboriginal and Torres Strait Islander communities and people who are living with severe and complex mental illness.

With a foundational partnership of 25 organisations, including 15 universities, ALIVE's open membership will allow key institutions, existing national networks in mental health and other relevant bodies to engage in implementation and translation research activities. The model aims to inspire the next generation of mental health researchers in Australia.

NHMRC's Special Initiative in Mental Health aims to develop long-term partnerships between research, healthcare and service delivery stakeholders. It was co-designed with stakeholders to foster innovative approaches to prevention and treatment that can be applied at a national scale and complement other Australian Government initiatives.

Consultations included:

- advice and guidance from the Mental Health Research Advisory Committee (MHRAC), established to draw on the expertise of the health and medical research sector
- a stakeholder workshop held in April 2019 in Canberra with clinicians, researchers, policy makers, philanthropists, health services and carers and consumers to build on MHRAC's advice and refine the parameters for the special initiative
- engagement with the National Mental Health Commission and the Million Minds Mission Advisory Panel to ensure complementarity with other initiatives
- consultation with the Mental Health Principal Committee of the Australian Health Ministers' Advisory Council about state and territory support for the national centre.

More information is available at [www.nhmrc.gov.au/research-policy/research-priorities/nhmrc-special-initiative-mental-health](http://www.nhmrc.gov.au/research-policy/research-priorities/nhmrc-special-initiative-mental-health).

# Part 4

## Operating environment

This section outlines our legislative, governance, compliance and assurance arrangements and provides information to satisfy Australian Government reporting requirements.





# Legislative framework

NHMRC is an independent statutory authority established under the *National Health and Medical Research Council Act 1992* (NHMRC Act). The NHMRC Act defines NHMRC as comprising the Chief Executive Officer (CEO), the Council and committees, and NHMRC staff.

The CEO, Council and Principal Committees (established under section 35 of the NHMRC Act) are appointed by the minister. The Minister for Health and Aged Care, the Hon Greg Hunt MP, was the minister responsible for NHMRC over the period of this report.

NHMRC operates on a triennial basis, with the Council and Principal Committees reappointed every 3 years. This reporting period is the final year in the current triennium, which commenced on 1 July 2018 and concluded on 30 June 2021.

The CEO has powers and functions under the NHMRC Act and works within the framework of the *Public Service Act 1999* and the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). The CEO's functions, as prescribed by section 7 of the NHMRC Act, are to:

- inquire into, issue guidelines on, and advise the community on, matters relating to
  - improvement of health
  - prevention, diagnosis and treatment of disease
  - provision of health care
  - public health research and medical research
  - ethical issues relating to health
- advise and make recommendations to the Australian Government, the states and the territories on the above matters
- make recommendations to the Minister for Health about expenditure on public health research and training, and medical research and training.

NHMRC also administers the *Prohibition of Human Cloning for Reproduction Act 2002* (PHCR Act) and the *Research Involving Human Embryos Act 2002* (RIHE Act). Additionally, NHMRC exercises some statutory functions under the *Medical Research Future Fund Act 2015*.

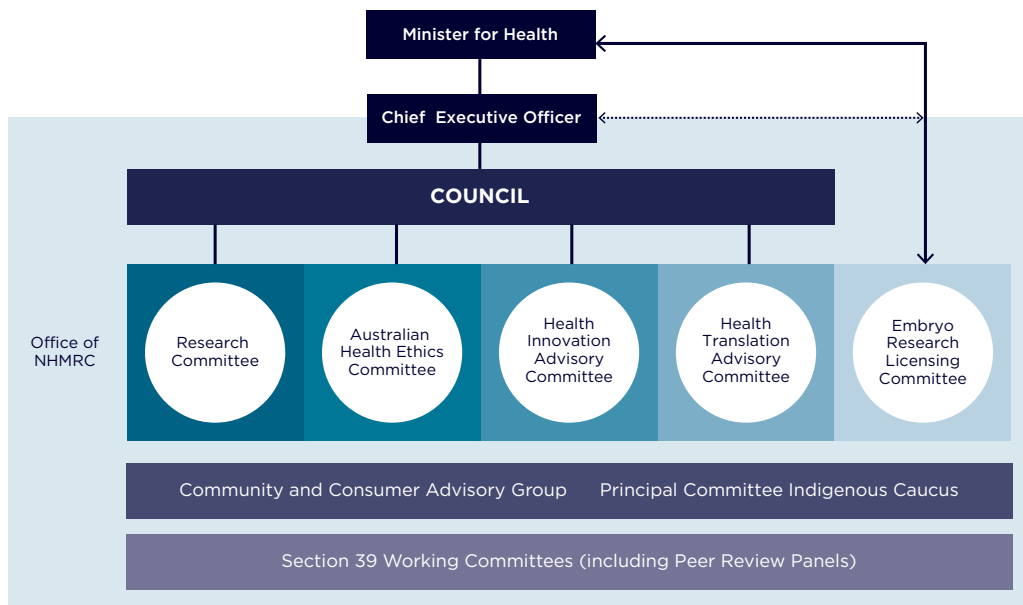
## Governance

NHMRC's strategy to meet its legislated and social obligations is guided by advice from Council, Principal Committees, and other committees established under section 39 of the NHMRC Act. Collectively, many hundreds of researchers, healthcare professionals and consumer representatives contribute to the work of NHMRC. They provide a bridge to the community and the research and health sectors, and ensure that our strategic priorities are realised.

NHMRC's key governance and advisory bodies under the NHMRC Act, as shown in Figure 10, include Council, the Principal Committees and select working committees.

## Part 4 Operating environment

Figure 10: Governance structure under the NHMRC Act



In addition, NHMRC has a robust internal governance structure and compliance framework, which supports transparent, ethical and accountable decision making and helps us manage risk and stakeholder relations, consistent with the expectations of the PGPA Act.

NHMRC's Executive Board comprises the CEO, General Manager and Executive Directors. Through the Executive Board, the senior leadership team works collaboratively and provides strategic leadership to ensure that the agency is effective and cohesive. This work includes promoting cooperation within NHMRC and with other agencies to build a healthy Australia.

The Executive Board is responsible for leadership and oversight of organisational performance and for managing risks and issues.

Key internal committees and working groups report to the Executive Board. They include the Sapphire Steering Committee, which oversees the implementation of NHMRC's new grant management solution (Sapphire), and the Program Coordination Committee, which supports the coordination of grant administration across the agency.

## Council

The Council of NHMRC is established under section 20 of the NHMRC Act. Its functions are to:

- provide advice to the CEO in relation to the performance of his or her functions
- perform any other function conferred on the Council in writing by the minister after consulting with the CEO
- perform any other function conferred on the Council by the NHMRC Act and its regulations or any other law.

The Council advises the CEO on a wide range of matters relating to public health research and medical research, public health and clinical practice, ethics in health and in research involving humans and animals, research integrity, and workforce training and development.

### Meetings

The Council held three sessions in 2020–21. It considered research funding recommendations from the Research Committee and received activity updates from Principal Committees. Key additional matters discussed in each session are outlined below.

At its 221st session in October 2020, the Council considered a range of topics, including:

- the future of health and medical research and the impact of COVID-19
- Strategic Priority Setting Framework for NHMRC
- topic prioritisation for future Targeted Calls for Research
- *Australian guidelines to reduce health risks from drinking alcohol*
- *Clinical practice guidelines: pregnancy care*
- *Clinical guidelines for the management of communication and swallowing in children diagnosed with childhood brain tumour or leukaemia*
- *Clinical guidelines for the safe restraint of children travelling in motor vehicles.*

At its 222nd session in March 2021, the Council considered a range of topics, including:

- the development of health and strategic priorities for the 2021–24 triennium
- strategic focus of the Health Research Impact Committee
- development of *Decision-making for pandemics: an ethics framework*
- Section 7 (Cosmetic testing) of the *Australian code for the care and use of animals for scientific purposes.*

At its 223rd session in June 2021, the Council considered a range of topics, including:

- NHMRC's relationship with the Medical Research Future Fund (MRFF)
- career pathways for clinician researchers
- review of the NHMRC Open Access Policy
- *Clinical guideline for the pharmacological management of inflammatory arthritis*
- *Guidelines for the clinical care of people with COVID-19*
- *Clinical guidelines for stroke management*
- update of the rabies chapter in the *Australian Immunisation Handbook*
- update to the *Australian drinking water guidelines.*

## Part 4 Operating environment

### Membership

Council members are appointed under section 41(1) of the NHMRC Act for 3 years.

The Council consists of:

- the Chair
- the Chief Medical Officer for the Australian Government
- the Chief Medical Officer or Chief Health Officer for each state and territory
- an expert in Aboriginal and Torres Strait Islander health needs
- a person with expertise in consumer issues
- a person with expertise in business
- at least 6, but no more than 11, members with relevant expertise as outlined in the NHMRC Act.

The Chairs of the Principal Committees (except for the Embryo Research Licensing Committee) are drawn from the membership of Council.

The members of the Council for 2018–2021 were:<sup>16</sup>

#### *Professor Bruce Robinson AC Chair*

Professor Bruce Robinson is an endocrinologist. He was appointed as Chair of the Council of NHMRC in 2015 and was the Chair of the Australian Government's Medical Benefits Schedule Review Taskforce (2015–2020).

Professor Robinson's research has focused on identifying genetic changes that either predispose to, or directly cause, endocrine tumours. Other career highlights include the formation of an international consortium of families from around the world to study medullary thyroid carcinoma and pheochromocytoma.

He has been Head of the Cancer Genetics Unit at the Kolling Institute of Medical Research, Royal North Shore Hospital, since 1989, where he continues to practise. Professor Robinson was the Dean of Sydney Medical School from 2007 to 2016. Since 2001, he has been Chair of the Hoc Mai Foundation, a major program in medical and health education and exchange with Vietnam. He is a member of the National COVID-19 Health and Research Advisory Committee.

Professor Robinson has supervised 37 PhD students and has more than 300 research publications.

#### *Dr Kerry Chant PSM Chief Health Officer, New South Wales*

Dr Kerry Chant is a public health physician, Chief Health Officer for New South Wales (NSW) and Deputy Secretary, Population and Public Health, NSW Ministry of Health. She was previously Director, Health Protection, and Deputy Chief Health Officer, NSW Ministry of Health.

Dr Chant has extensive public health experience, having held a range of senior public health positions in NSW since 1991. She has a particular interest in bloodborne virus infections, communicable disease prevention and control, and Indigenous health.

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<sup>16</sup> As at 30 June 2021

In 2015, Dr Chant was awarded the Public Service Medal in the Queen's Birthday Honours for outstanding public service to population health in NSW. She has also been awarded the 2020 NSW Public Servant of the Year award and the 2021 NSW Woman of the Year award by Premier Gladys Berejiklian.

*Dr Kerryn Coleman*

*Chief Health Officer, Australian Capital Territory*

Dr Kerryn Coleman is the Chief Health Officer of the Australian Capital Territory (ACT), appointed to the role in December 2019. She leads the Health Protection Service, within the ACT Health Directorate, which is responsible for preventing public health incidents, monitoring and enforcing public health regulations and providing public health advice. This includes responding to particular health hazards and taking action to reduce the risk to the health of the ACT community from communicable diseases, environmental hazards and the supply of medicines and poisons.

Dr Coleman has worked within the ACT's Health Protection Service since 2017. She has led a regional public health unit whose responsibilities covered a large area in central Queensland. She has also contributed, at a national level, for almost 6 years in a variety of public health roles within the Australian Government Department of Health. Before commencing her role as Chief Health Officer and managing the ACT response to COVID-19, Dr Coleman worked on the H1N1 influenza pandemic in 2009.

*Professor Brendan Crabb AC*

*Expertise in medical research*

Since 2008, Professor Brendan Crabb AC has been the Director and CEO of the Burnet Institute, a research organisation focused on the health of especially vulnerable populations. He is the past president of the Association of Australian Medical Research Institutes (AAMRI), the peak body for independent medical research institutes in Australia.

Professor Crabb is a molecular biologist with a particular interest in infectious diseases and health issues of the developing world more generally. His research focuses on the development of a malaria vaccine and the identification of new treatments for this disease.

He is a Fellow of the Australian Academy of Health and Medical Sciences (AAHMS) and of the Australian Society for Microbiology.

Internationally, Professor Crabb serves on the Scientific Advisory Board of the Wellcome Sanger Institute (United Kingdom) and the World Health Organization Malaria Vaccine Advisory Committee in Geneva. He was co-founder of the 1st Malaria World Congress and the Molecular Approaches to Malaria conferences. He is President of the Victorian Chapter of AAMRI, Chair of the Pacific Friends of Global Health and a member of the National COVID-19 Health and Research Advisory Committee.

Professor Crabb was appointed a Companion of the Order of Australia in 2015 for eminent service to medical science as a prominent researcher of infectious diseases, particularly malaria, and their impact on population health in developing nations. The award also recognised his role as an advocate, mentor and administrator, along with his fostering of medical research nationally and internationally.

## Part 4 Operating environment

*Dr Michael Cusack*

*Chief Medical Officer, South Australia*

Dr Michael Cusack, who is from the United Kingdom, joined the South Australian Department for Health and Wellbeing in February 2020 as the Chief Medical Officer. Before this role, he was the Executive Director for Medical Services of the Northern Adelaide Local Health Network.

Dr Cusack qualified as a doctor in 1992 and subsequently trained as a cardiologist at St Thomas' Hospital in London. On completing his training, he took up his consultant post at a newly commissioned regional cardiothoracic centre in Wolverhampton and subsequently became the Clinical Director for Cardiothoracic Services. This unit went on to become the largest centre in the West Midlands region, with nationally recognised outcomes and an active clinical research program.

Dr Cusack has held a number of leadership roles in the National Health Service (NHS), including Cardiovascular Network Clinical Director, Surgical Divisional Director and Medical Director for a large acute NHS Hospital Trust.

*Professor Sandra Eades*

*Chair of the Principal Committee Indigenous Caucus*

*Expertise in the health needs of Aboriginal and Torres Strait Islander people*

Professor Sandra Eades is the Dean of Medicine at Curtin University and former Associate Dean (Indigenous) in the University of Melbourne's Faculty of Medicine, Dentistry and Health Sciences.

Professor Eades, whose family are Noongar from the Minang, Goreng and Kaniyang clans in south-west Western Australia (WA), has made outstanding contributions to the epidemiology of Indigenous child health in Australia and exercised national leadership in Indigenous health research.

In 2003, Professor Eades became Australia's first Aboriginal medical doctor to be awarded a PhD, which she completed at the Telethon Institute for Child Health Research in Perth. Also in 2003, she was recognised as NSW Woman of the Year for her work in paediatric and perinatal epidemiology, identifying links between infant health and social factors such as housing.

Professor Eades leads an NHMRC Centre of Research Excellence focused on Aboriginal child and adolescent health. She is a Fellow of AAHMS and of the Academy of Social Sciences in Australia. She also leads a MRFF Million Minds Mental Health Research Mission program, focusing on improving access to mental health care for young Aboriginal people. She is a member of the National COVID-19 Health and Research Advisory Committee.

*Professor Ian Frazer AC*

*Expertise in medical research*

Professor Ian Frazer is a clinician scientist who trained as a clinical immunologist in Scotland. At the University of Queensland, he leads a research group working at the Translational Research Institute in Brisbane on the immunobiology of epithelial cancers. He is recognised as the co-inventor of the technology behind the human papillomavirus vaccine currently used worldwide to help prevent cervical cancer.

Professor Frazer heads a biotechnology company, Jingang Medicine Pty Ltd, which is working on new vaccine technologies. He is a board member of several companies and not-for-profit organisations. Professor Frazer is past president and board member of AAHMS and inaugural Chair of the Australian Medical Research Advisory Board, which advises the Minister for Health on prioritising spending from the MRFF.

Professor Frazer was recognised as Australian of the Year in 2006. He was recipient of the Prime Minister's Prize for Science and the Balzan Prize in 2008, and was elected Fellow of the Royal Society of London in 2012. He was appointed a Companion of the Order of Australia in 2012.

*Dr Michael Gannon*

*Expertise in professional medical standards*

Dr Michael Gannon is Head of Department, Obstetrics and Gynaecology, at St John of God Subiaco Hospital in Perth. He is an obstetrician and gynaecologist, specialising in high-risk pregnancy, medical problems in pregnancy and perinatal audit. He is a consultant in the Perinatal Loss Service at King Edward Memorial Hospital (KEMH), Deputy Chair of the Western Australian Perinatal and Infant Mortality Committee, and a member of St John of God Healthcare's National Maternal Morbidity and Mortality Committee.

Dr Gannon is President of MDA National and a member of its Insurance Board and Cases Committee. Dr Gannon was President of the Australian Medical Association (AMA) from 2016 to 2018. Between 2014 and 2016, he was President of the AMA (WA) and Chair of the AMA Ethics and Medico-Legal Committee. He is a member of the Board of AMA (WA).

Dr Gannon graduated from the University of Western Australia before training at Royal Perth Hospital, KEMH, the Rotunda Hospital Dublin and St Mary's Hospital London. He is a Fellow of the Australian Institute of Company Directors.

*Dr Hugh Heggie PSM*

*Chief Health Officer, Northern Territory*

Dr Hugh Heggie is the Chief Health Officer and Executive Director of Public Health and Clinical Excellence for the Northern Territory (NT) Department of Health.

Formerly a pharmacologist, Dr Heggie has been a rural generalist practitioner, with advanced skills in obstetrics and emergency medicine, since 1980. He has worked in remote settings in the NT as a resident rural medical practitioner since 2002, in both central Australia and the Top End. He joined the Remote Health Branch of the NT Department of Health in 2009 in the chronic disease portfolio. He has held a number of leadership positions over the past 10 years and participates in a wide variety of local forums, including the Clinical Senate. Dr Heggie has led public health reforms across the NT.

In 2021, Dr Heggie was awarded the Public Service Medal in the Queen's Birthday Honours for outstanding public service to community health in the NT.

Dr Heggie represents the NT on a number of national committees and advisory groups, including the Australian Health Protection Principal Committee, the Clinical Principal Committee of the Council of Australian Governments Health Council, the Council of the Australian Radiation Protection and Nuclear Safety Agency and the Australian Digital Health Agency.

## Part 4 Operating environment

### *Professor Caroline Homer AO*

#### *Expertise in the midwifery and nursing professions*

Professor Caroline Homer is Co-Program Director of Maternal, Child and Adolescent Health at the Burnet Institute in Melbourne and Visiting Distinguished Professor of Midwifery at the University of Technology Sydney.

Professor Homer has more than 30 years' experience as a midwife in clinical practice, research, education and international development. She has been involved in the development and evaluation of maternity services in Australia and other countries, including Papua New Guinea, Samoa, Cambodia and Timor-Leste. Professor Homer has held grants from NHMRC, the Australian Research Council and the Wellcome Trust (United Kingdom). She has more than 280 publications in peer-reviewed journals and has supervised to completion more than 40 PhD, masters by research and honours students.

Professor Homer was previously a member of NHMRC's Research Committee and she has chaired more than 20 grant review panels for NHMRC and the MRFF. She is a member of NHMRC's Women in Health Science Committee and Chair of NHMRC's Peer Review Analysis Committee.

Professor Homer was appointed an Officer of the Order of Australia in 2017 and was elected a Fellow of the Australian Academy of Health and Medical Sciences in 2019.

### *Professor Anthony Lawler*

#### *Chief Medical Officer, Tasmania*

Professor Anthony Lawler is the Chief Medical Officer with the Tasmanian Department of Health. He is also Professor in Health Services at the University of Tasmania and a member of the Australian Medical Council's Specialist Education Accreditation Committee. He was previously Medical Advisor to the Tasmanian Minister for Health, Deputy Head of the Tasmanian School of Medicine, Tasmanian Branch President of the Australian Medical Association and Director of healthdirect.

Professor Lawler is a specialist emergency physician and is a past president of the Australasian College for Emergency Medicine. He is a Director of the Postgraduate Medical Education Council of Tasmania.

### *Professor Sharon Lewin AO*

#### *Chair of the Health Translation Advisory Committee*

#### *Medical research and other appropriate expertise*

Professor Sharon Lewin is the inaugural Director of the Peter Doherty Institute for Infection and Immunity, a joint venture between the University of Melbourne and Royal Melbourne Hospital; Melbourne Laureate Professor, University of Melbourne; a consultant infectious diseases physician, Alfred Hospital and Royal Melbourne Hospital; and an NHMRC Practitioner Fellow.

Professor Lewin is an infectious diseases physician and basic scientist. She completed her medical degree and PhD in virology at Monash University in 1996 and a postdoctoral fellowship with Dr David Ho at Rockefeller University in 1999. Her research focuses on understanding why HIV persists on treatment and developing clinical trials that aim ultimately to find a cure for HIV infection. She has published more than 300 publications and given more than 100 major invited talks on HIV cure. In 2014, she was named Melburnian of the Year and, in 2019, was named a Clarivate Web of Science high citation researcher. She is President-Elect of the International AIDS Society.



She leads a large national network funded by NHMRC called the Australian Partnership for Preparedness Research on Infectious Disease Emergencies (APPRISE), which focuses on pandemic preparedness and started in Australia in 2016. Professor Lewin was appointed an Officer of the Order of Australia in 2019 and is co-chair of the National COVID-19 Health and Research Advisory Committee.

*Professor Paul Kelly*

*Commonwealth Chief Medical Officer*

Professor Paul Kelly is the Chief Medical Officer at the Australian Government Department of Health leading the government's health response to the COVID-19 outbreak. A public health physician and epidemiologist by training, Professor Kelly first joined the department in March 2019 as the Chief Medical Adviser, Health Products Regulation Group. He became the Deputy Chief Medical Officer in February 2020 following the response to the bushfires in the summer of 2019-20. Before these appointments, Professor Kelly spent 8 years as Chief Health Officer for the ACT and Deputy Director-General of Population Health in the ACT Government Health Directorate.

*The Hon Judith Moylan AO*

*Chair of the Community and Consumer Advisory Group*

*Expertise in consumer issues*

The Hon Judith Moylan was elected as the federal Member for Pearce in 1993 and served until her retirement from politics in 2013. Her ministerial portfolios included Family Services and the Status of Women.

In 2013, she was appointed Independent President and Chair of the Board of Diabetes Australia, retiring from that position in December 2018. Mrs Moylan is now the Government Affairs Adviser to Diabetes Australia. With a long involvement in health advocacy, especially in diabetes, from 2013 to 2015, Mrs Moylan was co-chair of the National Diabetes Strategy Advisory Group and is currently co-chair of its Implementation Reference Group.

In January 2018, Mrs Moylan was appointed to the Advisory Board of Access Care Network Australia, a subsidiary company of the Silver Chain Group. On 2 April 2020, she was appointed Deputy Chair of Connectivity (Traumatic Brain Injury) and, in September 2020, she was appointed a member of the expert board overseeing the MRFF Targeted Translation Research Accelerator. She is a graduate of the Australian Institute of Company Directors.

Mrs Moylan's awards include Officer of the Order of Australia (awarded in 2016), the Sir Kempson Maddox award, the Diabetes Australia Outstanding Services award, the Alan Missen Medal (in 2013) for 'serving democracy with integrity', and lifetime achievement awards from the Juvenile Diabetes Research Foundation and Novo Nordisk.

*Professor Carol Pollock AO*

*Expertise in medical profession and postgraduate medical training*

Professor Carol Pollock is an academic nephrologist with more than 360 publications in basic research and clinical medicine. She was appointed an Officer of the Order of Australia in 2021 for distinguished service to medical research, education and science, nephrology, and clinical practice and governance. She is an inaugural Fellow of AAHMS

## Part 4 Operating environment

(2015) and was conferred a Vice-Chancellor's Award for Excellence in Research Supervision (2012) and recognised as a 'Distinguished Professor' by the University of Sydney (2012).

Professor Pollock was the 2014 recipient of the Ministerial Award for Excellence in Cardiovascular Research. She was Scientific Chairman of the 2013 World Congress of Nephrology, held in Hong Kong. She is Chair of Kidney Health Australia, Deputy Chair of the Board of the Australian Government Organ and Tissue Authority, and Chair of the NSW Cardiovascular Research Network. She was inaugural Chair and then co-chair of the Research Advisory Committee of the Australian and New Zealand Society of Nephrology in 2017-18.

Professor Pollock's health leadership roles include having been inaugural Chair of the NSW Agency for Clinical Innovation and immediate past chair of the NSW Clinical Excellence Commission; she was a director of both organisations until April 2016. She was Chair of the Northern Sydney Local Health District Board from its inception in 2011 to December 2016 and was appointed to the board of the NSW Bureau of Health Information in April 2016, becoming its Chair in November 2016.

Professor Pollock is the current Convenor of the NSW Council of Board Chairs of Local Health Districts and Specialty Networks. She is on the scientific advisory committee of Australian biotech company Pharmaxis Pty Ltd, and is a Director of Certa Therapeutics and a clinical adviser to Linéaire Projects. In November 2018, she was made an Ambassador of Business Events Sydney.

### *Professor Ingrid Scheffer AO*

#### *Medical research and other appropriate expertise*

Laureate Professor Ingrid Scheffer is a physician-scientist whose work as a paediatric neurologist and epileptologist at the University of Melbourne and Austin Health has led the field of epilepsy genetics for more than 25 years, in collaboration with Professor Samuel Berkovic and molecular geneticists. This work resulted in the identification of the first epilepsy gene and many more genes subsequently. Professor Scheffer has described several novel epilepsy syndromes and refined the genotype-phenotype correlation of a number of genetic diseases.

Her major interests are in the genetics of the epilepsies, epilepsy syndromology and classification, and translational research. She collaborates on research focused on the genetics of speech and language disorders, autism spectrum disorders, cortical malformations and intellectual disability. In 2017, Professor Scheffer led the first major reclassification of the epilepsies in three decades for the International League Against Epilepsy (ILAE).

She has received many awards, including the 2007 American Epilepsy Society Clinical Research Recognition Award, the L'Oréal-UNESCO for Women in Science Award for the Asia-Pacific region for 2012 and the ILAE Ambassador for Epilepsy Award. In 2014, Professor Scheffer was elected a Fellow of the Australian Academy of Science and was appointed Vice-President and Foundation Fellow of AAHMS. She was a co-recipient of the 2014 Australian Prime Minister's Prize for Science and was appointed an Officer of the Order of Australia in 2014. In 2018, Professor Scheffer was elected a Fellow of the Royal Society. In 2019, she became the second president of AAHMS. She is a member of the National COVID-19 Health and Research Advisory Committee.

*Professor Brett Sutton*  
*Chief Health Officer, Victoria*

Professor Brett Sutton is Victoria's Chief Health Officer. He is a medical graduate from the University of Melbourne with extensive experience in tropical medicine and infectious diseases, as well as emergency medicine. He has worked in complex humanitarian environments, including Afghanistan, Ethiopia, Kenya and Timor-Leste.

As Chief Health Officer, Professor Sutton has unique statutory functions under legislation on health, food and emergencies. He is responsible for developing and implementing strategies to promote and protect public health, providing advice to the Minister for Health and the Secretary, publishing a comprehensive report on public health and wellbeing in Victoria every 2 years, and performing the functions or powers specified in the Victorian *Public Health and Wellbeing Act 2008*.

*Professor Maree Teesson AC*  
*Other appropriate expertise - mental health*

Professor Maree Teesson is Professor and Director of the Matilda Centre for Research in Mental Health and Substance Use, Director of the NHMRC Centre of Research Excellence in Prevention and Early Intervention in Mental Illness and Substance Use (PREMISE), and an NHMRC Leadership Fellow at the University of Sydney.

In 2018, Professor Teesson was appointed a Companion of the Order of Australia for eminent service to medicine, particularly to the prevention and treatment of substance use disorders, as a researcher and author, to innovative mental health policy development, to education, and as a role model for young researchers. She is a Fellow of AAHMS and the Academy of the Social Sciences in Australia, and a National Mental Health Commissioner.

*Professor Alison Venn*  
*Expertise in public health*

Professor Alison Venn is the Director of the Menzies Institute for Medical Research, University of Tasmania, and a Professor of Epidemiology. She has a diverse background, including immunology and epidemiology. Her breadth of experience from laboratory to policy has seen her take on a number of leadership roles, identifying multidisciplinary approaches to solving complex problems.

Professor Venn's current research interest lies in the causes, prevention and management of chronic disease. Her particular focus is the factors in childhood that lead to the development of cardiovascular disease and diabetes later in life. Professor Venn holds positions on a number of committees and she is Director of the Tasmanian Data Linkage Unit and the Tasmanian Cancer Registry, both based at the Menzies Institute for Medical Research. She is a member of the National COVID-19 Health and Research Advisory Committee.

## Part 4 Operating environment

*Professor Steve Wesselingh  
Chair of the Research Committee  
Medical research and other appropriate expertise*

Professor Steve Wesselingh is the inaugural Executive Director of the South Australian Health and Medical Research Institute. From 2007 to 2011, he was Dean of the Faculty of Medicine, Nursing and Health Sciences at Monash University. Before assuming the deanship, he was Director of the Burnet Institute.

He is an infectious diseases physician and researcher in HIV, vaccine development and the impact of the microbiome on human health.

Professor Wesselingh has consistently worked towards the integration of high-quality medical research with healthcare delivery, leading to improved health outcomes for Australia and the poorly resourced countries of the region. He was elected a Fellow of the Australian Academy of Health and Medical Sciences in 2014 and is currently Vice President of the Academy.

*Dr James Williamson  
Assistant Director General, WA Health*

Dr James Williamson is Assistant Director General and leads the Clinical Excellence Division of the Western Australian Department of Health. After completing a PhD at the Walter and Eliza Hall Institute, he continued specialty training and postdoctoral research in Edinburgh and Sydney. He moved to Perth to take up positions as Medical Co-Director at Sir Charles Gairdner Hospital and inaugural Head of Medicine at Joondalup Health Campus.

Dr Williamson established the Western Australian Drug Evaluation Panel and was appointed Clinical Lead for the State eHealth Program and the Musculoskeletal Health Network. He has served the Royal Australasian College of Physicians as Chair of the Specialist Advisory Committee in General Medicine and as a member of the Committee for Physician Training. He returned to take up his current role after a period as Head of the Medical Assessment and Planning Unit at Princess Alexandra Hospital in Brisbane.

*Professor Ingrid Winship AO  
Chair of the Australian Health Ethics Committee  
Expertise in ethics relating to research involving humans*

Professor Ingrid Winship is a clinician scientist in clinical genetics, cancer genetics and dermatology. In 2006, she became the inaugural Chair of Adult Clinical Genetics at the University of Melbourne and the Royal Melbourne Hospital. She was also appointed Melbourne Health's Executive Director of Research; during her 12-year tenure, she launched the Melbourne Health Clinical Trials Centre. She is Director of Genomic Medicine at Melbourne Health.

Professor Winship is currently a Director of the boards of the Australian Genome Research Facility and Global Variome, and the Human Genome Organization. She was appointed an Officer of the Order of Australia in 2020 for distinguished service to medicine, particularly to clinical genetics and research, to cancer prevention, and as a role model and mentor.

*Dr Katherine Woodthorpe AO*  
*Chair of the Health Innovation Advisory Committee*  
*Expertise in business*

Dr Katherine Woodthorpe is a professional company director on a number of government, corporate and not-for-profit boards. Before assuming this role, she served as Chief Executive of the Australian Private Equity and Venture Capital Association for 7 years, having previously held a broad range of management and board positions in Australia and overseas.

Dr Woodthorpe has a wealth of demonstrated experience in technology-orientated sectors, including the energy sector, emergency management and health care. She has considerable experience and expertise, and a long track record, in public affairs, including government relations. Dr Woodthorpe also has thorough grounding in commercialisation, and research and development.

Dr Woodthorpe was awarded a Bachelor of Science (Hons) from Manchester University and a PhD in chemistry. She is a Fellow of the Australian Institute of Company Directors and sits on its NSW Council, and is a Fellow of the Australian Academy of Technology and Engineering. She was awarded an honorary doctorate from the University of Technology Sydney and was appointed an Officer of the Order of Australia in 2017.

*Dr Jeannette Young PSM*  
*Chief Health Officer, Queensland*

Dr Jeannette Young is the Queensland Chief Health Officer and one of the Deputy Directors-General in the Queensland Department of Health. She has specialist qualifications as a Fellow of the Royal Australasian College of Medical Administrators and as a Fellow by Distinction of the Faculty of Public Health of the Royal College of Physicians of the United Kingdom. She is an Adjunct Professor at Griffith University, the Queensland University of Technology and the University of Queensland.

Her normal role includes responsibility for health disaster planning and response; aeromedical retrieval services; licensing of private hospitals and schools of anatomy; policy regarding organ and tissue donation, blood, medicines and poisons, cancer screening, communicable diseases, environmental health, and preventive health; and medical workforce planning and leadership. Since January 2020, she has been the State Health Incident Controller for the management of the COVID-19 pandemic.

She was awarded a Public Service Medal in 2015 for outstanding public service to Queensland Health.

## Principal Committees

The Principal Committees of NHMRC are established under section 35 of the NHMRC Act. In 2020–21, NHMRC had the following Principal Committees, which report to the Council:

- Research Committee (required under the NHMRC Act)
- Australian Health Ethics Committee (required under the NHMRC Act)
- Health Innovation Advisory Committee
- Health Translation Advisory Committee.

## Part 4 Operating environment

The Embryo Research Licensing Committee is a Principal Committee of NHMRC but is established under the RIHE Act and operates under different arrangements from those governing the other Principal Committees.

### Research Committee

The Research Committee oversees the full spectrum of health and medical research, including public health. It recommends the awarding of grants, on the basis of scientific quality as judged by peer review, across health, medical and public health research. It advises on research support provided through a variety of mechanisms, including support for individual research projects and broad programs of research, training awards and fellowships, and special initiatives.

The functions of the Research Committee, as set out in section 35(2) of the NHMRC Act, are:

- to advise and make recommendations to the Council on the application of the Medical Research Endowment Account (MREA)
- to monitor the use of assistance from the MREA
- to advise the Council on matters about medical research and public health research, including the quality and scope of such research in Australia
- such other functions as the minister from time to time determines in writing after consulting with the CEO
- any other functions conferred on the committee by the NHMRC Act, the regulations or any other law.

In 2020–21, the Research Committee met on five occasions. Its major activities included providing advice on:

- MREA budget and expenditure
- funding recommendations for various schemes
- implementation of schemes in the NHMRC grant program
- NHMRC’s strategic and health priorities
- NHMRC’s peer review policies and processes
- NHMRC’s response to COVID-19.

### Members

The NHMRC Act does not prescribe the composition of Research Committee. However, the Minister for Health appoints members who have demonstrated leadership and extensive experience in various fields of health and medical research.

Professor Steve Wesselingh (Chair)

Professor Emily Banks AM

Professor James Bourne

Professor Jeffrey Braithwaite

Ms Christine Gunson

Professor Doug Hilton AO

Dr Daniel Johnstone

Professor Maria Kavallaris AM

Professor Jayashri Kulkarni AM

Professor Peter Leedman AO

Professor James McCluskey AO

Professor Anushka Patel

Professor Yvette Roe

Laureate Professor Nicholas Talley AC

Professor Rosalie Viney

Professor Patsy Yates AM

### Australian Health Ethics Committee

The functions of the Australian Health Ethics Committee (AHEC), as set out in section 35(3) of the NHMRC Act, are:

- to advise the Council on the ethical issues relating to health
- to develop and give the Council human research guidelines under subsection 10(2) of the NHMRC Act
- any other functions conferred on the committee in writing by the minister after consulting the CEO
- any other functions conferred on the committee by the NHMRC Act, the regulations or any other law.

AHEC consults extensively with individuals, community organisations, health professionals and governments, and undertakes formal public consultation when developing guidelines. The committee may also provide advice on international developments in health ethics issues.

In 2020–21, AHEC met four times. Its major activities included providing advice on:

- the rolling review of the *National Statement on Ethical Conduct in Human Research*, with a focus on Chapter 4 (Ethical considerations specific to participants) and Chapter 5 (Process of research governance and ethical review)
- consideration of ethical and social issues associated with the use of embryoids – human embryos created from cells in a dish (including from embryonic stem cells or from programming adult tissues)
- the review and consolidation of ethical guidelines for organ and tissue donation
- development of *Decision-making for pandemics: an ethics framework*, which will guide Australia’s ethical response to the current, and any future, pandemic.

### Members

The composition of AHEC is prescribed in section 36 of the NHMRC Act and requires persons with expertise in philosophy, the ethics of medical research, public health and social science research, clinical medical practice and nursing, disability, law, religion and health consumer issues. AHEC’s membership includes cross-members with each of the other Principal Committees.

Professor Ingrid Winship AO (Chair)

Associate Professor Stephen Adelstein

Professor James Bourne

Professor Yvonne Cadet-James

Ms Ainslie Cahill AM

Professor Angus Dawson

Professor Clara Gaff

Professor Louisa Jorm

Rabbi Dr Aviva Kipen

Associate Professor Karen Liu

Reverend Kevin McGovern

Professor Peter O’Leary

Professor John Prins

Associate Professor Bernadette Richards

Dr Sarah Winch

## Part 4 Operating environment

### Health Innovation Advisory Committee

The Health Innovation Advisory Committee (HIAC) advises the CEO and the Council on current and emerging issues related to the development, commercialisation and uptake of innovative technologies and practices arising from health and medical research.

The functions of HIAC, as gazetted by the minister, are to advise the CEO and the Council on:

- strategies to foster the development and uptake of innovative technologies and practices to improve human health, including the health of Aboriginal and Torres Strait Islander people
- strategies to promote collaboration between the commercial and the health and medical research sectors
- creating a culture of commercialisation for the translation of research into health outcomes
- any other matter referred by the CEO.

In 2020–21, HIAC met three times. Its major activities included providing advice on:

- the impact of COVID-19 on research commercialisation
- NHMRC’s Strategic Priority Setting Framework
- NHMRC’s Evaluation Strategy
- impact case studies focusing on Indigenous innovation in health and medicine
- a Research Impact Position Statement.

### Members

Members of HIAC have demonstrated knowledge and expertise in areas such as emerging technologies, commercialisation, and intellectual property development and protection.

Dr Katherine Woodthorpe AO (Chair)

Dr Anna Lavelle

Professor Ashley Bush

Dr Dean Moss

Professor Juli Coffin

Professor Robyn O’Hehir AO

Professor Matthew Cooper

Ms Julie Phillips

Ms Rebecca Davies AO

Professor John Prins

Ms Jennifer Herz

Associate Professor Ruth Stewart

### Health Translation Advisory Committee

The Health Translation Advisory Committee (HTAC) advises the CEO and the Council on how to support research translation and implementation more effectively across the health and medical research sector.

The functions of HTAC, as gazetted by the minister, are to advise the CEO and the Council on:

- major challenges, current issues and trends in health and health care, including those specific to Aboriginal and Torres Strait Islander people
- priorities and strategies to address the major challenges
- strategies to promote the translation of research into practice and policy
- dissemination and implementation of research findings and NHMRC-issued guidelines
- any other matter referred to it by the CEO.



In 2020–21, HTAC met three times. Its major activities included providing advice on:

- career pathways currently available to clinician researchers in Australia
- the impact and outcome of NHMRC-funded health and medical research
- guidelines for guideline developers seeking to demonstrate the impact of their work
- the review of the Translation Centres Initiative, which comprises the Advanced Health Research and Translation Centres and Centres for Innovation in Regional Health
- a Targeted Call for Research on end-of-life care
- evidence gaps in the relationship between loneliness, social isolation and chronic health conditions.

### Members

Members of HTAC have clinical or research expertise and experience in areas such as clinical practice; health services research; and new technologies, including genomics, public health, health economics, evidence evaluation and Indigenous health.

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Professor Sharon Lewin AO (Chair)   | Ms Philippa Kirkpatrick             |
| Professor Fran Baum AO              | Associate Professor Daniel McAullay |
| Associate Professor Melissa Baysari | Professor Sandy Middleton           |
| Professor Helen Christensen AO      | Professor Michael Nilsson           |
| Professor Jonathan Craig            | Professor James Vickers             |
| Professor Clara Gaff                | Adjunct Professor Kylie Ward        |

### Embryo Research Licensing Committee

The Embryo Research Licensing Committee (ERLC) administers the PHCR Act and the RIHE Act. These Acts prohibit certain practices, including human cloning for reproduction. They also regulate the use of excess human embryos created through assisted reproductive technology, the creation of embryos by other means and the use of such embryos in research. It is an offence to use human embryos in research unless the use is an exempt use or is authorised by a licence issued by ERLC.

ERLC assesses applications for licences to conduct research involving human embryos. Licences can be issued only if the proposed research complies with the legislation. The committee is also responsible for monitoring compliance. ERLC can take enforcement action, including cancelling or suspending licences. There are strong penalties for non-compliance.

In 2020–21, ERLC met four times. It progressed a new licence application to the stage of developing licence conditions and approved 12 applications to vary existing licences.

The RIHE Act requires ERLC to table biannual reports to the Parliament of Australia describing its activities. The reports include information about licences issued under the Act.

- The report for 1 March 2020 to 31 August 2020 was tabled on 17 December 2020.
- The report for 1 September 2020 to 28 February 2021 was tabled on 26 June 2021.

All reports are available on the NHMRC website.

## Part 4 Operating environment

### Members

Membership and functions of ERLC are prescribed in section 14 of the RIHE Act. Members have expertise in law, research ethics, relevant research, embryology, assisted reproductive technology and consumer health issues. ERLC has a member-in-common with AHEC, as required under both the NHMRC Act and the RIHE Act.

Professor Dianne Nicol (Chair)

Associate Professor Bernadette Richards

Professor Sheryl de Lacey

Professor Steve Robson

Ms Louise Johnson

Professor Justin St John

Ms Kay Oke OAM

Professor Patrick Tam

Mrs Dianne Petrie OAM

## Working committees

Under section 39 of the NHMRC Act, the CEO may establish working committees to assist in carrying out the functions of the CEO, the Council or a Principal Committee. The CEO determines the functions of the committees and appoints members to them. Select section 39 committees active in 2020–21 are highlighted below. More information on these and other committees can be found on the NHMRC website: [www.nhmrc.gov.au/about-us/leadership-and-governance/committees](http://www.nhmrc.gov.au/about-us/leadership-and-governance/committees).

### Principal Committee Indigenous Caucus

The Principal Committee Indigenous Caucus provides advice to the Indigenous representative on the NHMRC Council and to the CEO on issues relating to Indigenous health research.

Major activities in 2020–21 were to:

- monitor progress against *Road map 3: a strategic framework for improving Aboriginal and Torres Strait Islander health through research* through the associated action plan
- monitor implementation of the grant program to identify beneficial outcomes and any unintended detrimental effects on Indigenous health and medical research and Indigenous researchers
- advise on the establishment of a National Network for Aboriginal and Torres Strait Islander Health Researchers
- advise AHEC on alignment of the *National Statement on Ethical Conduct in Human Research* (2007; updated 2018) with *Ethical conduct in research with Aboriginal and Torres Strait Islander peoples and communities: guidelines for researchers and stakeholders* (2018)
- commence a review of the NHMRC Indigenous Research Excellence Criteria
- advise on a Targeted Call for Research in Aboriginal and Torres Strait Islander health – improving Indigenous maternal and child health in the early years
- advise on the public call for research priorities to develop Targeted Calls for Research in Aboriginal and Torres Strait Islander health research.

### Members

The committee comprises Aboriginal and Torres Strait Islander representatives on the Council and its Principal Committees, as well as early-career researchers.

|                                 |                                     |
|---------------------------------|-------------------------------------|
| Professor Sandra Eades (Chair)  | Associate Professor Daniel McAullay |
| Professor Yvonne Cadet-James    | Dr Odette Pearson                   |
| Professor Juli Coffin           | Professor Yvette Roe                |
| Associate Professor John Gilroy | Dr Sean Taylor                      |

### Community and Consumer Advisory Group

The Community and Consumer Advisory Group provides advice to the CEO on health matters and on health and medical research matters from a consumer and community perspective.

Major activities in 2020–21 were to provide advice on a range of topics, including:

- community observers in peer review
- consumer and community involvement in peer review in targeted and priority funding calls
- consumer and community participation and ethics in research on COVID-19
- the ethical conduct of research
- potential strategic priorities for the next triennium.

### Members

The committee comprises the community and consumer representatives on the Council and its Principal Committees, and other consumer and community leaders who represent community and health consumers' perspectives in their advice.

|                                  |                                     |
|----------------------------------|-------------------------------------|
| The Hon Judith Moylan AO (Chair) | Associate Professor Daniel McAullay |
| Ms Ainslie Cahill AM             | Ms Anne McKenzie AM                 |
| Ms Rebecca Davies AO             | Ms Jennifer Morris                  |
| Ms Christine Gunson              | Mr Glenn Rees AM                    |
| Mr Todd Harper                   | Mr John Stubbs                      |
| Ms Philippa Kirkpatrick          |                                     |

### Women in Health Science Committee

The Women in Health Science Committee provides advice to the CEO on strategies to address the issues that female researchers face in health and medical research and barriers to their career progression.

Major activities in 2020–21 were to:

- advise on the strategic areas and priority actions for the next NHMRC Gender Equity Strategy
- provide advice on the likely impact of the COVID-19 pandemic on gender equity in health and medical research

## Part 4 Operating environment

- review application and funding rates in NHMRC grant schemes by gender to inform advice about improving gender equality across schemes
- advise on changes to track record assessment in the peer review process, including policy and processes to take into account career disruptions and research opportunities.

### Members

|                                   |                                    |
|-----------------------------------|------------------------------------|
| Professor Rosalie Viney (Chair)   | Professor Peter Koopman            |
| Associate Professor Nikola Bowden | Associate Professor Suzanne Miller |
| Professor Geoffrey Faulkner       | Mr David Rae                       |
| Professor Dawn Freshwater         | Professor Deborah White            |
| Professor Caroline Homer AO       | Professor Robert Williamson AO     |
| Dr Sandip Kamath                  | Professor Tania Winzenberg         |

### Research Quality Steering Committee

The Research Quality Steering Committee provides advice to the CEO on mechanisms for improving the quality of NHMRC-funded research.

Major activities in 2020–21 were to:

- advise on the action plan to implement NHMRC’s Research Quality Strategy
- develop a draft discussion paper on registration and reporting of preclinical NHMRC-funded research to promote rigour, transparency and reproducibility
- advise on amendments to NHMRC’s Open Access Policy.

### Members

|                                    |                            |
|------------------------------------|----------------------------|
| Professor Paul Glasziou AO (Chair) | Professor Edna Hardeman    |
| Professor Virginia Barbour         | Professor David Howells    |
| Dr C Glenn Begley                  | Professor Dianne O’Connell |

### Peer Review Analysis Committee

The Peer Review Analysis Committee (PRAC) was established in October 2020 to provide advice to the CEO on statistical and procedural aspects of peer review and scoring grant applications. PRAC’s primary focus is on peer review in the Investigator and Ideas Grant schemes.

Major activities in 2020–21 were to:

- review analyses on peer reviewer scoring, to determine the significance of divergence between scores and the effect of divergent scores on outcomes
- advise on methods to manage divergence
- advise on methods to determine final scores for applications.

### Members

|                                     |                            |
|-------------------------------------|----------------------------|
| Professor Caroline Homer AO (Chair) | Professor Tanya Chikritzhs |
| Professor Emily Banks AM            | Professor Philip Clarke    |
| Professor Adrian Barnett            | Professor Peter Visscher   |
| Professor Tony Blakely              | Professor Tania Winzenberg |

## Ministerial advisory committees

The CEO represented NHMRC on the Australian Medical Research Advisory Board, which advises the Minister for Health on prioritising spending from the MRFF.

The CEO also represented NHMRC on the Excellence in Research for Australia and Engagement and Impact Assessment Advisory Committee, established by the Australian Research Council.

The CEO contributed as a member to the work of the National COVID-19 Health and Research Advisory Committee, which was established by the Minister for Health in April 2020, and is advising the Commonwealth Chief Medical Officer on the public health response to the COVID-19 pandemic.

## External scrutiny

In addition to our accountability obligations under the PGPA Act and the NHMRC Act, we are accountable to other Australian Government bodies, such as the Commonwealth Ombudsman, the Australian Public Service Commission, the Office of the Australian Information Commissioner, the Australian Commission for Law Enforcement Integrity, the Australian Human Rights Commission and the Australian National Audit Office (ANAO).

## Judicial decisions, and decisions of the Administrative Appeals Tribunal and the Australian Information Commissioner

No matters relating to NHMRC went before the Office of the Australian Information Commissioner or the Administrative Appeals Tribunal in 2020-21.

## Reports by the Commonwealth Ombudsman

In September 2017, the Commonwealth Ombudsman commenced an investigation into a public interest disclosure concerning the Homeopathy Review conducted by NHMRC in 2015. This investigation was still underway on 30 June 2021.

In June 2021, the Ombudsman released a statement on the status of the investigation advising 'that no findings have been made and no inferences can or should be drawn at this time about whether there is proven wrongdoing. The length of time taken to investigate this matter reflects the complexity of the issues involved. The Office continues to make relevant enquiries and to consider the range of materials submitted by all relevant parties in order to form conclusions as soon as practicable.'

## Reports by the Auditor-General

ANAO conducts performance audits of the efficiency and effectiveness of NHMRC's operations, and financial audits of its financial statements. In 2020–21, NHMRC was not asked to contribute to any ANAO performance audits of its programs. Given its role in administering grant opportunities for the MRFF, NHMRC provided input to a performance audit of the Operation of Grants Hubs in the period. The ANAO prepared annual financial audits for NHMRC.

## Reportable matters under section 83

Section 83 of the NHMRC Act requires NHMRC to report on certain matters referred to the agency by the Minister, and guidelines and recommendations made by the CEO, during the reporting period. Matters addressed below are identified in this section and not addressed elsewhere in this report.

The Minister for Health made no referrals to the CEO under section 5D of the NHMRC Act in 2020–21. Additionally, no matters were referred by the Minister to the CEO, the Council or a Principal Committee under section 5E of the NHMRC Act in the period. Further, the CEO made no regulatory recommendations under section 9 of the NHMRC Act and no interim regulatory recommendations under section 14 of the NHMRC Act in 2020–21.

## Reports by parliamentary committees

No parliamentary committee reported on NHMRC in 2020–21.

NHMRC made direct contributions, or contributed to portfolio submissions, to the following parliamentary inquiries and reviews in 2020–21:

- Joint Committee on Intelligence and Security inquiry into national security risks affecting the Australian higher education and research sector (submission 58)<sup>17</sup>
- Senate Committee on Tobacco Harm Reduction (submission 613)<sup>18</sup>
- Royal Commission into Aged Care Quality and Safety – Coronavirus (COVID-19)
- Select Committee on Autism (NHMRC input in submission 53).<sup>19</sup>

In the reporting period, NHMRC provided a response to a matter raised in submission 28 to the Senate Committee on Foreign Affairs, Defence and Trade – National Commissioner for Defence and Veteran Suicide Prevention Bill 2020 [provisions] and the National Commissioner for Defence and Veteran Suicide Prevention (Consequential Amendments) Bill 2020 [provisions].<sup>20</sup>

17 [www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Intelligence\\_and\\_Security/NationalSecurityRisks/Submissions](http://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Intelligence_and_Security/NationalSecurityRisks/Submissions)

18 [www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Tobacco\\_Harm\\_Reduction/TobaccoHarmReduction/Submissions](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Tobacco_Harm_Reduction/TobaccoHarmReduction/Submissions)

19 [www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Autism/autism/Submissions](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Autism/autism/Submissions)

20 [www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Foreign\\_Affairs\\_Defence\\_and\\_Trade/NationalCommissioner2020/Submissions](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/NationalCommissioner2020/Submissions)

# Compliance and assurance

## Audit

The NHMRC Audit Committee, established in accordance with the PGPA Act, provides independent assurance and advice to the CEO on our risk, control and compliance framework and on our external accountability responsibilities. The Audit Committee Charter is accessible on the NHMRC website<sup>21</sup> and specifies that the committee will review, monitor and advise the CEO on risk management.

Table 11 contains details of the NHMRC Audit Committee members, together with their qualifications, knowledge, skills or experience, meeting attendance and remuneration in 2020–21.

Table 11: NHMRC Audit Committee, 2020–21

| Member                               | Qualification, knowledge, skills or experience                           | Attendance/ number of meetings | Total annual remuneration (\$) |
|--------------------------------------|--|--------------------------------|--------------------------------|
| Ms Gayle Ginnane (independent Chair) | 30 years' experience in the public sector                                | 4/4                            | 8,500                          |
| Mr Geoff Knuckey                     | Chartered accountant   | 4/4                            | 6,666                          |
| Professor Matthew Gillespie AM       | Member with relevant knowledge of the health and medical research sector | 4/4                            | 6,732                          |
| Dr Jeannette Young PSM               | Council member   | 0/4 <sup>a</sup>               | 0                              |
| Ms Clare McLaughlin                  | General Manager, NHMRC   | 4/4                            | 0                              |

<sup>a</sup> As Queensland's Chief Health Officer, Dr Young was granted a leave of absence for 2020–21 to focus on the pandemic response.

Participating observers include representatives from the ANAO, its contractor (KPMG), NHMRC's Chief Financial Officer and Chief Audit Executive, and internal audit staff.

In 2020–21, the Audit Committee oversaw internal audits that provided assurance on the implementation of support for the MRFF and on the management of freedom of information responsibilities. A third audit on NHMRC's response to the COVID-19 pandemic commenced and will report in 2021–22. NHMRC also undertook internal audit activities which contributed to new questions in the 2020 Institutional Annual Compliance Report (IACR) to gauge the impact of COVID-19 on Administering Institutions, and scoping activities to inform an internal audit scheduled for 2021–22.

## Compliance statement

Section 17AG of the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule) requires NHMRC to advise of any significant issues reported to the Minister in relation to non-compliance with the finance law. There were no significant instances of non-compliance with the finance law in the 2020–21 reporting year.

<sup>21</sup> [www.nhmrc.gov.au/about-us/leadership-and-governance/committees/nhmrc-audit-committee](http://www.nhmrc.gov.au/about-us/leadership-and-governance/committees/nhmrc-audit-committee)

## Risk management

We are committed to the strategic and systematic management of risks. The NHMRC Risk Management Policy and Framework provides the foundation and organisational arrangements for our integrated approach to designing, implementing, monitoring, reviewing and continually improving risk management behaviours in NHMRC.

The currency of the Risk Framework is regularly reviewed to ensure that it accords with the international standard on risk management, AS/NZ/ISO 31000:2018 (*Risk management: guidelines*) and is consistent with the requirements of the PGPA Act.

In accordance with the Risk Framework:

- the CEO, General Manager and Executive Directors are accountable for the effective implementation of risk management and responsible for fostering a culture of positive engagement with risk across the agency
- all Directors are required to integrate risk management into activities for which they are accountable
- all employees are required to maintain awareness of the risks that relate to their work and to support and contribute actively to the management of these risks
- the Audit Committee is to advise the CEO on risk management and all matters that could present an unacceptable risk for the agency.

NHMRC maintains a COVID-19 Risk Register to support active risk identification and management during the pandemic. The register has been subject to regular review by the Executive Board and supports ongoing risk detection, control and mitigation activities.

## Fraud prevention

Officers of NHMRC act with integrity and fairness, and uphold the values of the Australian Public Service in all matters. The NHMRC Fraud Control Framework 2020–2022 and associated fraud control plans have been developed in accordance with the Commonwealth Fraud Control Framework 2017 and the Australian Standard AS 8001:2008 (*Fraud and corruption control*).

We have a range of processes in place to detect fraud, including post-award compliance monitoring, data-mining analysis, post-transaction reviews, and internal and external audits. These tools satisfy the CEO's non-delegable duty under section 16 of the PGPA Act to establish and maintain systems relating to risk and control. NHMRC systematically reviews its internal processes and control systems to identify gaps and strengthen internal controls.

Additionally, through its funding agreements with Administering Institutions, NHMRC requires compliance with the *Australian code for the responsible conduct of research*. The code fosters integrity in research, and requires reporting and investigation of allegations of research misconduct across the Australian health and medical research sector.

To assist the CEO to meet her obligations in relation to fraud control, she has appointed an Executive Director as NHMRC's Fraud Control Officer. The Fraud Control Officer is a referral point for all allegations of fraud, is responsible for maintaining a fraud incident register and undertakes a preliminary assessment to determine whether reported behaviour is potentially fraudulent in nature.



In the 2020–21 reporting period, three allegations of external fraud were made to NHMRC. One allegation, involving two researchers, was substantiated and management actions were taken; two allegations were unsubstantiated. NHMRC also responded to a request for information from an external law enforcement agency investigating an alleged fraudulent action. In 2020–21, there were no allegations of internal fraud made to the NHMRC Fraud Control Officer.

In accordance with section 10 of the PGPA Rule, NHMRC will report fraud data for 2020–21 to the Australian Institute of Criminology.

## Privacy

All documents held by NHMRC containing personal information are handled in accordance with the standards for the collection, storage, use and disclosure of, and access to and correction of, personal information set by the *Privacy Act 1988* and the Australian Government Agencies Privacy Code 2017.

In 2020–21, NHMRC reviewed progress against its Privacy Management Plan. The plan details privacy-related quality improvement activities to maintain an environment in which personal information is handled appropriately and managed securely and efficiently.

No reports were served on NHMRC by the Office of the Australian Information Commissioner (OAIC) under section 30 of the *Privacy Act 1988*. Similarly, no determinations were served on NHMRC by the OAIC under section 52 of the *Privacy Act 1988*.

NHMRC had no eligible data breaches under the Notifiable Data Breaches scheme.

## Freedom of information

Agencies subject to the *Freedom of Information Act 1982* (FOI Act) are required to publish information as part of the Information Publication Scheme (IPS). The NHMRC website contains our IPS Plan, which details the type of information we publish.<sup>22</sup> Table 12 summarises the FOI requests active in 2020–21.

The FOI disclosure log lists the documents to which access has been granted under the FOI Act.<sup>23</sup>

Table 12: NHMRC freedom of information requests, 2020–21

| Access applications                                  | Number |
|--|--------|
| Requests active as at 1 July 2020                    | 1      |
| Requests received                                    | 18     |
| Requests actioned by NHMRC or withdrawn by applicant | 13     |
| Requests transferred in whole to another agency      | 5      |
| Requests active as at 30 June 2021                   | 1      |

<sup>22</sup> [www.nhmrc.gov.au/about-us/accountability-and-reporting/information-publication-scheme](http://www.nhmrc.gov.au/about-us/accountability-and-reporting/information-publication-scheme)

<sup>23</sup> [www.nhmrc.gov.au/about-us/freedom-of-information/foi-disclosure-log](http://www.nhmrc.gov.au/about-us/freedom-of-information/foi-disclosure-log)

| Access applications  | Number |
|--|--------|
| <b>Internal reviews of NHMRC FOI decisions</b>                   |        |
| Requests received  | 0      |
| Requests actioned  | 0      |
| <b>Office of the Australian Information Commissioner reviews</b> |        |
| Matters on hand as at 1 July 2020                                | 1      |
| Requests received  | 0      |
| Requests actioned  | 1      |
| Matters on hand as at 30 June 2021                               | 0      |
| <b>FOI Administrative Appeals Tribunal matters</b>               |        |
| Matters on hand as at 30 June 2021                               | 0      |

## Research integrity

### Notification of research integrity matters

In line with NHMRC policy, Administering Institutions must notify NHMRC of investigations into allegations of breaches of the *Australian code for the responsible conduct of research* and findings of research misconduct or breaches of the code, where the investigations or findings are related to NHMRC funding.

Consistent with the code, the relevant institution is responsible for investigating concerns and complaints about research integrity. In response to findings of a serious breach of the Code, including a finding of research misconduct, NHMRC may take action in relation to the Administering Institution or the researcher. Actions may include recovering research funding from an institution or restricting a researcher’s ability to apply for NHMRC funding for a period of time.

### Australian Research Integrity Committee

The Australian Research Integrity Committee (ARIC) was established jointly by NHMRC and the Australian Research Council (ARC) in 2011.

ARIC reviews the processes by which an institution has managed and/or investigated a potential breach of the *Australian code for the responsible conduct of research*. At the conclusion of an NHMRC ARIC review, ARIC provides recommendations to the CEO of NHMRC, who may adopt some or all of ARIC’s advice and communicates it to relevant parties. In this way, ARIC contributes to public confidence in the integrity of Australia’s research effort.

#### Members

Ms Patricia Kelly PSM (Chair)

Emeritus Professor Alan Lawson

Ms Julie Hamblin (Deputy Chair)

Professor Margaret Otlowski

Mr Michael Chilcott

Emeritus Professor Janice Reid AC

Emeritus Professor John Finlay-Jones

All members are appointed until 31 March 2023.

## Activities

The information below provides details of matters considered by ARIC on behalf of NHMRC during 2020–21. ARIC reports separately to the ARC on matters that relate to ARC funding. Information on those activities can be found in the ARC's annual report.

During 2020–21, ARIC was asked to review 2 new matters, both of which were accepted for review. ARIC also continued and finalised 4 reviews that commenced in the 2019–20 reporting period.

ARIC reported to the NHMRC CEO on areas for improvement in the relevant institutions' investigative processes. Common procedural issues identified through these reviews were:

- not providing sufficient information to the complainant during, and/or at the conclusion of, a preliminary assessment or investigation
- not providing the complainant with information about an avenue for appeal in the correspondence finalising an investigation
- not having formal internal procedures readily accessible
- conducting a preliminary assessment that did not address the specific allegations made by the complainant.

The CEO subsequently communicated with the relevant parties on these matters.

# Accountability

## Purchasing and procurement

NHMRC performs its procurement activities in accordance with the Commonwealth Financial Framework, specifically the Commonwealth Procurement Rules (CPRs). NHMRC's Accountable Authority Instructions, as well as related policy and procedural manuals, support the CPRs and are periodically reviewed for consistency with the Commonwealth Procurement Framework.

Additionally, NHMRC follows, wherever possible, cooperative procurement practices by accessing other entities' established standing offer arrangements, enabling an efficient and value-for-money approach to procuring goods and services. In the whole-of-government context, NHMRC will continue to comply with coordinated procurement initiatives, which reduce tendering costs and increase savings through economies of scale.

NHMRC builds capacity within the agency by providing procurement and contract management training, and circulating procurement and whole-of-government advice from the Australian Government Department of Finance.

NHMRC publishes information on significant procurement activity expected to be undertaken in the year ahead in our annual procurement plan, which is available on the Australian Government's procurement information system, AusTender. Details of all NHMRC contracts and consultancies valued at \$10,000 and over are available on the AusTender website at [www.austender.gov.au](http://www.austender.gov.au).

## Contracts and consultancy services

NHMRC uses guidance published by the Australian Government Department of Finance to distinguish between consultancy and non-consultancy contracts for annual reporting purposes.

Decisions to engage consultants during 2020–21 were made in accordance with the PGPA Act and related regulations including the CPRs and relevant internal policies. NHMRC selects consultants through the use of panel arrangements or by making an open approach to market. NHMRC engages consultants where it lacks specialist expertise, or when independent research, review or assessment is required. Consultants are typically engaged to investigate or diagnose a defined issue or problem, carry out defined reviews or evaluations, or provide independent advice, information or creative solutions, including the development of information and communications technology. Before engaging consultants, NHMRC takes into account the skills and resources required for the task, the skills available internally, and the cost-effectiveness of engaging external expertise.

Annual reports contain information about actual expenditure on reportable consultancy and non-consultancy contracts. Information on the value of reportable consultancy and non-consultancy contracts is available on the AusTender website.

All contracts entered into by NHMRC in 2020–21 provided for the Auditor-General to have access to the contractor’s premises.

### Expenditure on reportable consultancy contracts

In 2020–21, NHMRC entered into one new consultancy contract, involving total actual expenditure of \$11,239. In addition, four ongoing consultancy contracts were active in 2020–21, involving total actual expenditure of \$60,748.

Table 13: Reportable consultancy contracts, 2020–21

| Reportable consultancy contracts                                     | Number of contracts | Expenditure (\$ GST inclusive) |
|--|---------------------|--------------------------------|
| New contracts entered into during the reporting period               | 1                   | 11,239                         |
| Continuing contracts entered into during a previous reporting period | 4                   | 60,748                         |
| <b>Total</b>   | <b>5</b>            | <b>71,987</b>                  |

Table 14: Organisations receiving a share of reportable consultancy contract expenditure, 2020–21<sup>a</sup>

| Supplier name                                       | Supplier ABN   | Expenditure (\$ GST inclusive) | Proportion of total spend (%) <sup>b</sup> |
|---|----------------|--------------------------------|--|
| McGrathNicol Advisory                               | 34 824 776 937 | 38,850                         | 54   |
| Maddocks  | 63 478 951 337 | 11,239                         | 16   |
| Ginnane Consulting                                  | 20 946 689 203 | 8,500                          | 12   |
| Matthew Todd Gillespie                              | 30 804 723 938 | 6,732                          | 9  |
| McBeath Pty Ltd as trustee for Knuckey Family Trust | 26 195 288 436 | 6,666                          | 9  |
| <b>Total of the five largest shares</b>             |                | <b>71,987</b>                  | <b>100</b>                                 |

<sup>a</sup> This table provides information on organisations (suppliers) who received the five largest shares of NHMRC’s expenditure on consultancy contracts. There are no additional reportable consultancy contracts.

<sup>b</sup> Total spend refers to the NHMRC total expenditure on consultancy contracts in 2020–21 as shown in Table 13.

### Expenditure on reportable non-consultancy contracts

In 2020-21, NHMRC entered into 41 new non-consultancy contracts, involving total actual expenditure of \$11,759,390. In addition, 47 ongoing consultancy contracts were active in 2020-21, involving total actual expenditure of \$14,807,811.

Table 15: Reportable non-consultancy contracts, 2020-21

| Reportable non-consultancy contracts                                 | Number of contracts | Expenditure (\$ GST inclusive) |
|--|---------------------|--------------------------------|
| New contracts entered into during the reporting period               | 41                  | 11,759,390                     |
| Continuing contracts entered into during a previous reporting period | 47                  | 14,807,811                     |
| <b>Total</b>   | <b>88</b>           | <b>26,567,201</b>              |

Table 16: Organisations receiving a share of reportable non-consultancy contract expenditure, 2020-21<sup>a</sup>

| Supplier name                                  | Supplier ABN   | Expenditure (\$ GST inclusive) | Proportion of total spend (%) <sup>b</sup> |
|--|----------------|--------------------------------|--|
| F1 Solutions Pty Ltd                           | 62 072 832 878 | 4,354,207                      | 16   |
| Digital61 Pty Ltd                              | 42 620 189 862 | 3,613,468                      | 14   |
| Semantic Sciences Pty Ltd                      | 73 131 377 654 | 2,948,750                      | 11   |
| Evolve FM Pty Ltd                              | 52 605 472 580 | 2,858,102                      | 11   |
| Hays Specialist Recruitment (Australia)        | 47 001 407 281 | 2,435,600                      | 9  |
| 1st People Services <sup>c</sup>               | 86 114 814 390 | 2,076,151                      | 8  |
| <b>Total of the largest shares<sup>d</sup></b> |                | <b>18,286,279</b>              | <b>69</b>                                  |

<sup>a</sup> This table provides information on organisations (suppliers) who received the five largest shares of NHMRC's expenditure on non-consultancy contracts and those organisations who received 5% or more of NHMRC's expenditure on non-consultancy contracts.

<sup>b</sup> Total spend refers to the NHMRC total expenditure on non-consultancy contracts in 2020-21 as shown in Table 15.

<sup>c</sup> This organisation is reported because it received more than 5% of the total 2020-21 expenditure on non-consultancy contracts (per PGPA Rule 17AGA(3)).

<sup>d</sup> The total does not equal 100% as PGPA Rule 17AGA(3) only requires disclosure of the organisations (suppliers) that received the five largest shares, and any other organisations that received 5% or more of the total, expenditure on non-consultancy contracts in 2020-21.

### Exempt contracts

NHMRC had no contracts or standing offers that were exempt from publication on AusTender in 2020-21.

### Procurement initiatives to support small businesses

NHMRC supports small business participation in the Australian Government procurement market. Participation statistics for small and medium enterprises (SMEs) and small enterprises are available on the Australian Government Department of Finance website.

NHMRC recognises the importance of ensuring that small businesses are paid on time. NHMRC achieved an on-time average of 98% of all payments to small businesses or individuals in 2020-21.

## Part 4 Operating environment

NHMRC employs the following initiatives or practices to support SMEs:

- using the Commonwealth Contracting Suite for low-risk procurements valued at under \$200,000
- following the Small Business Engagement Principles, such as communicating in clear, simple language and presenting information in an accessible format
- using electronic systems or other processes that facilitate on-time payment performance, including the use of payment cards.

NHMRC supports the Indigenous Procurement Policy: if there is an Indigenous business that can deliver any new domestic contract between \$80,000 and \$200,000 on a value-for-money basis, NHMRC must offer the contract to that business first.

## Asset management

Asset management is not a significant part of NHMRC's business. The agency's assets include office fit-out, computer equipment, IT systems, telephony, furniture, and equipment held in Canberra and Melbourne. NHMRC's strategy for asset management emphasises a whole-of-life approach to the use of assets and commits the agency to responsible and cost-effective management. An annual review minimises holdings of surpluses and underperforming assets.

## Advertising and market research

Under section 311A of the *Commonwealth Electoral Act 1918*, NHMRC is required to disclose payments of \$13,000 or more (inclusive of GST) for advertising and market research. There was no reportable expenditure or advertising campaigns conducted in 2020–21.

## Complaints

NHMRC has a complaints process for people who are dissatisfied with its decisions or actions. Generally, complaints are resolved within the area responsible for the decision or action. An independent complaints team provides an oversight and escalation role.

In March 2020, the Minister for Health reappointed Mr Chris Reid as Commissioner of Complaints for an additional 3-year term to 31 March 2023. Mr Reid has held this role since 2017. A solicitor of more than 30 years standing, Mr Reid brings considerable experience and expertise in investigation and administrative law.

### Annual report from the Commissioner of Complaints

This report is provided pursuant to section 68 of the NHMRC Act. It covers the 12 months from 1 July 2020 to 30 June 2021.

As Commissioner, my role is to investigate complaints relating to reviewable actions, as described in section 58 of the NHMRC Act. A reviewable action is an action taken by the CEO or their delegate relating to recommendations to the minister regarding expenditure on public health, and medical research and training, or an action taken by the Research Committee in relation to an application for funding made on, or after, 24 June 1993.

I am required to investigate the processes that have taken place in relation to each complaint to ensure that administrative law principles such as natural justice, fairness, good faith and taking into account only proper purposes have been followed by NHMRC in reaching a decision. I am not empowered to examine the merits of a decision or recommendation of the CEO, their delegate or the Research Committee.

After finalising the investigation of a complaint, if I conclude that an action was affected by one or more of the grounds of complaint listed in section 58, I report my findings to the CEO under section 66 of the Act. Under section 67 of the Act, I also have the discretion to make recommendations in relation to my findings. This may include recommendations that the CEO reconsider actions; rectify, mitigate or alter the effects of an action; or revoke or vary a decision.

In 2020–21, no complaints were referred to me for investigation. There were also no complaints from the previous reporting period that required finalisation.



**Mr Chris Reid**

Commissioner of Complaints

## Environmental management

NHMRC minimises its impact on the environment through the responsible and efficient consumption, use and disposal of resources. The agency is committed to:

- building a strong environmental ethos by increasing awareness and commitment by employees and key stakeholders
- integrating environmentally sustainable and innovative practices into day-to-day activities performed by employees
- supporting the ACT Sustainable Energy Policy, including the 100% renewable energy target.

NHMRC incorporates environmental considerations such as energy and water conservation, and waste and resource management, into business activities in the context of achieving business outcomes.

The NHMRC Environmental Management Policy outlines the agency's adherence to the Australian Government's Energy Efficiency in Government Operations (EEGO) policy.

The Canberra and Melbourne leasing agreements contain appropriate Green Lease schedules under the National Green Leasing Policy. Obligations under these schedules are monitored by NHMRC.

## Energy consumption

Table 17 outlines energy consumption for the Canberra and Melbourne offices in 2020–21.

Table 17: Energy consumption, 2020–21

| Tenancy                            | Energy (GJ) | Area (m <sup>2</sup> ) | MJ/m <sup>2</sup> | People | MJ/person |
|------------------------------------|-------------|------------------------|-------------------|--------|-----------|
| Canberra (16 Marcus Clarke Street) | 837         | 4,020                  | 208               | 203    | 4,123     |
| Melbourne (414 La Trobe Street)    | 189         | 462                    | 410               | 10     | 18,900    |

NHMRC is required to meet the target of no more than 7,500 MJ per person per year for office tenant light and power under the EEGO policy. In 2020–21, NHMRC used 4,817 MJ per person.

### NABERS energy rating

The National Australian Built Environment Rating System (NABERS) is a national rating system that measures the environmental performance of Australian buildings, tenancies and homes. NABERS measures the energy efficiency, water use, waste management and indoor environment quality of a building or tenancy and its impact on the environment. In 2020–21, NHMRC achieved a 5.5-star NABERS energy tenancy rating for the Canberra office. An energy tenancy rating for the Melbourne office is currently being considered and will be included in future reporting.



## CASE STUDY

# Autism assessment and diagnosis guideline



Autism spectrum disorder (ASD), also simply termed autism, is a persistent developmental disorder characterised by symptoms that are evident from early childhood. Symptoms can range from mild to severe and include difficulty in social interaction, restricted or repetitive patterns of behaviour and communication challenges. Since 2015, there has been an increase of approximately 25% in the number of people diagnosed with autism. In 2018, 205,200 Australians were on the autism spectrum.

There is no definitive test or biological marker for autism; instead, diagnosis is made on the basis of developmental assessments and behavioural observations. Variability in autism signs and symptoms – along with the considerable behavioural overlap with other developmental conditions – makes autism diagnosis a challenging clinical task.

Early identification and correct initial diagnosis of autism provide opportunities for early intervention, which can deliver better long-term outcomes for affected individuals and their families and significant economic, social and health benefits. Without a clear protocol for how to diagnose autism, individuals and families may not receive timely intervention and support.

Aware of the benefits of early intervention, the autism community has for many years been requesting a national and consistent guideline for autism assessment and diagnosis. A 2014 review of ASD diagnostic practices in Australia identified considerable variability between Australian states and territories, including in the quality and quantity of assessments administered, the professionals involved and the required experience of these professionals. The main finding of the review was that adoption of a minimum national standard for ASD diagnosis in Australia would improve diagnostic practices and consistency across Australia and ensure that future diagnostic assessments were in keeping with best-practice guidelines.

Developed by the Cooperative Research Centre for Living with Autism (Autism CRC) and approved by NHMRC, *A national guideline for the assessment and diagnosis of autism spectrum disorders* has helped to improve the accuracy and reliability of diagnostic decisions related to autism. Professor Andrew Whitehouse, Dr Kiah Evans, Professor Valsamma Eapen and Clinical Associate Professor John Wray led the Autism CRC Research Executive team.

Overall, more than 1,200 organisations and people from across Australia engaged in consultation activities and provided direct input into the guideline. The final guideline included more than 1,000 pages of research evidence and was peer reviewed by international experts.

The guideline defines:

- a tiered process of assessment to facilitate accurate and efficient assessment
- qualifications, knowledge and experience required of health professionals who can be part of the assessment and diagnostic process
- the information that needs to be collected and appropriate settings during assessment
- resources to aid health professionals during ASD assessment.

Since its publication, more than 15,000 individuals in Australia and overseas have registered to access the guideline. It is now being used by general practitioners, paediatricians, psychologists and other diagnostic service providers around Australia.

The guideline provides a backbone for the development and delivery of a clinical care pathway for individuals on the autism spectrum and others with neurodevelopmental challenges. It has provided the community with greater equity of access to a rigorous and comprehensive autism assessment, transparency in the diagnostic and decision-making processes and confidence in the accuracy and reliability of diagnostic decisions.

Research is underway to determine usage of the guideline across Australia, along with perceived barriers to and facilitators of, guideline implementation. Findings will inform ongoing implementation and evaluation activities.

More information is available at [www.nhmrc.gov.au/about-us/resources/impact-case-studies/autism-assessment-diagnosis-guideline](http://www.nhmrc.gov.au/about-us/resources/impact-case-studies/autism-assessment-diagnosis-guideline).

CASE STUDY

# Improving health outcomes in the tropical north



Image: Chair of the Indigenous Governance Committee, Heather D'Antoine, addresses participants at the Katherine, Northern Territory, HOT North workshop. Credit: Menzies School of Health Research

**Tropical medicine and healthcare services enable more Australians to live and work in northern Australia. The Australian Government's Northern Australia Tropical Disease Collaborative Research Program (NATDCRP) was developed to support research into tropical diseases, build collaboration and capacity, and promote translation of research into health policy and practice.**

A focus of NATDCRP was closing the gap in Indigenous health disadvantage, by combatting the main diseases causing this disadvantage, such as youth and maternal diabetes, rheumatic heart disease, respiratory infections and skin diseases.

In 2017, the Improving **H**ealth **O**utcomes in the **T**ropical **N**orth (HOT North) research program, led by Professor Bart Currie at the Menzies School of Health Research, received 5 years of NHMRC funding following a competitive, peer-reviewed NATDCRP grant opportunity.

From its headquarters in Darwin, HOT North has made positive impacts in a wide range of areas, including skin and lung infections, diabetes, mosquito-borne viral and bacterial infections, and community engagement in health research. HOT North-led research programs have been pivotal in translating research results into actions and positive health outcomes.

During HOT North's first 3 years, 97 research activities were established, including pilot projects, fellowships and scholarships. Collaborations with 23 research organisations across Australia and south Asia were developed; more than 80 health organisations, including Aboriginal medical services, participated in these projects.

Guided by its Indigenous Governance Committee, one-third of HOT North-funded projects have Aboriginal and Torres Strait Islander people participating as researchers or health practitioners, or in outreach roles.

Community engagement workshops provide opportunities for local health professionals to meet university-based researchers and discuss research ideas for closing the health gap.

Associate Professor Asha Bowen's project 'Antimicrobial Academy for Aboriginal and Torres Strait Islander Health Care Providers' developed a strategy for combatting antibiotic resistant 'superbugs' in remote health settings. Skin sores are the most frequent reason for antibiotic use in the tropical north and preventing resistance to these antibiotics is an emerging science. Associate Professor Bowen's 'SToP (See, Treat, Prevent) skin sores and scabies' trial has resulted in the *National healthy skin guideline*, a new tool that is widely used across the remote health sector to prevent and manage skin infections.

Dr Pamela Laird's research on reaching children at risk of chronic lung disease found that effective communication means working in partnership with communities and providing messages in a culturally safe and sensitive way. Communication tools for child lung health have begun to reverse the 'normalisation' of chronic wet cough by clinicians across northern Australia, improving quality of care for children at risk of bronchiectasis.

The 'Communicate study', led by Professor Anna Ralph, investigated the causes of poor communication between healthcare providers and Aboriginal people. Poor communication can result in adverse outcomes, including death. The study identified barriers to using Aboriginal interpreter services at the Northern Territory's tertiary hospital, the Royal Darwin Hospital, which manages more than 25,000 Aboriginal inpatients each year. Access to Aboriginal language interpreters at the hospital has increased. The first year of the intervention included introduction of a coordinator and clinical champions to improve access to interpreters, and training in cultural safety, which resulted in a significant decrease in self-discharge rates for Aboriginal inpatients.

The 'Diabetes in youth' collaborative project, led by Professor Louise Maple-Brown, assessed prevalence rates of type 2 diabetes in Aboriginal and Torres Strait Islander young people. The project has led to a marked increase in screening and diagnosis of type 2 diabetes in people under 25 years of age, with Darwin-based paediatric and adult endocrinologists receiving more referrals for young people diagnosed with the condition.

Professor Scott Ritchie has worked to develop novel mosquito traps for detecting pathogens. These are now being used by a number of state and Australian Government authorities to monitor for incursions of Murray Valley encephalitis virus and Japanese encephalitis virus.

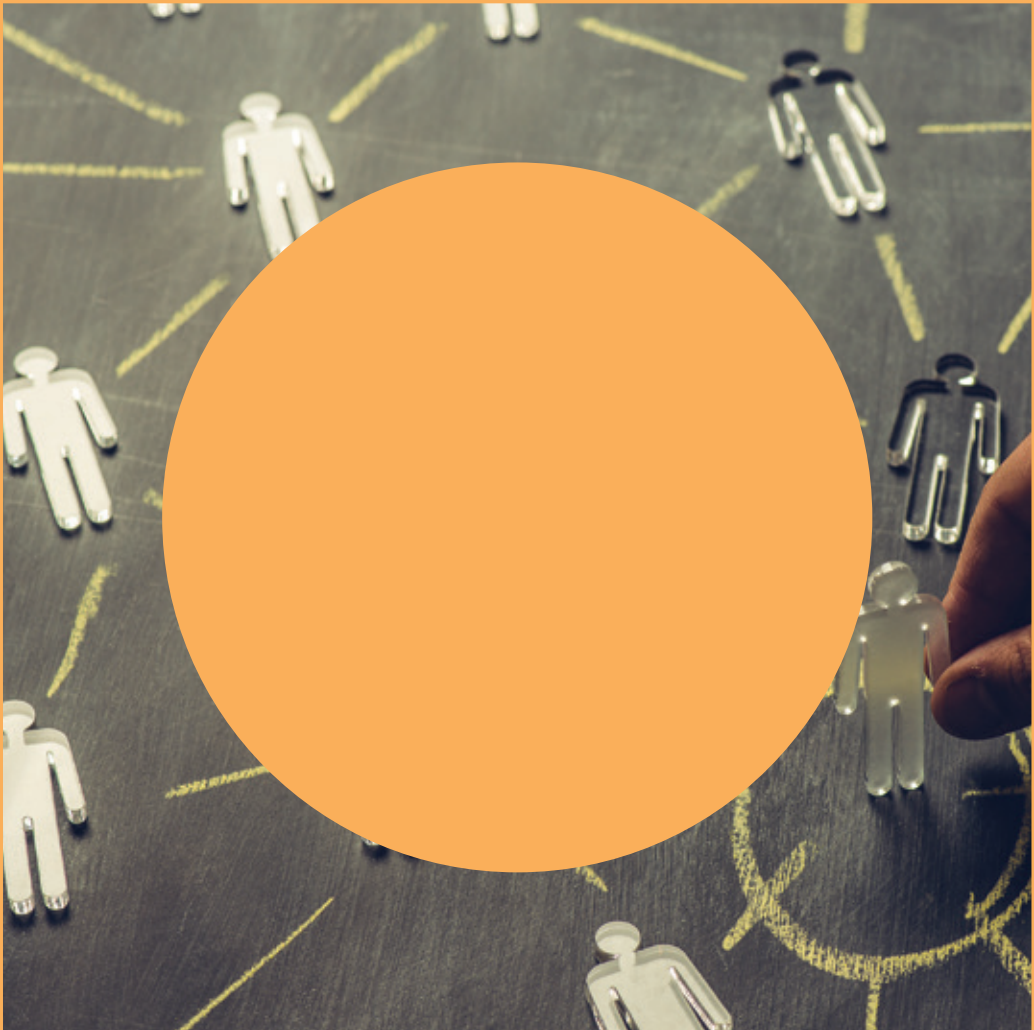
Associate Professor Matthew Grigg's research, conducted in Sabah, Malaysian Borneo, investigated improvements in treatment of zoonotic malaria and ways to reduce transmission of the disease. This has led to changes in Malaysian national treatment policy and provided the evidence base for updated World Health Organization global guidelines and Australian malaria treatment guidelines.

More information is available at [www.nhmrc.gov.au/about-us/resources/impact-case-studies/improving-health-outcomes-tropical-north](http://www.nhmrc.gov.au/about-us/resources/impact-case-studies/improving-health-outcomes-tropical-north).

# Part 5

## People management

This section presents our people management information, including workforce demographics.



## Overview

NHMRC depends on its highly skilled and dedicated people to achieve its purposes. We are committed to the ongoing professional development of our staff. Our agile teams comprise both Australian Public Service (APS) and labour-hire staff, ensuring both continuity and flexibility to meet changing demands.

In 2020–21, our people management focus was on cultivating a resilient and high-performing workforce, underpinned by a respectful and supportive work culture and professional development opportunities. Our culture, systems and capabilities continue to support our ability to be flexible and agile, to enable us to adapt to new circumstances and address emerging issues.

## Workplace culture and performance

We provide a workplace that offers fulfilling and challenging work in a friendly and supportive environment. We are committed to communicating effectively and maintaining a safe and productive workplace where all employees are valued. Our workplace culture is supported by effective communication, for example through whole-of-agency, branch and section meetings, many of which have been held by videoconference during COVID-19. These are complemented by ‘all staff’ emails from senior leaders, regular corporate newsletters, dynamic intranet content and an active Staff Consultative Forum.

The effectiveness of our workplace performance and culture is affirmed by the results of the 2020 APS Employee Census,<sup>24</sup> which highlighted that our staff value the organisation and take pride in the work we do. Employee engagement continues to improve: it is currently 79%. This is higher than the result for similar-sized agencies, specialist agencies and the overall APS (on this indicator, NHMRC is ranked 14th of the 97 APS agencies that participated in the census – up six places on our 2019 ranking).

NHMRC results for wellbeing are 12 percentage points above the APS figure and NHMRC ranked fourth of 97 agencies overall. Of staff who responded, 86% think that the agency cares about their health and wellbeing (24 percentage points above the APS average) and 95% indicated that their supervisor is committed to supporting their health and wellbeing.

The strong commitment of our staff to quality and innovative outputs is evidenced by 93% stating that they suggest ways to improve processes and 96% indicating they are willing to ‘go the extra mile’ at work when required. Our focus on inclusivity saw 91% of respondents agreeing that the organisation is committed to an inclusive culture and that this is actively supported by supervisors and the agency. Ninety-eight per cent of respondents indicated that their workgroup had successfully adapted to the new ways of working required during the response to the COVID-19 crisis – this is 8 percentage points higher than the figure for the APS and 6 percentage points higher than for both specialist and similar-sized agencies.

<sup>24</sup> 57% of our total workforce participated in the survey, of whom 92% were APS employees and 8% were engaged via labour-hire agreements.

NHMRC received a wellbeing index score of 82%, 6 percentage points above the previous year's result. Results indicate that the policies and practices that support wellbeing are well regarded by staff (88% satisfaction) and that these policies are well communicated and promoted (90% agreement for both).

Our leadership team members are well regarded and are considered effective communicators (82% agreement) who ensure that work effort contributes to the strategic direction of NHMRC (88% agreement). Satisfaction with immediate supervisors is high (89% or above) on measures of communication, empowerment and resilience.

## Staffing

At 30 June 2021, we employed 213 APS staff in our Canberra and Melbourne locations. A significant proportion of our workforce (17%) has carer responsibilities and 15.7% worked part-time in 2020-21, compared with 16.8% the previous year. The staff turnover rate in 2020-21 was 16%, compared with 21% in 2019-20. Table 18 summarises the workforce demographics from 2017-18 to 2020-21.

Table 18: NHMRC workforce, 30 June 2017-18 to 2020-21

| Group  | 2017-18 | 2018-19 | 2019-20 | 2020-21 |
|--|---------|---------|---------|---------|
| Staff employed on an ongoing basis                         | 186     | 205     | 189     | 204     |
| Staff employed on a non-ongoing basis                      | 5       | 17      | 18      | 9       |
| Staff employed on a casual basis                           | 1       | 1       | 1       | 0       |
| Staff employed full-time                                   | 165     | 187     | 172     | 180     |
| Staff employed part-time                                   | 27      | 36      | 35      | 33      |
| Staff based in Canberra office                             | 177     | 205     | 195     | 203     |
| Staff based in Melbourne office                            | 15      | 18      | 13      | 10      |
| Women  | 138     | 160     | 145     | 148     |
| Men  | 54      | 62      | 64      | 65      |
| Other genders (indeterminate/intersex/unspecified)         | 1       | 1       | 0       | 0       |
| Staff who identify as Aboriginal or Torres Strait Islander | 2       | 7       | 5       | 7       |
| People from diverse linguistic backgrounds                 | 58      | 45      | 42      | 38      |
| People with carer responsibilities                         | 86      | 82      | 92      | 52      |
| People with disability                                     | 8       | 9       | 8       | 8       |

## Workforce planning

The agency is focused on developing and maintaining an appropriately skilled and capable workforce that enables the delivery of outcomes for the Australian Government now and in the future.

Staff consultation is an integral component of workforce planning. Our Staff Consultative Forum, consisting of staff, union and management representatives, enables prompt consultation on issues such as workplace change, employment and accommodation.

In 2020–21, the forum met to discuss organisation-wide matters, including:

- updating the agency's flexible working policy
- making changes to workplace arrangements in response to COVID-19, including risk management approaches to processes for on-site meetings, events and travel.

# Workplace agreements

The NHMRC Enterprise Agreement 2016–2019 was nominally due to expire on 9 February 2020. After extensive staff consultation and a well-subscribed staff opinion survey that indicated majority staff support, NHMRC implemented a determination under subsection 24(1) of the *Public Service Act 1999*. The determination provides non-SES (Senior Executive Service) APS staff with an annual 2% salary increase payable under the enterprise agreement. This 3-year determination took effect in February 2020 and covers all non-SES APS staff at NHMRC.

On 9 April 2020, the Australian Government announced that, as a result of the COVID-19 pandemic, wage increases across the APS would be paused for 12 months. For NHMRC staff, this meant that the pay increase scheduled for 10 February 2021 was delayed until 10 August 2021.

# Remuneration

## Executive remuneration

### Introduction

The officials covered by these disclosures are the Chief Executive Officer (CEO) and the five SES officers who meet the definition of key management personnel.

### Remuneration policies and practices

The Remuneration Tribunal (Remuneration and Allowances for Holders of Full-time Public Office) Determination 2019, subsections 7(3) and 7(4) of the *Remuneration Tribunal Act 1973*, sets the remuneration arrangements for the CEO (Table 19).

The CEO determines remuneration and conditions for the agency's SES officers through a common law contract, considering the:

- APS Executive Remuneration Management Policy
- Public Sector Workplace Relations Policy 2020
- *Public Service Act 1999*
- Australian Public Service Award 1998.

To maintain relativity with other APS entities, remuneration for SES officers is aligned with the annual remuneration survey conducted by the Australian Public Service Commission. At 30 June 2021, five SES employment agreements (common law contracts) were in place.



Salary incremental bands act as a guide in setting SES officers' base salaries (the range of salaries at each level is at Table 20). SES officers are eligible for an annual salary review on 1 August, subject to holding the position for 6 months or more.

SES salaries (Table 20) are set and adjusted according to the CEO's assessment of the:

- Public Sector Workplace Relations Policy 2020
- performance and conduct of the employee
- SES Work Level Standards
- SES Integrated Leadership System profiles
- complexity, responsibility and nature of the employee's role
- agency's capacity to pay.

On 26 March 2020, the Australian Government suspended increases to remuneration, entitlements and allowances for all SES officers until the resolution of the challenges arising from the COVID-19 pandemic. This included freezing the application of general wage increases and any remuneration increases through performance progression mechanisms within existing salary structures. On 25 June 2021, the Australian Public Service Commissioner advised that the suspension had been lifted.

No bonuses were paid to NHMRC SES officers.

Table 19: Key Management Personnel, 2020–21

| Name                 | Position title          | Short-term benefits (\$) |          |  | Post-employment benefits (\$)             |                                 |                          | Termination benefits (\$) | Total remuneration <sup>e</sup> (\$) |
|----------------------|-------------------------|--------------------------|----------|--|---|---------------------------------|--------------------------|---------------------------|--------------------------------------|
|                      |                         | Base salary <sup>a</sup> | Bonuses  | Other benefits and allowances <sup>b</sup> | Superannuation contributions <sup>c</sup> | Long service leave <sup>d</sup> | Other long-term benefits |                           |                                      |
| Professor Anne Kelso | Chief Executive Officer | 479,298                  | -        | 4,523                                      | 56,977                                    | 13,413                          | -                        | -                         | 554,211                              |
| Clare McLaughlin     | General Manager         | 250,867                  | -        | 31,879                                     | 45,889                                    | 6,239                           | -                        | -                         | 334,874                              |
| Dr Julie Glover      | Executive Director      | 183,048                  | -        | 31,681                                     | 36,824                                    | 4,646                           | -                        | -                         | 256,199                              |
| Tony Krizan          | Executive Director      | 210,813                  | -        | 29,293                                     | 40,055                                    | 5,309                           | -                        | -                         | 285,470                              |
| Alan Singh           | Executive Director      | 216,216                  | -        | 29,293                                     | 40,055                                    | 5,309                           | -                        | -                         | 290,873                              |
| Prue Torrance        | Executive Director      | 176,728                  | -        | 29,293                                     | 26,577                                    | 4,301                           | -                        | -                         | 236,899                              |
| <b>Total</b>         |                         | <b>1,516,970</b>         | <b>-</b> | <b>155,962</b>                             | <b>246,377</b>                            | <b>39,217</b>                   | <b>-</b>                 | <b>-</b>                  | <b>1,958,526</b>                     |

(a) Base salary includes salary paid and accrued, salary paid while on annual leave, salary paid while on personal leave, annual leave accrued and higher duties allowances.

(b) Other benefits and allowances include monetary benefits such as car allowances and non-monetary benefits such as provision of a car park.

(c) For individuals in a defined contribution scheme, superannuation includes superannuation contribution amounts. For individuals in a defined benefit scheme, superannuation includes the relevant National Employer Contribution Rate and Employer Productivity Superannuation Contribution.

(d) Long service leave comprises the amount of leave accrued and taken for the period.

(e) Total remuneration is calculated on an accrual basis in accordance with Australian Accounting Standards Board Standard 119: Employee benefits.

Table 20: NHMRC salary ranges, 30 June 2021

| Classification | Minimum salary (\$) | Maximum salary (\$) |
|----------------|---------------------|---------------------|
| SES 2          | 222,854             | 275,914             |
| SES 1          | 171,916             | 212,242             |
| EL 2           | 121,003             | 143,261             |
| EL 1           | 101,711             | 115,712             |
| APS 6          | 82,531              | 93,107              |
| APS 5          | 74,814              | 78,962              |
| APS 4          | 68,784              | 72,676              |
| APS 3          | 60,711              | 67,292              |
| APS 2          | 52,535              | 57,329              |
| APS 1          | 44,949              | 50,481              |

## Non-salary benefits

Non-salary benefits available to NHMRC staff in 2020–21 included:

- learning and development opportunities
- professional coaching and mentoring
- health and wellbeing programs
- study assistance (study leave and financial assistance)
- options for flexible hours and time off in lieu
- individual flexibility agreements
- flexible working conditions such as part-time employment, job sharing and working from home.

## Performance pay

NHMRC employees, including SES officers, do not receive performance bonuses or performance pay. Annual performance ratings determine the increase in annual remuneration for non-SES employees within the pay-point increments set out in the enterprise agreement.

## Work health and safety

NHMRC's continued commitment to the health, safety and wellbeing of our people, our visitors and others who work for us and with us was evident in the 2020 APS Employee Census results, with 86% of staff indicating that they think the agency cares about their health and wellbeing. Wellbeing is an area of success for NHMRC as we sit 20 percentage points above agencies of a similar size (90% satisfaction) for communicating and promoting health and wellbeing initiatives.

During 2020–21, we focused on ensuring continued support for our people during the COVID-19 pandemic. We also focused on strengthening our work health and safety (WHS) management system by engaging in strategies to assist staff to improve their health and wellbeing in new ways, with an emphasis on risk management, hazard reduction, flexible work and early intervention.

In 2020–21, NHMRC:

- held quarterly meetings of the Workplace Health and Safety Committee, which includes the agency’s health and safety representatives
- increased the number of our health and safety representatives to support greater flexibility for elected representatives (under flexible working arrangements)
- increased the number of first aid officers in the Canberra and Melbourne offices and offered first aid training to all employees
- consulted with staff via health and safety representatives on WHS processes and policy
- conducted regular hazard and risk identification inspections and associated item removal and risk mitigation activities
- reviewed and updated intranet information, guides and fact sheets about WHS
- conducted workstation assessments and provided WHS equipment to support and promote good ergonomic practices and prevent injuries both at home and in the office
- provided access to confidential counselling through the employee assistance program and access to case-management services for early intervention and rehabilitation
- provided mandatory training on WHS responsibilities (including due diligence for officers)
- conducted mental health first aid training and increased the number of mental health first aid officers available for staff support
- doubled the number of domestic violence contact officers trained to support staff experiencing domestic and family violence
- conducted mental health awareness activities, including suicide awareness, in National Safe Work Month and Mental Health Awareness Week
- disseminated information to all staff on WHS updates via email, corporate news and the intranet
- promoted flexible ways of working, including reviewing our flexible work arrangements policy and finding ways to maintain changed ways of working implemented during the COVID-19 pandemic
- improved risk management processes for all NHMRC events and meetings, including specific COVID-safe practices and risk mitigation strategies
- promoted a healthy lifestyle through free staff health checks, free influenza vaccinations, flexible working arrangements and financial reimbursements for quitting smoking and eyesight testing
- maintained accreditation by the Australian Breastfeeding Association as a Breastfeeding Friendly Workplace.

## Response to the COVID-19 pandemic

NHMRC’s work moved off-site in March 2020 in response to the COVID-19 pandemic. Following the return to ‘COVID normal’ in 2021, NHMRC has supported staff to access flexible working arrangements. Many staff have continued to work under hybrid arrangements (part-time in the office and part-time from home or another location).

Supporting Melbourne-based staff and remote workers during additional periods of lockdown in 2021 has been a key focus for NHMRC. This has included providing updates to information on state and territory changes to restrictions, enabling staff to work from home and providing personal protective equipment such as masks. A focus on providing staff mental health support and access to information and training was maintained to help supervisors and employees manage the uncertainty of the pandemic.

NHMRC staff continued engaging externally and internally through virtual platforms such as videoconferencing, which NHMRC has been using for many years for meetings with stakeholders around the country and internationally. NHMRC's staff worked effectively from home using laptops and a secure virtual private network connection to NHMRC's computer network. The Continuity Management Team, activated by the General Manager on 30 March 2020 as part of the NHMRC Business Continuity Plan, remains active as at 30 June 2021 and continues to meet regularly to address issues for NHMRC arising from the evolving pandemic.

To limit the spread of COVID-19 and keep our staff and workplace safe, we continue to:

- review our policies and measures for infection control, including providing staff with educational resources
- keep our employees apprised of control measures, including mask wearing, hand and respiratory hygiene, physical distancing and self-isolation requirements issued by governments in the jurisdictions in which we operate
- provide strengthened hygiene control measures, including handwashing facilities (we installed touch-free taps and dispensers), sanitiser stations, antimicrobial cleaning product stations and face masks
- provide a suite of resources and protocols to manage suspected and confirmed cases of COVID-19 in the workplace, for example by managing working arrangements
- regularly communicate any changes to staff via corporate news, all-staff email updates and information on the intranet
- support staff required to work from home to do so and provide guidance to help make working remotely a productive and safe experience
- support a risk-based approach to managing staff working in the office who are at high risk of severe illness from COVID-19, including working with medical practitioners, where appropriate
- provide access to two psychologists to provide support to staff, in addition to providing access to confidential counselling through the employee assistance program
- continue to review work practices according to advice from Safe Work Australia, Comcare and the Australian Government Department of Health.

## Work health and safety incident reporting

Under section 38 of the *Work Health and Safety Act 2011* (WHS Act), we are required to notify Comcare of any deaths, serious injury or illness, or dangerous incidents arising from our work. No notifiable incidents were reported to Comcare in 2020–21.

Under Schedule 2, Part 3 of the WHS Act, we are required to report on any investigations undertaken by Comcare or any notices we received under Part 10 of the WHS Act. There were no investigations conducted or notices received in 2020–21.

We are dedicated to implementing early-intervention strategies for injured employees (for both compensable and noncompensable injuries). Our workers compensation premium for 2020–21 was 1.10% of payroll costs (Table 21).

Table 21: NHMRC premium rate (%) compared with the Commonwealth scheme average

|                             | 2017–18 | 2018–19 | 2019–20 | 2020–21 |
|-----------------------------|---------|---------|---------|---------|
| NHMRC                       | 1.06    | 0.70    | 0.92    | 1.10    |
| Commonwealth scheme average | 1.23    | 1.06    | 1.00    | 0.85    |

## Learning and development

During this reporting period, we have continued to implement our Learning and Development Strategy and Plan, which underpin our commitment to the ongoing professional development of our staff. Strengthening the capability of our workforce helps us achieve our mission and purposes.

The 70:20:10 model of learning proposes that individuals gain 70% of their learning through work experience, 20% from interactions with others and 10% from formal training. Based on this model, we made professional development opportunities accessible through:

- on-the-job learning
- online learning through the Australian Government's Learnhub platform
- APS forums and training, such as the APS Core Skills program
- external training and conferences
- access to study assistance
- support for membership of professional associations
- secondment opportunities, including placements in Indigenous organisations through the Jawun APS Secondment Program and in several APS agencies.

Our commitment to building capability is evident from the results of the 2020 APS Employee Census. These showed that 91% of NHMRC respondents believe their work group has the appropriate skills, capabilities and knowledge to perform well; this is 10 percentage points higher than the APS overall and 8 percentage points above similar-sized agencies.

## Workplace diversity

We continue to build and sustain a culture of inclusion and diversity, as reflected in the 2020 APS Employee Census results. The survey showed that 91% of NHMRC respondents believed that NHMRC supports and actively promotes an inclusive workplace culture; this is 10 percentage points higher than the APS overall and 12 percentage points above similar-sized agencies. We maintain a workplace diversity program that aims to ensure that we:

- recognise, foster and make best use of the diversity of our employees
- help employees to balance their work, family and other caring responsibilities
- comply with all relevant antidiscrimination laws.

Staff are encouraged to participate in events that acknowledge significant milestones of inclusion and diversity, to share their stories and to celebrate the diversity that we bring to the workplace.

The Reconciliation Action Plan Working Group has developed a new INNOVATE Reconciliation Action Plan that sets out the agency's strategy to achieve NHMRC's vision for reconciliation. During 2020-21, we continued to focus on:

- building and reflecting on the importance of authentic and respectful relationships
- strengthening our working partnerships and relationships with Aboriginal and Torres Strait Islander people, communities and businesses
- ensuring that the agency fosters a culturally safe working environment
- consolidating NHMRC's Indigenous Internship Program (virtually, as a result of the COVID-19 pandemic).

We also acknowledged significant workforce diversity dates:

- the anniversary of the National Apology
- International Women's Day
- Harmony Day
- International Day Against Homophobia, Transphobia and Biphobia
- National Sorry Day
- National Reconciliation Week
- NAIDOC Week
- Wear it Purple Day
- International Day of People with Disability.

Our memberships of key diversity organisations, including the Australian Network on Disability and the Diversity Council Australia, were renewed.

Table 22 shows how diverse groups have been represented in NHMRC's workforce since 2017.

Table 22: Representation of key groups in NHMRC workforce, 2017-18 to 2020-21

| Group  | 2017-18 (%) | 2018-19 (%) | 2019-20 (%) | 2020-21 (%) |
|--|-------------|-------------|-------------|-------------|
| Women  | 72          | 72          | 69          | 69          |
| People with disability                       | 4           | 4           | 4           | 4           |
| Aboriginal and Torres Strait Islander people | 1           | 3           | 2           | 3           |
| People from diverse linguistic backgrounds   | 30          | 20          | 20          | 18          |
| People with carer responsibilities           | 45          | 37          | 44          | 25          |
| Part-time workers                            | 14          | 16          | 17          | 15          |

## Disability reporting

The National Disability Strategy is Australia's overarching framework for disability reform. It acts to ensure the principles underpinning the United Nations Convention on the Rights of Persons with Disabilities are incorporated into Australia's policies and programs that affect people with disability, their families and carers.

All levels of government will continue to be held accountable for the implementation of the strategy through progress reporting to the Australian, state, territory and local governments. Progress reports can be found at [www.dss.gov.au](http://www.dss.gov.au). Disability reporting is included in the Australian Public Service Commission's State of the Service Reports and the APS Statistical Bulletin. These reports are available at [www.apsc.gov.au](http://www.apsc.gov.au).

## Performance management framework

NHMRC's performance management framework, Workplace Conversations, provides a simple, streamlined approach to performance management. It is integral to delivering on our strategic priorities and strengthening organisational and individual capability. NHMRC Workplace Conversations is designed to provide employees and managers with a clear understanding of their roles and responsibilities and how they will be held accountable for their performance.

Through the framework, each staff member agrees with their manager on their goals for the year. Formal performance discussions and assessments between managers and staff occur at least twice per year. Regular informal discussions are strongly encouraged, to provide ongoing feedback, direction and supported development. Staff and their managers discuss individual development plans to ensure that staff have the capability to meet their agreed goals.

We recognise the need to manage underperformance, whether it relates to an employee's skills and capabilities or their behaviour and conduct. Where performance concerns are identified, managers and staff are supported to ensure that expectations are clearly articulated, to address any capability gaps, and to provide regular actionable feedback with the goal of closing any performance gap. When this is not successful, the agency may initiate its formal underperformance process.



# Australia Day awards

We recognise and celebrate high-performing staff according to our reward and recognition policy. We seek to acknowledge the achievements of both teams and individuals and to support ongoing, informal recognition among colleagues.

On Australia Day 2021, we awarded Australia Day Achievement medallions to the following staff in recognition of outstanding performance on special projects or in their core duties:

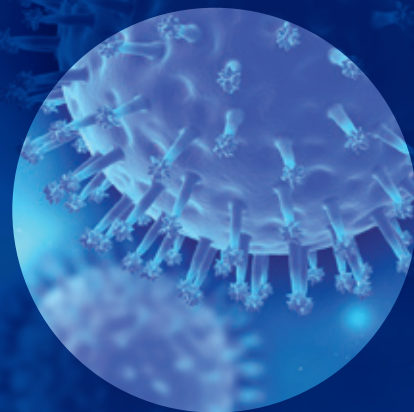
- Matthew Betts
- Jeremy Kenner.

Certificates of Achievement were awarded to the following staff members:

- Impact Case Study Team – Dr Alex Aitkin and Connie Leikas
- National Network for Aboriginal and Torres Strait Islander Health Researchers Team – Dr Wee-Ming Boon, Sam Faulkner, Dr Ramez Alhazzaa and Esther Doherty
- Medical Research Future Fund Teams – Michael Nutt, Dr Patricia Ridgway, Chris Jennaway and Marion Berry
- COVID-19 Advice Taskforce – Jillian Barr, Zoe Kelly, Dr Erica Crone, Mary Bate, Dr Belinda Westman, Jeremy Kenner, Kate LeMay, Yvette Long and Adjunct Professor Davina Gherzi
- Continuity Management Team – Sue Bone, Julie Goode, Julie Hudson, Matthew Sammels and Luke Williams.

## CASE STUDY

# Influenza pandemics and their control



**Influenza pandemics have caused death and social tragedy for hundreds of years and the control of influenza was a priority for health and medical researchers in Australia during the 20th century.**

Influenza is a highly contagious respiratory illness that affects all countries in the world. The World Health Organization estimates that, every year and worldwide, there are 1 billion cases of influenza, including 3–5 million severe cases and 290,000–650,000 deaths from influenza-related respiratory illness. Influenza vaccination is the primary method for preventing influenza and reduces the risk of influenza illness by 40–60%.

The influenza pandemic of 1918–19 caused millions of deaths worldwide. In Australia, 2 million Australians were infected (out of a total population of 5 million) and more than 15,000 died, a significant proportion of whom were young adults. Indigenous Australians were severely affected, with a mortality rate approaching 50% in some communities. As a result, research into influenza became a long-term focus for medical researchers in Australia.

The Walter and Eliza Hall Institute of Medical Research (WEHI) was established in 1915 to undertake research in pathology and medicine. The following year, the Australian Government established the Commonwealth Serum Laboratories (CSL) which, during its first 18 months, was housed in WEHI's laboratories, establishing a close relationship between the two organisations that continues today.

NHMRC grants to WEHI researchers commenced in 1937. For nearly three decades Sir Frank Macfarlane Burnet and his team of virologists at WEHI made major contributions to our understanding of the influenza virus and how to prevent and treat infection. This work led to the development of vaccines and pharmaceuticals that are extensively used today. Other contributors to this work included CSL, the Commonwealth Scientific and Industrial Research Organisation (CSIRO), the John Curtin School of Medical Research (JCSMR) at the Australian National University (ANU) and Monash University.

Burnet pioneered the technique of using the chorioallantoic membrane (CAM) of chicken eggs to grow the influenza virus. By 1941, unlimited amounts of influenza virus could be produced using this technique. Burnet's team successfully trialled live influenza vaccines delivered in a nasal spray to military troops. By 1945, large-scale production of influenza vaccine had been transferred completely to CSL.

Other WEHI researchers working on influenza between the 1930s and 1960s included Dora Lush Professor Gordon Ada and Dr Patricia Lind and Professor Alfred Gottschalk. Their work gave the institute a position of global leadership during the 1950s and 1960s in what became known as the 'golden age of virology'.

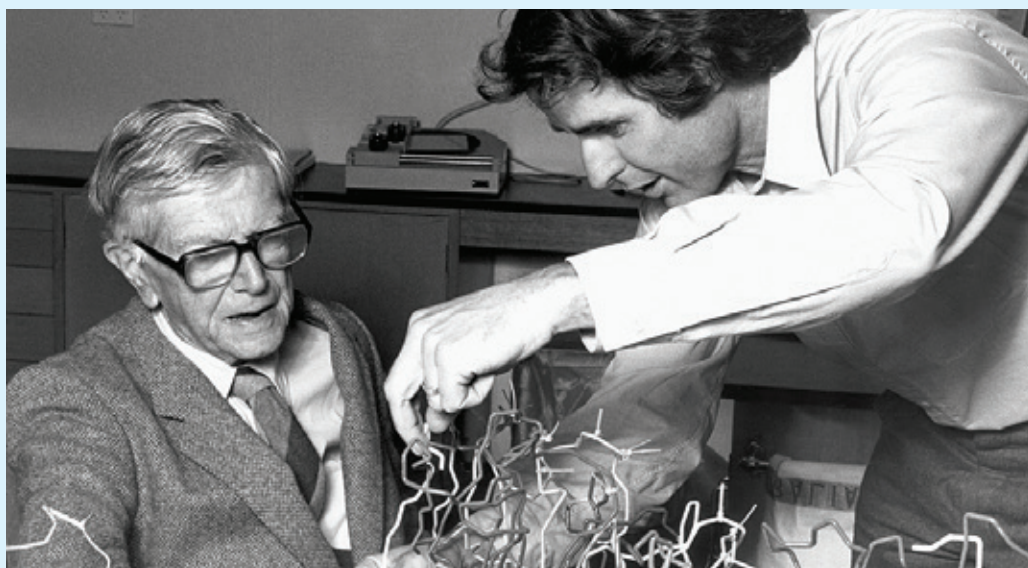
World-first findings included Burnet and Lind's 'recombinant' strain discovery and Ada's finding that the virus contained no significant DNA and only a small amount of RNA. Recent research has demonstrated that mutation rates differ between single-stranded (RNA) and double-stranded (DNA) viruses. Together, these findings show how influenza viruses change, why vaccines fail and how pandemic influenza viruses emerge.

Informed by Gottschalk's work, in 1983, Dr Peter Colman (CSIRO), Dr Jose Varghese (CSIRO) and Dr Graeme Laver (JCSMR, ANU) solved the three-dimensional structure of neuraminidase, one of the proteins on the surface of the virus. This enabled Professor Mark von Itzstein and his group (Monash University) to develop a new class of antiviral agent and the first ever clinically used 'neuraminidase inhibitor' – zanamivir. Zanamivir (Relenza®), approved in 1999 by the United States Food and Drug Administration for the treatment of influenza, was one of the first drugs produced by 'rational design' and the first specific anti-influenza drug. Zanamivir and the closely related pharmaceutical oseltamivir (Tamiflu®) can reduce the incidence of major, life-threatening secondary complications of influenza illness, including bacterial pneumonia.

An improved version of Burnet's CAM technique is now used to produce about 90% of global influenza vaccines. Seqirus (part of CSL Limited) manufactures seasonal influenza vaccine in Melbourne. In 2020, 16.5 million influenza vaccinations were available for Australians, with 9 million manufactured by Seqirus.

In 1996, Colman, Laver and von Itzstein shared the Australia Prize for their contributions to developing zanamivir.

More information is available at [www.nhmrc.gov.au/about-us/resources/impact-case-studies/influenza-pandemics-control](http://www.nhmrc.gov.au/about-us/resources/impact-case-studies/influenza-pandemics-control).



Peter Colman (right) showing a 3D model of neuraminidase to Sir Macfarlane Burnet, during the 1980s. Source: CSIRO

# Part 6

## Financial performance

This section highlights NHMRC's financial performance during 2020-21 for both Departmental and Administered activities.



## Financial performance – Departmental

NHMRC's Departmental financial performance for 2020–21 is summarised in Table 23 below.

Table 23: NHMRC departmental financial performance, 2020–21

|                         | 30 June 2021<br>(\$'000) | 30 June 2020<br>(\$'000) |
|-------------------------|--------------------------|--------------------------|
| Operating expenses      | 51,251                   | 47,640                   |
| Own-source income       | (15,652)                 | (15,204)                 |
| Gains                   | (208)                    | (108)                    |
| Net cost of services    | 35,391                   | 32,328                   |
| Revenue from government | (36,596)                 | (37,485)                 |
| Total operating surplus | 1,205                    | 5,157                    |

NHMRC's operating result for 2020–21 was a surplus of \$1.205 million. This was in excess of the approved Department of Finance loss of \$4.321 million for non-appropriated expenses for depreciation and amortisation and the effect of accounting for leases, per accounting standard *Australian Accounting Standard Board (AASB) 16 Leases*.

## Financial performance – Administered

NHMRC administered \$858.2 million in expenses on behalf of Government during 2020–21. Funding through NHMRC's Medical Research Endowment Account (MREA) amounted to \$852.9 million. The remaining \$5.3 million funded a range of activities related to dementia research, antivenom research, and the provision of research evidence for clinical practice and policy through the Cochrane Collaboration.

The decrease in Administered expenses from last year (\$51.7 million) reflects lower than expected grant commitments in 2020, primarily due to the impacts of COVID-19. The decrease in MREA grant expenditure during 2020–21 was largely due to the cancellation of the 2020 Synergy Grants round and a delay in the 2020 Clinical Trials and Cohort Studies Grants round.

The balance of the MREA was \$216.9 million at 30 June 2021.

# Agency resource statement

Table 24: NHMRC Agency resource statement

|  | Actual available appropriation for 2020-21 \$'000 | Payments made 2020-21 \$'000 | Balance remaining 2020-21 \$'000 |
|--|---|------------------------------|----------------------------------|
|  | (a)   | (b)                          | (a) - (b)                        |
| <b>Ordinary annual services<sup>1</sup></b>  |   |                              |                                  |
| Departmental appropriation   | 61,716  | 47,261                       | 14,455                           |
| <b>Total</b>   | <b>61,716</b>                                     | <b>47,261</b>                | <b>14,455</b>                    |
| <b>Administered expenses</b>   |   |                              |                                  |
| Outcome 1  | 892,153   | 872,959                      |                                  |
| <b>Total</b>   | <b>892,153</b>                                    | <b>872,959</b>               |                                  |
| <b>Total ordinary annual services</b>  | <b>A 953,869</b>                                  | <b>920,220</b>               |                                  |
| <b>Other services</b>  |   |                              |                                  |
| <b>Departmental non-operating</b>  |   |                              |                                  |
| Equity injections  | 178   | 9,002                        | (8,824)                          |
| <b>Total</b>   | <b>178</b>  | <b>9,002</b>                 | <b>(8,824)</b>                   |
| <b>Total other services</b>  | <b>B 178</b>                                      | <b>9,002</b>                 | <b>(8,824)</b>                   |
| <b>Total available annual appropriations and payments</b>  | <b>954,047</b>                                    | <b>929,222</b>               |                                  |
| <b>Special accounts</b>  |   |                              |                                  |
| Opening balance  | 197,745   |                              |                                  |
| Appropriation receipts <sup>2</sup>  | 859,753   |                              |                                  |
| Non-appropriation receipts to special accounts   | 9,861   |                              |                                  |
| Payments made  |   | 850,420                      |                                  |
| <b>Total special account</b>   | <b>C 1,067,359</b>                                | <b>850,420</b>               | <b>216,939</b>                   |
| <b>Total resourcing and payments A+B+C</b>   | <b>2,021,406</b>                                  | <b>1,779,642</b>             |                                  |
| Less appropriations drawn from annual or special appropriations above and credited to special accounts and/or payments to corporate entities through annual appropriations | (859,753)   | (850,420)                    |                                  |
| <b>Total net resourcing and payments for NHMRC</b>   | <b>1,161,653</b>                                  | <b>929,222</b>               |                                  |

<sup>1</sup> Appropriation Act (No.1) 2020-21 and Appropriation Act (No.3) 2020-21. This may also include prior year departmental appropriation and section 74 retained receipts.

<sup>2</sup> Appropriation receipts for 2020-21 included above.

# National Health and Medical Research Council

**Financial statements**  
*for the period ended 30 June 2021*



**Contents**

**Certification**

Independent Audit Report..... 113  
 Statement by the Accountable Authority and Chief Finance Officer ..... 115

**Primary financial statements**

Statement of Comprehensive Income ..... 116  
 Statement of Financial Position ..... 117  
 Statement of Changes in Equity ..... 118  
 Cash Flow Statement ..... 119  
 Administered Schedule of Comprehensive Income ..... 120  
 Administered Schedule of Assets and Liabilities ..... 121  
 Administered Reconciliation Schedule..... 122  
 Administered Cash Flow Statement ..... 123

**Overview**

**Notes to the financial statements**

1. Departmental Financial Performance..... 126  
     1.1 Expenses ..... 126  
     1.2 Own-Source Revenue ..... 127  
 2. Income and Expenses Administered on Behalf of Government..... 129  
     2.1 Administered – Expenses ..... 129  
     2.2 Administered – Revenue ..... 129  
 3. Departmental Financial Position..... 130  
     3.1 Financial Assets ..... 130  
     3.2 Non-Financial Assets ..... 130  
     3.3 Payables ..... 133  
     3.4 Leases ..... 134  
 4. Assets and Liabilities Administered on Behalf of Government ..... 134  
     4.1 Administered – Payables ..... 134  
 5. Funding ..... 135  
     5.1 Appropriations ..... 135  
     5.2 Special Accounts ..... 136  
 6. People and Relationships ..... 137  
     6.1 Employee Provisions ..... 137  
     6.2 Key Management Personnel Remuneration ..... 138  
     6.3 Related Party Disclosures ..... 138  
 7. Managing Uncertainties ..... 139  
     7.1 Contingent Assets and Liabilities ..... 139  
     7.2 Financial Instruments ..... 140  
     7.3 Administered – Financial Instruments ..... 142  
     7.4 Fair Value Measurement ..... 142  
 8. Other Information ..... 143  
     8.1 Current/Non-Current Distinction For Assets and Liabilities ..... 143





## INDEPENDENT AUDITOR'S REPORT

### To the Minister for Health and Aged Care

#### Opinion

In my opinion, the financial statements of the National Health and Medical Research Council (the Entity) for the year ended 30 June 2021:

- (a) comply with Australian Accounting Standards – Reduced Disclosure Requirements and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of the Entity as at 30 June 2021 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2021 and for the year then ended:

- Statement by the Accountable Authority and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement; and
- Notes to the financial statements, comprising a summary of significant accounting policies and other explanatory information.

#### Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and his delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

#### Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the Chief Executive Officer is responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Reduced Disclosure Requirements and the rules made under the Act. The Chief Executive Officer is also responsible for such internal control as the Chief Executive Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

GPO Box 707, Canberra ACT 2601  
38 Sydney Avenue, Forrest ACT 2603  
Phone (02) 6203 7300

In preparing the financial statements, the Chief Executive Officer is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an administrative restructure or for any other reason. The Chief Executive Officer is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

### **Auditor's responsibilities for the audit of the financial statements**

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office



Sally Bond

Executive Director

Delegate of the Auditor-General

Canberra

1 September 2021

**National Health and Medical Research Council  
STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER**

In our opinion, the attached financial statements for the year ended 30 June 2021 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the National Health and Medical Research Council will be able to pay its debts as and when they fall due.

Signed  .....

Professor Anne Kelso AO FAA FAHMS  
Chief Executive Officer  
Accountable Authority

31 August 2021

Signed  .....

Tony Krizan, FCPA  
Chief Financial Officer

31 August 2021

## National Health and Medical Research Council

### Statement of Comprehensive Income

for the year ended 30 June 2021

|  | Notes | 2021<br>\$'000  | 2020<br>\$'000  | Original<br>Budget<br>\$'000 |
|--|-------|-----------------|-----------------|------------------------------|
| <b>NET COST OF SERVICES</b>  |       |                 |                 |                              |
| <b>Expenses</b>  |       |                 |                 |                              |
| Employee benefits  | 1.1A  | 25,266          | 24,757          | 25,621                       |
| Suppliers <sup>1</sup>   | 1.1B  | 18,857          | 17,193          | 24,096                       |
| Depreciation and amortisation <sup>2</sup>                         | 3.2A  | 6,898           | 5,434           | 6,392                        |
| Finance costs  |       | 230             | 256             | 402                          |
| <b>Total expenses</b>  |       | <b>51,251</b>   | <b>47,640</b>   | <b>56,511</b>                |
| <b>Own-Source Income</b>   |       |                 |                 |                              |
| <b>Own-source revenue</b>  |       |                 |                 |                              |
| Revenue from contracts with customers                              | 1.2A  | 15,651          | 15,193          | 15,486                       |
| Other revenue  |       | 1               | 11              | -                            |
| <b>Total own-source revenue</b>                                    |       | <b>15,652</b>   | <b>15,204</b>   | <b>15,486</b>                |
| <b>Gains</b>   |       |                 |                 |                              |
| Resources received free of charge - ANAO audit fee                 |       | 108             | 108             | 108                          |
| Reversal of impairment losses <sup>3</sup>                         |       | 88              | -               | -                            |
| Other gains <sup>4</sup>   |       | 12              | -               | -                            |
| <b>Total gains</b>   |       | <b>208</b>      | <b>108</b>      | <b>108</b>                   |
| <b>Total own-source income</b>                                     |       | <b>15,860</b>   | <b>15,312</b>   | <b>15,594</b>                |
| <b>Net cost of services</b>  |       | <b>(35,391)</b> | <b>(32,328)</b> | <b>(40,917)</b>              |
| Revenue from Government  |       | 36,596          | 37,485          | 36,596                       |
| <b>Total Revenue from Government</b>                               |       | <b>36,596</b>   | <b>37,485</b>   | <b>36,596</b>                |
| <b>Surplus/(Deficit) attributable to the Australian Government</b> |       | <b>1,205</b>    | <b>5,157</b>    | <b>(4,321)</b>               |
| <b>OTHER COMPREHENSIVE INCOME</b>                                  |       |                 |                 |                              |
| Changes in asset revaluation reserve <sup>3</sup>                  |       | 1,367           | -               | -                            |
| <b>Total other comprehensive income</b>                            |       | <b>1,367</b>    | <b>-</b>        | <b>-</b>                     |
| <b>Total comprehensive income/(loss)</b>                           |       | <b>2,572</b>    | <b>5,157</b>    | <b>(4,321)</b>               |

The above statement should be read in conjunction with the accompanying notes.

#### Budget Variance Commentary

1. Decreased supplier expenses primarily due to lagging project related activity resulting from the COVID-19 pandemic.
2. Amortisation expenses were higher than budgeted due to additional capital expenditure relating to Sapphire, a new grants management solution.
3. The revaluation of plant and equipment on 28 February 2021 resulted in the reversal of impairment losses recognised in prior years and the recognition of an asset revaluation reserve. The effects of this revaluation were not budgeted.
4. Other gains relates to gains from disposal of IT equipment. These gains were not budgeted.

**National Health and Medical Research Council**  
**Statement of Financial Position**  
*as at 30 June 2021*

|   | Notes | 2021<br>\$'000 | 2020<br>\$'000 | Original<br>Budget<br>\$'000 |
|---|-------|----------------|----------------|------------------------------|
| <b>ASSETS</b>                                   |       |                |                |                              |
| <b>Financial Assets</b>                         |       |                |                |                              |
| Cash and cash equivalents                       |       | 741            | 612            | 612                          |
| Trade and other receivables <sup>1</sup>        | 3.1A  | 7,215          | 9,308          | 6,678                        |
| <b>Total financial assets</b>                   |       | <b>7,956</b>   | <b>9,920</b>   | <b>7,290</b>                 |
| <b>Non-Financial Assets <sup>A</sup></b>        |       |                |                |                              |
| Buildings                                       | 3.2A  | 18,183         | 20,810         | 18,485                       |
| Plant and equipment                             | 3.2A  | 4,241          | 3,675          | 2,686                        |
| Intangibles - internally developed <sup>2</sup> | 3.2A  | 24,510         | 18,694         | 18,424                       |
| Inventories                                     |       | 89             | 97             | 97                           |
| Prepayments                                     |       | 3,077          | 3,173          | 3,173                        |
| <b>Total non-financial assets</b>               |       | <b>50,100</b>  | <b>46,449</b>  | <b>42,865</b>                |
| <b>Total assets</b>                             |       | <b>58,056</b>  | <b>56,369</b>  | <b>50,155</b>                |
| <b>LIABILITIES</b>                              |       |                |                |                              |
| <b>Payables</b>                                 |       |                |                |                              |
| Trade creditors and accruals                    |       | 2,638          | 1,606          | 1,606                        |
| Other   | 3.3A  | 4,290          | 4,710          | 4,710                        |
| <b>Total payables</b>                           |       | <b>6,928</b>   | <b>6,316</b>   | <b>6,316</b>                 |
| <b>Interest bearing liabilities</b>             |       |                |                |                              |
| Leases  | 3.4A  | 19,415         | 21,670         | 19,599                       |
| <b>Total interest bearing liabilities</b>       |       | <b>19,415</b>  | <b>21,670</b>  | <b>19,599</b>                |
| <b>Provisions</b>                               |       |                |                |                              |
| Employee provisions <sup>3</sup>                | 6.1A  | 7,890          | 7,310          | 7,310                        |
| <b>Total provisions</b>                         |       | <b>7,890</b>   | <b>7,310</b>   | <b>7,310</b>                 |
| <b>Total liabilities</b>                        |       | <b>34,233</b>  | <b>35,296</b>  | <b>33,225</b>                |
| <b>Net assets</b>                               |       | <b>23,823</b>  | <b>21,073</b>  | <b>16,930</b>                |
| <b>EQUITY</b>                                   |       |                |                |                              |
| Contributed equity                              |       | 16,845         | 16,667         | 16,845                       |
| Asset revaluation reserve <sup>4</sup>          |       | 1,367          | -              | -                            |
| Retained earnings                               |       | 5,611          | 4,406          | 85                           |
| <b>Total equity</b>                             |       | <b>23,823</b>  | <b>21,073</b>  | <b>16,930</b>                |

The above statement should be read in conjunction with the accompanying notes.

(A) Right-of-use assets are included in the following line items – Buildings and Plant and Equipment.

**Budget Variance Commentary**

- Higher levels of expenditure related to intangible assets has resulted in a decrease in appropriations receivable.
- Increased level of expenditure on intangible assets mainly attributable to Sapphire, a new grants management solution.
- Employee provisions budget understated due to being based on historical data. Actual leave balances are higher than anticipated.
- The revaluation of plant and equipment at 28 February 2021 was not budgeted.

## National Health and Medical Research Council

### Statement of Changes in Equity

for the year ended 30 June 2021

|   | 2021<br>\$'000 | 2020<br>\$'000 | Original<br>Budget<br>\$'000 |
|---|----------------|----------------|------------------------------|
| <b>CONTRIBUTED EQUITY</b>                         |                |                |                              |
| <b>Opening balance</b>                            |                |                |                              |
| Balance carried forward from previous period      | 16,667         | 16,246         | 16,667                       |
| <b>Transactions with owners</b>                   |                |                |                              |
| <b>Contributions by owners</b>                    |                |                |                              |
| Departmental capital budget                       | 178            | 171            | 178                          |
| Equity injection                                  | -              | 250            | -                            |
| <b>Total transactions with owners</b>             | <b>178</b>     | <b>421</b>     | <b>178</b>                   |
| <b>Closing balance as at 30 June</b>              | <b>16,845</b>  | <b>16,667</b>  | <b>16,845</b>                |
| <b>RETAINED EARNINGS</b>                          |                |                |                              |
| <b>Opening balance</b>                            |                |                |                              |
| Balance carried forward from previous period      | 4,406          | (2,523)        | 4,406                        |
| Adjustment on initial application of AASB 16      | -              | 1,352          | -                            |
| Adjustment on initial application of AASB 15/1058 | -              | 420            | -                            |
| <b>Comprehensive income</b>                       |                |                |                              |
| Surplus/(Deficit) for the period                  | 1,205          | 5,157          | (4,321)                      |
| <b>Total comprehensive income</b>                 | <b>1,205</b>   | <b>5,157</b>   | <b>(4,321)</b>               |
| <b>Closing balance as at 30 June</b>              | <b>5,611</b>   | <b>4,406</b>   | <b>85</b>                    |
| <b>ASSET REVALUATION RESERVE</b>                  |                |                |                              |
| <b>Opening balance</b>                            |                |                |                              |
| <b>Adjusted opening balance</b>                   | -              | -              | -                            |
| <b>Comprehensive income</b>                       |                |                |                              |
| Asset revaluation movements                       | 1,367          | -              | -                            |
| <b>Total comprehensive income</b>                 | <b>1,367</b>   | -              | -                            |
| <b>Closing balance as at 30 June</b>              | <b>1,367</b>   | -              | -                            |
| <b>TOTAL EQUITY</b>                               |                |                |                              |
| <b>Opening balance</b>                            |                |                |                              |
| Balance carried forward from previous period      | 21,073         | 13,723         | 21,073                       |
| Adjustment on initial application of AASB 16      | -              | 1,352          | -                            |
| Adjustment on initial application of AASB 15/1058 | -              | 420            | -                            |
| <b>Comprehensive income</b>                       |                |                |                              |
| Surplus/(Deficit) for the period                  | 1,205          | 5,157          | (4,321)                      |
| Asset revaluation movements                       | 1,367          | -              | -                            |
| <b>Total comprehensive income</b>                 | <b>2,572</b>   | <b>5,157</b>   | <b>(4,321)</b>               |
| <b>Transactions with owners</b>                   |                |                |                              |
| <b>Contributions by owners</b>                    |                |                |                              |
| Departmental capital budget                       | 178            | 171            | 178                          |
| Equity injection                                  | -              | 250            | -                            |
| <b>Total transactions with owners</b>             | <b>178</b>     | <b>421</b>     | <b>178</b>                   |
| <b>Closing balance as at 30 June</b>              | <b>23,823</b>  | <b>21,073</b>  | <b>16,930</b>                |

## National Health and Medical Research Council

### Cash Flow Statement

for the year ended 30 June 2021

|   | Notes | 2021<br>\$'000  | 2020<br>\$'000  | Original<br>Budget<br>\$'000 |
|---|-------|-----------------|-----------------|------------------------------|
| <b>OPERATING ACTIVITIES</b>   |       |                 |                 |                              |
| <b>Cash received</b>  |       |                 |                 |                              |
| Rendering of services   |       | 14,787          | 18,488          | 15,486                       |
| Appropriations <sup>1</sup>   |       | 54,547          | 50,132          | 39,226                       |
| GST received  |       | 2,502           | 2,039           | -                            |
| <b>Total cash received</b>  |       | <b>71,836</b>   | <b>70,659</b>   | <b>54,712</b>                |
| <b>Cash used</b>  |       |                 |                 |                              |
| Employees   |       | (24,331)        | (23,685)        | (25,621)                     |
| Suppliers   |       | (20,249)        | (21,035)        | (23,988)                     |
| Interest payments on lease liabilities                              |       | (230)           | (256)           | (402)                        |
| Section 74 receipts transferred to OPA <sup>2</sup>                 |       | (15,622)        | (18,821)        | -                            |
| <b>Total cash used</b>  |       | <b>(60,432)</b> | <b>(63,797)</b> | <b>(50,011)</b>              |
| <b>Net cash from operating activities</b>                           |       | <b>11,404</b>   | <b>6,862</b>    | <b>4,701</b>                 |
| <b>INVESTING ACTIVITIES</b>   |       |                 |                 |                              |
| <b>Cash used</b>  |       |                 |                 |                              |
| Purchase of plant and equipment <sup>1</sup>                        | 3.2A  | (108)           | (498)           | (2,808)                      |
| Purchase of intangibles <sup>1</sup>                                | 3.2A  | (8,894)         | (4,530)         | -                            |
| <b>Total cash used</b>  |       | <b>(9,002)</b>  | <b>(5,028)</b>  | <b>(2,808)</b>               |
| <b>Net cash used by investing activities</b>                        |       | <b>(9,002)</b>  | <b>(5,028)</b>  | <b>(2,808)</b>               |
| <b>FINANCING ACTIVITIES</b>   |       |                 |                 |                              |
| <b>Cash received</b>  |       |                 |                 |                              |
| Contributed equity  |       | 178             | 421             | 178                          |
| <b>Total cash received</b>  |       | <b>178</b>      | <b>421</b>      | <b>178</b>                   |
| <b>Cash used</b>  |       |                 |                 |                              |
| Principal payments of lease liabilities                             |       | (2,451)         | (2,337)         | (2,071)                      |
| <b>Total cash used</b>  |       | <b>(2,451)</b>  | <b>(2,337)</b>  | <b>(2,071)</b>               |
| <b>Net cash from financing activities</b>                           |       | <b>(2,273)</b>  | <b>(1,916)</b>  | <b>(1,893)</b>               |
| <b>Net increase in cash held</b>                                    |       | <b>129</b>      | <b>(82)</b>     | <b>-</b>                     |
| Cash and cash equivalents at the beginning of the reporting period  |       | 612             | 694             | 612                          |
| <b>Cash and cash equivalents at the end of the reporting period</b> |       | <b>741</b>      | <b>612</b>      | <b>612</b>                   |

The above statement should be read in conjunction with the accompanying notes.

#### Budget Variance Commentary

1. Prior year appropriation reserves used for capital purchases.

2. Section 74 receipts relating mainly to MRFF funding. The variance results from a structural reporting difference where the return of these MRFF receipts to the Official Public Account (OPA) and the subsequent re-drawdown of these funds as appropriations are presented on a gross cash flow basis in the financial statements. In the 2020-21 Portfolio Budget Statements, these cash flows are presented on a net cash flow basis.

## National Health and Medical Research Council Administered Schedule of Comprehensive Income

for the year ended 30 June 2021

|   | Notes | 2021<br>\$'000   | 2020<br>\$'000   | Original<br>Budget<br>\$'000 |
|---|-------|------------------|------------------|------------------------------|
| <b>NET COST OF SERVICES</b>                                     |       |                  |                  |                              |
| <b>Expenses</b>   |       |                  |                  |                              |
| Grants - Medical Research (MREA) <sup>1</sup>                   | 2.1A  | 830,840          | 865,102          | 891,256                      |
| Grants - Boosting Dementia Research <sup>2</sup>                | 2.1B  | 22,036           | 36,472           | -                            |
| Other expenses incurred in the provision of grants <sup>3</sup> | 2.1C  | 5,276            | 8,293            | 14,514                       |
| <b>Total expenses</b>   |       | <b>858,152</b>   | <b>909,867</b>   | <b>905,770</b>               |
| <b>Income</b>   |       |                  |                  |                              |
| <b>Revenue</b>  |       |                  |                  |                              |
| <b>Non-taxation revenue</b>                                     |       |                  |                  |                              |
| Other revenue   | 2.2A  | 5,464            | 5,747            | 5,000                        |
| <b>Total non-taxation revenue</b>                               |       | <b>5,464</b>     | <b>5,747</b>     | <b>5,000</b>                 |
| <b>Total revenue</b>  |       | <b>5,464</b>     | <b>5,747</b>     | <b>5,000</b>                 |
| <b>Total income</b>   |       | <b>5,464</b>     | <b>5,747</b>     | <b>5,000</b>                 |
| <b>Net cost of services</b>                                     |       | <b>(852,688)</b> | <b>(904,120)</b> | <b>(900,770)</b>             |

The above schedule should be read in conjunction with the accompanying notes.

### Budget Variance Commentary

1. The variance is due to lower than expected grant commitments in 2020, primarily due to the impacts of COVID-19. The decrease in MREA grant expenditure during 2020-21 was largely due to the cancellation of the 2020 Synergy Grants round and a delay in the 2020 Clinical Trials and Cohort Studies Grants round.

2. The variance relates to spending on grants awarded from the Boosting Dementia Research budget measure, for which an appropriation of \$200 million was received between 2014-15 and 2018-19. These funds were committed and transferred into the Medical Research Endowment Account (MREA) special account. The actual expenditure reflects the remaining commitments for grants to be paid over a five year period.

3. The variance is largely due to funds received for dementia research related activities that were committed and transferred to the MREA special account for grants to be paid over a five year period.



## National Health and Medical Research Council Administered Schedule of Assets and Liabilities

as at 30 June 2021

|   | Notes | 2021<br>\$'000 | 2020<br>\$'000 | Original<br>Budget<br>\$'000 |
|---|-------|----------------|----------------|------------------------------|
| <b>ASSETS</b>   |       |                |                |                              |
| <b>Financial Assets</b>                                       |       |                |                |                              |
| Cash and cash equivalents <sup>1</sup>                        |       | 216,939        | 197,745        | 165,353                      |
| Trade and other receivables <sup>2</sup>                      |       | 3,113          | 1,145          | 1,145                        |
| <b>Total financial assets</b>                                 |       | <b>220,052</b> | <b>198,890</b> | <b>166,498</b>               |
| <b>Total assets administered on behalf of Government</b>      |       | <b>220,052</b> | <b>198,890</b> | <b>166,498</b>               |
| <b>LIABILITIES</b>  |       |                |                |                              |
| <b>Payables</b>   |       |                |                |                              |
| Grants Payable - Medical Research (MREA) <sup>3</sup>         | 4.1A  | 3,525          | 2,039          | 2,039                        |
| Grants Payable - Boosting Dementia Research <sup>3</sup>      |       | 968            | -              | -                            |
| GST payable <sup>4</sup>                                      |       | 213            | 3,426          | 3,426                        |
| Other payables <sup>5</sup>                                   |       | 11,840         | 5,609          | 5,609                        |
| <b>Total payables</b>   |       | <b>16,546</b>  | <b>11,074</b>  | <b>11,074</b>                |
| <b>Total liabilities administered on behalf of government</b> |       | <b>16,546</b>  | <b>11,074</b>  | <b>11,074</b>                |
| <b>Net assets</b>   |       | <b>203,506</b> | <b>187,816</b> | <b>155,424</b>               |

The above schedule should be read in conjunction with the accompanying notes.

### Budget Variance Commentary

1. The increase in the cash balance was primarily due to lower than expected grant commitments during 2020 resulting from the impacts of COVID-19, which included the cancellation of the 2020 Synergy Grants round and a delay in the 2020 Clinical Trials and Cohort Studies round. The decrease in commitments consequently reduced the value of grant payments in 2020-21. The impact of COVID-19 also affected the payment patterns for a number of newly awarded grants where payments were delayed/postponed due to approved grant variation requests by Administering Institutions to defer the grant commencement date.
2. The value for trade debtors is higher than budgeted, primarily due to funds expected from Department of Health for the Australian Genomics Grant Program.
3. Grants payable actuals are higher than anticipated with budget assumptions being based on historical data.
4. The decrease is largely due to the transfer of GST drawdowns relating to grant payments back to Department of Finance.
5. Higher than budgeted level of unearned revenue associated with funds received from Department of Health for the Targeted Call for Research (TCR) into Participation in Cancer Screening and the Australian Genomics Grant Program.

## National Health and Medical Research Council Administered Reconciliation Schedule

for the year ended 30 June 2021

|   | 2021<br>\$'000   | 2020<br>\$'000 |
|---|------------------|----------------|
| <b>Opening assets less liabilities as at 1 July</b>             | <b>187,816</b>   | 237,224        |
| Adjustment on initial application of AASB 15/1058               | -                | -              |
| <b>Net contribution by services</b>                             |                  |                |
| Income  | <b>5,464</b>     | 5,747          |
| Expenses  |                  |                |
| Payments to Corporate Commonwealth entities                     | <b>(17,070)</b>  | (14,216)       |
| Payments to entities other than Corporate Commonwealth entities | <b>(841,082)</b> | (895,651)      |
| <b>Transfers from the Australian Government</b>                 |                  |                |
| Appropriation transfers from Official Public Account            |                  |                |
| Annual appropriations   |                  |                |
| Payments to entities other than Corporate Commonwealth entities | <b>868,378</b>   | 854,712        |
| <b>Closing assets less liabilities as at 30 June</b>            | <b>203,506</b>   | 187,816        |

The above schedule should be read in conjunction with the accompanying notes.

### Administered Cash Transfers to and from the Official Public Account

Revenue collected by the NHMRC for use by the Government rather than the agency is administered revenue. Collections are transferred to the OPA maintained by the Department of Finance. Conversely, cash is drawn from the OPA to make payments under Parliamentary appropriation on behalf of Government. These transfers to and from the OPA are adjustments to the administered cash held by the NHMRC on behalf of the Government and reported as such in the statement of cash flows in the schedule of administered items.

**National Health and Medical Research Council**  
**Administered Cash Flow Statement**  
*for the year ended 30 June 2021*

|   | 2021<br>\$'000   | 2020<br>\$'000   |
|---|------------------|------------------|
| <b>OPERATING ACTIVITIES</b>   |                  |                  |
| <b>Cash received</b>  |                  |                  |
| Other revenue   | 10,081           | 12,700           |
| GST received  | 13,694           | 15,276           |
| <b>Total cash received</b>  | <b>23,775</b>    | <b>27,976</b>    |
| <b>Cash used</b>  |                  |                  |
| Grants - Medical Research (MREA)                                    | 829,340          | 864,980          |
| Grants - Boosting Dementia Research                                 | 21,068           | 36,472           |
| Other expenses incurred in the provision of grants                  | 5,426            | 8,148            |
| GST paid  | 17,125           | 15,570           |
| <b>Total cash used</b>  | <b>872,959</b>   | <b>925,170</b>   |
| <b>Net cash used by operating activities</b>                        | <b>(849,184)</b> | <b>(897,194)</b> |
| Cash and cash equivalents at the beginning of the reporting period  | 197,745          | 240,227          |
| <b>Cash from Official Public Account</b>                            |                  |                  |
| Appropriations  | 868,378          | 854,712          |
| <b>Total cash from official public account</b>                      | <b>868,378</b>   | <b>854,712</b>   |
| <b>Cash and cash equivalents at the end of the reporting period</b> | <b>216,939</b>   | <b>197,745</b>   |

The above statement should be read in conjunction with the accompanying notes.

### Overview

#### Objectives of the National Health and Medical Research Council

The National Health and Medical Research Council (NHMRC) is an Australian Government controlled entity. It is a not-for-profit entity. The NHMRC is Australia's peak body for supporting health and medical research. The aims of the NHMRC are to:

- raise the standard of individual and public health care throughout Australia
- foster development of consistent health standards between the states and territories
- foster medical research and training and public health research and training throughout Australia
- foster consideration of ethical issues relating to health.

NHMRC's Medical Research Endowment Account (MREA) is a special account established under the *National Health and Medical Research Council Act 1992*. It is an instrument through which Australian Government funding for health and medical research is managed.

The continued existence of NHMRC in its present form, and with its present programs, is dependent on Government policy and on continuing funding by Parliament for the NHMRC's administration and programs.

#### The Basis of Preparation

The financial statements are general purpose financial statements and are required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

The financial statements have been prepared in accordance with:

- Public Governance, Performance and Accountability (Financial Reporting) Rule 2015
- Australian Accounting Standards and Interpretations - Reduced Disclosure Requirements issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are presented in Australian dollars.

Where changes are made to the presentation or classification of items in the financial statements, the comparative amounts have been reclassified for consistency and comparability between financial years.

#### New Accounting Standards

All new standards, amendments to standards and interpretations that were issued prior to the sign-off date and are applicable to the current reporting period did not have a material effect on NHMRC's financial statements.

#### Taxation

The NHMRC is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

#### Reporting of administered activities

Administered revenues, expenses, assets, liabilities and cash flows are disclosed in the schedule of administered schedules and related notes.

Except where otherwise stated, administered items are accounted for on the same basis and using the same policies as for departmental items, including the application of Australian Accounting Standards.

## Events After the Reporting Period

### Departmental

No relevant events have occurred after the reporting period date that have the potential to significantly affect the ongoing structure and financial activities of the NHMRC.

### Administered

No relevant events have occurred after the reporting period date that have the potential to significantly affect the ongoing structure and financial activities of the NHMRC.

### COVID-19

The spread of severe acute respiratory syndrome coronavirus 2 (COVID-19) was declared a public health emergency by the World Health Organization on 31 January 2020 and upgraded to a global pandemic on 11 March 2020. The continued rise of the virus has seen a continuing global response by governments, regulators and numerous industry sectors. The Australian Federal Government enacted its emergency plan on 29 February 2020. This led to closure of Australian borders from 20 March 2020 and sustained restrictions on corporate Australia's ability to operate, significant volatility and instability in financial markets and the release of a number of government stimulus packages to support individuals and businesses as the Australian and global economies face significant slowdown and uncertainties.

NHMRC continues to monitor developments in the COVID-19 pandemic and act in accordance with government guidelines. At 30 June 2021 the impact of COVID-19 on NHMRC's Departmental financial performance has been lower levels of project related operating expenditure than budgeted. The impact on Administered financial performance has been lower levels of grant expenditure during 2020-21, specifically the cancellation of the 2020 Synergy Grants Round and a delay in the 2020 Clinical Trials and Cohort Studies Grants round. Key areas that have been also been considered include recoverability of receivables, property lease terms and conditions and other contractual arrangements.

No material uncertainty exists about NHMRC's ability to continue as a going concern.

## 1. Departmental Financial Performance

### 1.1 Expenses

|                                     | 2021          | 2020          |
|-------------------------------------|---------------|---------------|
|                                     | \$'000        | \$'000        |
| <b>Note 1.1A: Employee Benefits</b> |               |               |
| Wages and salaries                  | 18,363        | 17,377        |
| Superannuation                      |               |               |
| Defined contribution plans          | 2,314         | 2,214         |
| Defined benefit plans               | 1,184         | 1,218         |
| Leave and other entitlements        | 3,336         | 3,916         |
| Separation and redundancies         | 69            | 32            |
| <b>Total employee benefits</b>      | <b>25,266</b> | <b>24,757</b> |

#### Accounting Policy

Accounting policies for employee related expenses is contained in the People and Relationships section.

#### Note 1.1B: Suppliers

##### Goods and services supplied or rendered

|  |               |               |
|--|---------------|---------------|
| Agency placement costs                               | -             | 162           |
| Comcover   | 65            | 70            |
| Committees   | 1,619         | 3,304         |
| Conference fees                                      | 9             | 14            |
| Consultants  | 194           | 326           |
| Contractors  | 6,698         | 4,638         |
| IT services  | 8,439         | 6,803         |
| Office equipment                                     | 32            | 57            |
| Services   | 1,158         | 1,149         |
| Travel   | 29            | 209           |
| Other  | 249           | 249           |
| <b>Total goods and services supplied or rendered</b> | <b>18,492</b> | <b>16,981</b> |

|  |               |               |
|--|---------------|---------------|
| Goods supplied                                       | 147           | 329           |
| Services rendered                                    | 18,345        | 16,652        |
| <b>Total goods and services supplied or rendered</b> | <b>18,492</b> | <b>16,981</b> |

##### Other suppliers

|                               |               |               |
|-------------------------------|---------------|---------------|
| Operating lease rentals       | 2             | 5             |
| Workers compensation expenses | 363           | 207           |
| <b>Total other suppliers</b>  | <b>365</b>    | <b>212</b>    |
| <b>Total suppliers</b>        | <b>18,857</b> | <b>17,193</b> |

The above lease disclosures should be read in conjunction with the accompanying notes 3.2A and 3.4A.

#### Accounting Policy

##### Short-term leases and leases of low-value assets

NHMRC has elected not to recognise right-of-use assets and lease liabilities for short-term leases of assets that have a lease term of 12 months or less and leases of low-value assets (less than \$10,000). NHMRC recognises the lease payments associated with these leases as an expense on a straight-line basis over the lease term.

**1.2 Own-Source Revenue**

|  |        |        |
|--|--------|--------|
|  | 2021   | 2020   |
|  | \$'000 | \$'000 |

**Note 1.2A: Revenue from contracts with customers**

|  |                      |                      |
|--|----------------------|----------------------|
| Revenue from contracts with customers              | <u>15,651</u>        | <u>15,193</u>        |
| <b>Total revenue from contracts with customers</b> | <b><u>15,651</u></b> | <b><u>15,193</u></b> |

*Disaggregation of revenue from contracts with customers***Major product / service line:**

Type of customer:

|  |                      |                      |
|--|----------------------|----------------------|
| Australian Government entities (related parties) | <b>15,630</b>        | 14,861               |
| Non-government entities                          | <u>21</u>            | <u>332</u>           |
|  | <b><u>15,651</u></b> | <b><u>15,193</u></b> |

**Note 1.2B: Unsatisfied obligations**

NHMRC expects to recognise as income any liability for unsatisfied obligations within the following periods:

|                      |                     |                     |
|----------------------|---------------------|---------------------|
| Within 1 year        | <b>1,623</b>        | 1,816               |
| Between 1 to 2 years | <b>977</b>          | 813                 |
| More than 2 years    | <u>713</u>          | <u>1,428</u>        |
|                      | <b><u>3,313</u></b> | <b><u>4,057</u></b> |

**Accounting Policy****Own-Source Revenue**Revenue from contract with customers

To determine whether to recognise revenue, NHMRC follows a five-step process outlined in AASB 15:

1. Identifying the contract with a customer which is enforceable through legal or equivalent means
2. Identifying the performance obligations and whether these are sufficiently specific to determine when these have been satisfied
3. Determining the transaction price
4. Allocating the transaction price to the performance obligations
5. Recognising revenue when/as performance obligations are satisfied.

Where a transaction gives rise to performance obligations which are not sufficiently specific or enforceable then AASB 1058 is applied and revenue is recognised immediately.

NHMRC generates its revenue by administering programs for the Medical Research Future Fund (MRFF) on behalf of the Department of Health and the provision of grant administration services and corporate services to third parties. NHMRC satisfies performance obligations under these contracts over time and recognises revenue as the performance obligations are satisfied.

Amounts unbilled at the end of the reporting period are presented in the statement of financial position as accounts receivable as only the passage of time is required before payment of these amounts is due.

Consideration received in respect of unsatisfied performance obligations at the end of the reporting period is reported in the statement of financial position as contract liabilities.

The transaction price is the total amount of consideration to which NHMRC expects to be entitled in exchange for transferring promised goods or services to a customer. The consideration promised in a contract with a customer may include fixed amounts, variable amounts, or both.

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any impairment allowance account. Collectability of debts is reviewed at end of the reporting period. Allowances are made when collectability of the debt is no longer probable.

### **Gains**

#### **Resources Received Free of Charge**

Resources received free of charge are recognised as revenue when, and only when, a fair value can be reliably determined and the service would have been purchased if they had not been donated. Use of those resources is recognised as an expense. Resources received free of charge are recorded as either revenue or gains depending on their nature.

Resources received free of charge consists of Australian National Audit Office (ANAO) audit fee and the ANAO does not provide services other than financial statement audit.

#### **Revenue from Government**

Amounts appropriated for departmental output appropriations for the year (adjusted for any formal additions and reductions) are recognised as Revenue from Government when the NHMRC gains control of the appropriations, except for certain amounts that relate to activities that are reciprocal in nature, in which case revenue is recognised only when it has been earned. Appropriations receivable are recognised at their nominal amounts.



**2. Income and Expenses Administered on Behalf of Government****2.1 Administered – Expenses**

|  | 2021           | 2020           |
|--|----------------|----------------|
|  | \$'000         | \$'000         |
| <b>Note 2.1A: Grants - Medical Research (MREA)</b>                   |                |                |
| Public sector  |                |                |
| Australian Government Entities                                       | 16,880         | 13,968         |
| State and Territory Governments                                      | 675,339        | 697,635        |
| Private sector   |                |                |
| Medical Research Institutes  | 134,629        | 149,572        |
| Private Universities   | 3,992          | 3,927          |
| <b>Total grants - Medical Research (MREA)</b>                        | <b>830,840</b> | <b>865,102</b> |
| <b>Note 2.1B: Grants - Boosting Dementia Research</b>                |                |                |
| Public sector  |                |                |
| Australian Government Entities                                       | 190            | 248            |
| State and Territory Governments                                      | 20,914         | 32,714         |
| Private sector   |                |                |
| Medical Research Institutes  | 932            | 3,510          |
| <b>Total grants - Boosting Dementia Research</b>                     | <b>22,036</b>  | <b>36,472</b>  |
| <b>Note 2.1C: Other Expenses Incurred in the Provision of Grants</b> |                |                |
| <b>Goods and services supplied or rendered</b>                       |                |                |
| Funding agreements   | 4,649          | 6,185          |
| Subscriptions  | 627            | 602            |
| Contractors  | -              | 1,472          |
| Other  | -              | 34             |
| <b>Total goods and services supplied or rendered</b>                 | <b>5,276</b>   | <b>8,293</b>   |

**Accounting Policy**

NHMRC administers a number of grant schemes on behalf of the Government. Grant liabilities are recognised to the extent that (i) the services required to be performed by the grantee have been performed or (ii) the grant eligibility criteria have been satisfied, but payments due have not been made. Payables to grantees are disclosed in Note 4.1A: Grants Payable - Medical Research (MREA).

**2.2 Administered – Revenue**

|                                 | 2021         | 2020         |
|---------------------------------|--------------|--------------|
|                                 | \$'000       | \$'000       |
| <b>Note 2.2A: Other Revenue</b> |              |              |
| Grant recoveries                | 5,464        | 5,747        |
| <b>Total other revenue</b>      | <b>5,464</b> | <b>5,747</b> |

**Accounting Policy**

All administered revenues are revenues relating to ordinary activities performed by NHMRC on behalf of the Australian Government. As such, administered appropriations are not revenues of the NHMRC that oversees distribution or expenditure of funds as directed.

**Grant recoveries**

The recovery of unspent grant money is a type of contribution because NHMRC receives cash (an asset), including the right to receive it, without directly giving approximately equal value to the party, i.e. a non-reciprocal transfer. These recoveries satisfy the definition of income per Australian Accounting Standards and Interpretations, and the recognition criteria for income when NHMRC raises a debtor invoice for these recoveries.

### 3. Departmental Financial Position

#### 3.1 Financial Assets

|  | 2021         | 2020         |
|--|--------------|--------------|
|  | \$'000       | \$'000       |
| <b><u>Note 3.1A: Trade and Other Receivables</u></b> |              |              |
| Receivables from contracts from customers            | 383          | 151          |
| Appropriations receivable - existing programs        | 6,557        | 8,886        |
| GST receivable from the Australian Taxation Office   | 267          | 229          |
| Other  | 8            | 42           |
| <b>Total trade and other receivables</b>             | <b>7,215</b> | <b>9,308</b> |

No indicators of impairment were found for trade and other receivables in 2021 (2020: Nil).

#### **Accounting Policy**

##### Financial assets

Trade receivables, loans and other receivables that are held for the purpose of collecting the contractual cash flows where the cash flows are solely payments of principal and interest, that are not provided at below-market interest rates, are subsequently measured at amortised cost using the effective interest method adjusted for any loss allowance.

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any impairment allowance amount.

### 3.2 Non-Financial Assets

#### Note 3.2A: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment and Intangibles

|  | Buildings<br>\$'000 | Plant and<br>Equipment<br>\$'000 | Computer<br>software<br>internally<br>developed <sup>1</sup><br>\$'000 | Computer<br>software<br>purchased<br>\$'000 | Total<br>\$'000 |
|--|---------------------|----------------------------------|--|---|-----------------|
| <b>As at 1 July 2020</b>                                   |                     |                                  |  |   |                 |
| Gross book value   | 23,437              | 9,063                            | 30,414   | 771   | 63,685          |
| Accumulated depreciation, amortisation and impairment      | (2,627)             | (5,388)                          | (11,720)   | (771)                                       | (20,506)        |
| <b>Total as at 1 July 2020</b>                             | <b>20,810</b>       | <b>3,675</b>                     | <b>18,694</b>  | <b>-</b>                                    | <b>43,179</b>   |
| <b>Additions</b>   |                     |                                  |  |   |                 |
| Purchase of plant and equipment                            | -                   | 108                              | -  | -   | 108             |
| Purchased or internally developed - Intangibles            | -                   | -                                | 8,894  | -   | 8,894           |
| <b>Purchase or internally developed</b>                    | <b>-</b>            | <b>108</b>                       | <b>8,894</b>   | <b>-</b>                                    | <b>9,002</b>    |
| Revaluations recognised in other comprehensive income      | -                   | 1,367                            | -  | -   | 1,367           |
| Reversal of impairments recognised in net cost of services | -                   | 88                               | -  | -   | 88              |
| Depreciation and amortisation                              | -                   | (1,008)                          | (3,078)  | -   | (4,086)         |
| Depreciation on right-of-use assets                        | (2,627)             | (185)                            | -  | -   | (2,812)         |
| Other movements of right-of-use assets                     | -                   | 196                              | -  | -   | 196             |
| <b>Total as at 30 June 2021</b>                            | <b>18,183</b>       | <b>4,241</b>                     | <b>24,510</b>  | <b>-</b>                                    | <b>46,934</b>   |
| <b>Total as at 30 June 2021 represented by</b>             |                     |                                  |  |   |                 |
| Gross book value   | 23,437              | 4,972                            | 39,309   | 771   | 68,489          |
| Accumulated depreciation, impairment, and amortisation     | (5,254)             | (731)                            | (14,799)   | (771)                                       | (21,555)        |
| <b>Total as at 30 June 2021</b>                            | <b>18,183</b>       | <b>4,241</b>                     | <b>24,510</b>  | <b>-</b>                                    | <b>46,934</b>   |
| <b>Carrying amount of right-of-use assets</b>              | <b>18,183</b>       | <b>397</b>                       | <b>-</b>   | <b>-</b>                                    | <b>18,580</b>   |

1. The carrying amount of computer software internally developed includes \$6.9 million in Work in Progress (WIP) (2020: \$3.8 million).

An assessment of impairment on WIP assets was conducted as at 30 June 2021. No WIP assets were impaired in 2021 (2020: Nil).

#### Revaluations of non-financial assets

All revaluations were conducted in accordance with the revaluation policy stated at Note 7.4.

On 28 February 2021, an independent valuer conducted the revaluations of plant and equipment.

|   | 2021<br>\$'000 | 2020<br>\$'000 |
|---|----------------|----------------|
| <b>Contractual commitments for the acquisition of plant and equipment and intangible assets are payable as follows:</b> |                |                |
| Within 1 year   | 1,336          | 2,399          |
| <b>Total plant and equipment and intangible assets commitments</b>  | <b>1,336</b>   | <b>2,399</b>   |

NHMRC has commitments in place for the implementation of a new grants management solution, Sapphire.

## Part 6 Financial performance

### Accounting Policy

Assets are initially recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and income at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor's accounts immediately prior to the restructuring.

#### Lease Right of Use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease and comprise of the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by Commonwealth lessees as separate asset classes to corresponding assets owned outright, but included in the same column as where the corresponding underlying assets would be presented if they were owned.

On initial adoption of AASB 16 NHMRC has adjusted the ROU assets at the date of initial application by the amount of any provision for onerous leases recognised immediately before the date of initial application. Following initial application, an impairment review is undertaken for any right of use lease asset that shows indicators of impairment and an impairment loss is recognised against any right of use lease asset that is impaired. Lease ROU assets continue to be measured at cost after initial recognition in Commonwealth agency, GGS and Whole of Government financial statements.

#### Asset recognition threshold

Purchases of plant and equipment are recognised initially at fair value of the assets transferred in exchange and the liabilities undertaken in the statement of financial position, except for information technology equipment purchases less than \$500, leasehold improvements less than \$50,000, and all other purchases less than \$2,000. Purchases below these thresholds are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'make good' provisions previously taken up by the NHMRC where there exists an obligation to restore premises to condition prior to fit-out. These costs are included in the value of the make good asset with a corresponding provision for the 'make good' recognised. The make good provision in relation to the Canberra lease was reversed during 2017-18 on signing new lease agreement, which removed the requirement for NHMRC to make good.

#### Revaluations

Fair values of each sub-class of assets are determined as shown below.

| <b>Assets Sub-Class</b> | <b>Fair value measured at</b> |
|-------------------------|-------------------------------|
| Office Equipment        | Depreciated replacement cost  |
| Furniture and fitting   | Depreciated replacement cost  |
| Computer equipment      | Market selling price          |
| Leasehold improvement   | Depreciated replacement cost  |

Following initial recognition at cost plant and equipment are carried at fair value less subsequent accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not materially differ from the assets' fair values as at the reporting date. The regularity of independent valuations depended upon the volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve, except to the extent that it reverses a previous revaluation decrement of the same asset class that was previously recognised through the surplus/deficit. Revaluation decrements for a class of assets are recognised directly in the surplus/deficit except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

#### Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the NHMRC using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

Depreciation rates applying to each sub-class of depreciable asset are based on the following useful lives:

| <b>Assets Sub-Class</b> | <b>2021</b>  | <b>2020</b>  |
|-------------------------|--------------|--------------|
| Office Equipment        | 3 to 5 years | 3 to 5 years |
| Furniture and Fitting   | 10 years     | 10 years     |
| Computer Equipment      | 3 to 5 years | 3 to 5 years |
| Leasehold Improvement   | Lease term   | Lease term   |

#### Impairment

All non-financial assets including work in progress (WIP) were assessed for impairment at 30 June 2021. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs of disposal and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the entity were deprived of the asset, its value in use is taken to be its depreciated value.

#### De-recognition

An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

#### Intangibles

Intangible assets comprise internally developed software for internal use and purchased software. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of the NHMRC's software are two to seven years (2020: two to seven years).

All software assets were assessed for indicators of impairment as at 30 June 2021.

#### **Significant Accounting Judgements and Estimates**

In the process of applying the accounting policies listed in this note, the NHMRC has made the following judgements that have the most significant impact on the amounts recorded in the financial statements. When estimating the fair value of property plant and equipment and work-in-progress (WIP) intangibles, judgements were made about the expected useful life of the assets.

### **3.3 Payables**

|                                  | <b>2021</b>   | 2020   |
|----------------------------------|---------------|--------|
|                                  | <b>\$'000</b> | \$'000 |
| <b>Note 3.3A: Other Payables</b> |               |        |
| Salaries and wages               | <b>531</b>    | 432    |
| Superannuation                   | <b>67</b>     | 52     |
| Contract liabilities             | <b>3,313</b>  | 4,057  |
| Other                            | <b>379</b>    | 169    |
| <b>Total other payables</b>      | <b>4,290</b>  | 4,710  |

#### **Accounting Policy**

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or 'other financial liabilities'. Financial liabilities are recognised and derecognised upon 'trade date'.

### 3.4 Leases

|                          | 2021          | 2020          |
|--------------------------|---------------|---------------|
|                          | \$'000        | \$'000        |
| <b>Note 3.4A: Leases</b> |               |               |
| Lease Liabilities        |               |               |
| Buildings                | 19,013        | 21,279        |
| Plant and equipment      | 402           | 391           |
| <b>Total leases</b>      | <b>19,415</b> | <b>21,670</b> |

Total cash outflow for leases for the year ended 30 June 2021 was \$2.7 million.

#### Maturity analysis - contractual undiscounted cash flows

|                      |               |               |
|----------------------|---------------|---------------|
| Within 1 year        | 2,712         | 2,681         |
| Between 1 to 5 years | 10,564        | 10,358        |
| More than 5 years    | 6,969         | 9,692         |
| <b>Total leases</b>  | <b>20,245</b> | <b>22,731</b> |

NHMRC in its capacity as lessee holds a lease on its Canberra accommodation. This lease has an annual rent review of 3.5% and expires on 30 November 2028, with an option to extend for a further 5 years. There is no requirement to make good.

#### Accounting Policy

For all new contracts entered into, the NHMRC considers whether the contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'.

Once it has been determined that a contract is, or contains a lease, the lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the department's incremental borrowing rate.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification to the lease. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset or profit and loss depending on the nature of the reassessment or modification.

## 4. Assets and Liabilities Administered on Behalf of Government

### 4.1 Administered – Payables

|  | 2021         | 2020         |
|--|--------------|--------------|
|  | \$'000       | \$'000       |
| <b>Note 4.1A: Grants Payable - Medical Research (MREA)</b> |              |              |
| Public sector  |              |              |
| Australian Government Entities                             | 68           | 7            |
| State and Territory Governments                            | 3,289        | 1,957        |
| Private Sector   |              |              |
| Medical Research Institutes                                | 168          | 75           |
| <b>Total grants payable - Medical Research (MREA)</b>      | <b>3,525</b> | <b>2,039</b> |

Settlement is made according to the terms and conditions of each grant. This was usually within 30 days of grant recipients meeting their performance or eligibility criteria.

## 5. Funding

### 5.1 Appropriations

#### Note 5.1A: Annual Appropriations ('Recoverable GST exclusive')

| Annual appropriations for 2021 |  |  |                               |  |                                 |
|--------------------------------|--|--|-------------------------------|--|---------------------------------|
|                                | Annual<br>Appropriation <sup>1</sup><br>\$'000 | Adjustments to<br>appropriation <sup>2</sup><br>\$'000 | Total appropriation<br>\$'000 | Appropriation<br>applied in 2021<br>(current and prior<br>years)<br>\$'000 | Variance <sup>3</sup><br>\$'000 |
| <b>Departmental</b>            |  |  |                               |  |                                 |
| Ordinary annual services       | 36,596   | 15,622   | 52,218                        | (44,810)   | 7,408                           |
| Capital Budget <sup>4</sup>    | 178  | -  | 178                           | (9,002)  | (8,824)                         |
| <b>Total departmental</b>      | <b>36,774</b>                                  | <b>15,622</b>  | <b>52,396</b>                 | <b>(53,812)</b>  | <b>(1,416)</b>                  |
| <b>Administered</b>            |  |  |                               |  |                                 |
| Ordinary annual services       | 868,378  | -  | 868,378                       | (868,378)  | -                               |
| Administered items             | 868,378  | -  | 868,378                       | (868,378)  | -                               |
| <b>Total administered</b>      |  |  |                               |  |                                 |

1. In 2020-21, no amounts of appropriation were withheld or quarantined.

2. PGPA Act Section 74 receipts.

3. In 2020-21, variances largely relate to investment in Sapphire.

4. Departmental Capital Budgets are appropriated through Appropriations Acts (No. 1,3,5). They form part of ordinary annual services, and are not separately identified in the Appropriation Acts.

| Annual appropriations for 2020 |  |  |                               |  |                                 |
|--------------------------------|--|--|-------------------------------|--|---------------------------------|
|                                | Annual<br>Appropriation <sup>1</sup><br>\$'000 | Adjustments to<br>appropriation <sup>2</sup><br>\$'000 | Total appropriation<br>\$'000 | Appropriation applied<br>in 2020<br>(current and<br>prior years)<br>\$'000 | Variance <sup>3</sup><br>\$'000 |
| <b>Departmental</b>            |  |  |                               |  |                                 |
| Ordinary annual services       | 37,485   | 18,821   | 56,306                        | (44,976)   | 11,330                          |
| Capital Budget <sup>4</sup>    | 171  | -  | 171                           | (4,778)  | (4,607)                         |
| Equity injection               | 250  | -  | 250                           | (250)  | -                               |
| <b>Total departmental</b>      | <b>37,906</b>                                  | <b>18,821</b>  | <b>56,727</b>                 | <b>(50,004)</b>  | <b>6,723</b>                    |
| <b>Administered</b>            |  |  |                               |  |                                 |
| Ordinary annual services       | 854,712  | -  | 854,712                       | (854,712)  | -                               |
| Administered items             | 854,712  | -  | 854,712                       | (854,712)  | -                               |
| <b>Total administered</b>      |  |  |                               |  |                                 |

1. In 2019-20, no amounts of appropriation were withheld or quarantined.

2. PGPA Act Section 74 receipts.

3. In 2019-20, variances largely relate to investment in Sapphire.

4. Departmental Capital Budgets are appropriated through Appropriations Acts (No. 1,3,5). They form part of ordinary annual services, and are not separately identified in the Appropriation Acts.

#### Accounting Policy

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) and Departmental Capital Budgets (DCBs) are recognised directly in contributed equity in that year.

### 5.1 Appropriations (continued)

**Note 5.1B: Unspent Annual Appropriations ('Recoverable GST exclusive')**

|  | 2021<br>\$'000 | 2020<br>\$'000 |
|--|----------------|----------------|
| <b>Departmental</b>                            |                |                |
| Appropriation Act (No. 1) 2020-21 <sup>1</sup> | 7,298          | -              |
| Appropriation Act (No. 1) 2019-20 <sup>1</sup> | -              | 9,498          |
| <b>Total departmental</b>                      | <u>7,298</u>   | <u>9,498</u>   |

1. Includes cash at bank and appropriation receivable.

### 5.2 Special Accounts

**Note 5.2A: Special Accounts ('Recoverable GST exclusive')**

|   | Medical Research<br>Endowment Account <sup>1</sup> |                |
|---|--|----------------|
|   | 2021<br>\$'000                                     | 2020<br>\$'000 |
| <b>Balance brought forward from previous period</b> | 197,745  | 240,221        |
| <b>Increases:</b>                                   |  |                |
| Appropriation credited to special account           | 859,753  | 846,554        |
| Costs recovered                                     | 1,479  | 4,524          |
| Other receipts                                      | 8,382  | 7,893          |
| <b>Total increases</b>                              | 869,614  | 858,971        |
| <b>Available for payments</b>                       | 1,067,359  | 1,099,192      |
| <b>Decreases</b>                                    |  |                |
| <b>Administered</b>                                 |  |                |
| Payments made for medical research                  | 828,384  | 864,975        |
| Payments made for boosting dementia research        | 22,036   | 36,472         |
| <b>Total administered</b>                           | 850,420  | 901,447        |
| <b>Total decreases</b>                              | 850,420  | 901,447        |
| <b>Total balance carried to the next period</b>     | 216,939  | 197,745        |
| <b>Balance represented by:</b>                      |  |                |
| Cash held in the Official Public Account            | 216,939  | 197,745        |
| <b>Total balance carried to the next period</b>     | 216,939  | 197,745        |

1. Appropriation: *Public Governance, Performance and Accountability Act 2013*; section 80

Establishing Instrument: *National Health and Medical Research Council Act 1992*; section 49

Purpose: to provide assistance (subject to the *National Health and Medical Research Council Act 1992*):

- to Departments of the Commonwealth, or of a State or Territory, engaged in medical research
- to universities for the purpose of medical research
- to institutions and persons engaged in medical research
- in the training of persons in medical research.



## 6. People and Relationships

### 6.1 Employee Provisions

|                                       | 2021         | 2020         |
|---------------------------------------|--------------|--------------|
|                                       | \$'000       | \$'000       |
| <b>Note 6.1A: Employee Provisions</b> |              |              |
| Leave                                 | <u>7,890</u> | <u>7,310</u> |
| <b>Total employee provisions</b>      | <u>7,890</u> | <u>7,310</u> |

#### Accounting Policy

##### Employee benefits

Liabilities for 'short-term employee benefits' and termination benefits expected within 12 months of the end of the reporting period are measured at their nominal amounts.

##### Leave

The liability for employee benefits includes provision for annual leave and long service leave. No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by employees of the NHMRC is estimated to be less than the annual entitlement for sick leave.

The leave liabilities are calculated on the basis of employees' remuneration at the estimated salary rates that will be applied at the time the leave is taken, including the NHMRC's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The liability for long service leave is recognised and measured at the present value of the estimated future cash flow to be made in respect of all employees at 30 June 2021. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

##### Superannuation

NHMRC's staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS) or the PSS accumulation plan (PSSap), or other superannuation funds held outside the Australian Government.

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported in the Department of Finance's administered schedules and notes.

The NHMRC makes employer contributions to the employee's defined benefit superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government. The NHMRC accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions.

#### Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in this note, the NHMRC has made the following judgements that have the most significant impact on the amounts recorded in the financial statements. The estimated leave provisions involve assumptions based on the expected tenure of existing staff, patterns of leave claims and payouts, future salary movements and discount rates.

### 6.2 Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the NHMRC, directly or indirectly, including any director (whether executive or otherwise) of the NHMRC. The NHMRC has determined the key management personnel to be the Portfolio Minister, Chief Executive Officer, General Manager, and Executive Directors.

Key management personnel remuneration is reported in the table below:

|   | 2021<br>\$'000 | 2020<br>\$'000 |
|---|----------------|----------------|
| Short-term employee benefits  | 1,673          | 1,730          |
| Post-employment benefits  | 246            | 243            |
| Other long-term employee benefits                                       | 39             | 42             |
| <b>Total key management personnel remuneration expenses<sup>1</sup></b> | <b>1,958</b>   | <b>2,015</b>   |

The total number of key management personnel that is included in the above table is six (2020: six).

1. The above key management personnel remuneration excludes the remuneration and other benefits of the Portfolio Minister. The Portfolio Minister's remuneration and other benefits are set by the Remuneration Tribunal and are not paid by the NHMRC.

### 6.3 Related Party Disclosures

#### Related party relationships

NHMRC is an Australian Government controlled entity. Related parties to the NHMRC are Key Management Personnel, including the Portfolio Minister, Chief Executive Officer, General Manager, Executive Directors, and other Australian Government entities.

#### Transactions with related parties

Given the breadth of government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. Such transactions include the payment or refund of taxes, receipt of a Medicare rebate or higher education loans. These transactions have not been separately disclosed in this note.

No transactions with related parties occurred during the financial year (2020: Nil).

Significant transactions with related parties can include:

- the payments of grants or loans
- purchases of goods and services
- asset purchases, sales transfers or leases
- debts forgiven
- guarantees.

Giving consideration to relationships with related entities, and transactions entered into during the reporting period by the NHMRC, it has been determined that there are no other related party transactions to be separately disclosed.

## 7. Managing Uncertainties

### 7.1 Contingent Assets and Liabilities

#### Quantifiable Contingencies

As at 30 June 2021 the NHMRC has no contingent assets (2020: Nil).

As at 30 June 2021 the NHMRC has the following contingent liabilities:

The NHMRC has access to a panel of investigators to provide investigation services if serious breaches of the *Research Involving Human Embryos Act 2002* or the *Prohibition of Human Cloning for Reproduction Act 2002* are identified.

The financial consequence of this contingency being triggered is estimated to be a cost of approximately \$150,000.

This quantifiable contingent liability was in place as at 30 June 2020.

#### Unquantifiable Contingencies

At 30 June 2021, the NHMRC had no unquantifiable contingencies (2020: Nil).

#### **Administered – Contingent Assets and Liabilities**

##### Quantifiable Administered Contingencies

As at 30 June 2021, the NHMRC did not have any quantifiable administered contingent assets (2020: Nil).

As at 30 June 2021, the NHMRC did not have any quantifiable administered contingent liabilities (2020: Nil).

##### Unquantifiable Administered Contingencies

At 30 June 2021, the NHMRC had no unquantifiable administered contingencies (2020: Nil).

#### **Accounting Policy**

Contingent liabilities and contingent assets are not recognised in the statement of financial position but are reported in the notes. They may arise from uncertainty as to the existence of a liability or asset, or represent a liability or asset in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain and contingent liabilities are disclosed when settlement is greater than remote.

**7.2 Financial Instruments**

|   | 2021<br>\$'000 | 2020<br>\$'000 |
|---|----------------|----------------|
| <b>Note 7.2A: Categories of Financial Instruments</b>         |                |                |
| <b>Financial Assets</b>                                       |                |                |
| <b>Financial assets at amortised cost</b>                     |                |                |
| Cash and cash equivalents                                     | 741            | 612            |
| Trade receivables   | 383            | 151            |
| <b>Total financial assets at amortised cost</b>               | <b>1,124</b>   | <b>763</b>     |
| <b>Total financial assets</b>                                 | <b>1,124</b>   | <b>763</b>     |
| <b>Financial Liabilities</b>                                  |                |                |
| <b>Financial liabilities measured at amortised cost</b>       |                |                |
| Accruals  | 2,638          | 1,606          |
| <b>Total financial liabilities measured at amortised cost</b> | <b>2,638</b>   | <b>1,606</b>   |
| <b>Total financial liabilities</b>                            | <b>2,638</b>   | <b>1,606</b>   |

The NHMRC did not receive any income or incur any expense related to financial assets or financial liabilities disclosed above for the period ended 30 June 2021 (2020: Nil).

**Accounting Policy****Financial assets**

In accordance with AASB 9 Financial Instruments, the NHMRC classifies its financial assets in the following categories:

- a) financial assets at fair value through profit or loss
- b) financial assets at fair value through other comprehensive income
- c) financial assets measured at amortised cost.

The classification depends on both the NHMRC's business model for managing the financial assets and contractual cash flow characteristics at the time of initial recognition. Financial assets are recognised when the entity becomes a party to the contract and, as a consequence, has a legal right to receive or a legal obligation to pay cash and derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date.

Comparatives have not been restated on initial application.

**Financial Assets at Amortised Cost**

Financial assets included in this category need to meet two criteria:

1. the financial asset is held in order to collect the contractual cash flows
2. the cash flows are solely payments of principal and interest (SPPI) on the principal outstanding amount.

Amortised cost is determined using the effective interest method.

**Effective Interest Method**

Income is recognised on an effective interest rate basis for financial assets that are recognised at amortised cost.

**Financial Assets at Fair Value through Other Comprehensive Income (FVOCI)**

Financial assets measured at fair value through other comprehensive income are held with the objective of both collecting contractual cash flows and selling the financial assets and the cash flows meet the SPPI test.

Any gains or losses as a result of fair value measurement or the recognition of an impairment loss allowance is recognised in other comprehensive income.

**Financial Assets at Fair Value through Profit or Loss (FVTPL)**

Financial assets are classified as financial assets at fair value through profit or loss where the financial assets either doesn't meet the criteria of financial assets held at amortised cost or at FVOCI (i.e. mandatorily held at FVTPL) or may be designated.

Financial assets at FVTPL are stated at fair value, with any resultant gain or loss recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any interest earned on the financial asset.

**Impairment of Financial Assets**

Financial assets are assessed for impairment at the end of each reporting period based on Expected Credit Losses, using the general approach which measures the loss allowance based on an amount equal to lifetime expected credit losses where risk has significantly increased, or an amount equal to 12-month expected credit losses if risk has not increased.

The simplified approach for trade, contract and lease receivables is used. This approach always measures the loss allowance as the amount equal to the lifetime expected credit losses.

A write-off constitutes a derecognition event where the write-off directly reduces the gross carrying amount of the financial asset.

**Financial Liabilities**

Financial liabilities are classified as either financial liabilities at 'fair value through profit or loss' or other financial liabilities.

Financial liabilities are recognised and derecognised upon 'trade date'.

**Financial Liabilities at Fair Value through Profit or Loss**

Financial liabilities at fair value through profit or loss are initially measured at fair value. Subsequent fair value adjustments are recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any interest paid on the financial liability.

**Financial Liabilities at Amortised Cost**

Financial liabilities, including borrowings, are initially measured at fair value, net of transaction costs. These liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective interest basis.

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

All payables are expected to be settled within 12 months except where indicated.

**Loans and Receivables**

The NHMRC classifies its financial assets in the following category: loans and receivables.

Trade receivables, loans and other receivables that have fixed or determinable payments and that are not quoted in an active market. Loans and receivables are measured at amortised cost using the effective interest method less impairment.

**Financial Liabilities**

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

### 7.3 Administered – Financial Instruments

|   | 2021<br>\$'000 | 2020<br>\$'000 |
|---|----------------|----------------|
| <b>Note 7.3A: Categories of Financial Instruments</b>         |                |                |
| <b>Financial Assets</b>                                       |                |                |
| <b>Financial assets at amortised cost</b>                     |                |                |
| Cash and cash equivalents                                     | 216,939        | 197,745        |
| Goods and services receivable                                 | 3,113          | 1,145          |
| <b>Total financial assets at amortised cost</b>               | <b>220,052</b> | <b>198,890</b> |
| <b>Total financial assets</b>                                 | <b>220,052</b> | <b>198,890</b> |
| <b>Financial Liabilities</b>                                  |                |                |
| <b>Financial liabilities measured at amortised cost</b>       |                |                |
| Grants payable  | 4,493          | 2,039          |
| <b>Total financial liabilities measured at amortised cost</b> | <b>4,493</b>   | <b>2,039</b>   |
| <b>Total financial liabilities</b>                            | <b>4,493</b>   | <b>2,039</b>   |

The NHMRC did not receive any income or incur any expense related to financial assets or financial liabilities disclosed above for the period 30 June 2021 (2020: Nil).

### 7.4 Fair Value Measurement

The following table provides an analysis of assets that are measured at fair value.

#### Note 7.4A: Fair Value Measurement

|   | Fair value measurements at<br>the end of the reporting<br>period |                |
|---|--|----------------|
|   | 2021<br>\$'000   | 2020<br>\$'000 |
| <b>Non-financial assets</b>   |  |                |
| Plant and equipment <sup>1</sup>  | 3,844  | 3,675          |
| <b>Total non-financial assets</b>   | <b>3,844</b>   | <b>3,675</b>   |
| <b>Total fair value measurements of assets in the statement of financial position</b> | <b>3,844</b>   | <b>3,675</b>   |

1. These gains are presented in the Statement of Comprehensive Income under Write Down and Impairment of Assets and other changes in Asset Revaluation Reserve.

#### Accounting Policy

NHMRC engaged the service of Public Private Property (PPP) to conduct desktop revaluation of all Plant and Equipment (P&E) assets at 28 February 2021 and has relied upon those outcomes to establish carrying amounts. An annual assessment is undertaken to determine whether the carrying amount of the assets is materially different from the fair value. Comprehensive valuations are carried out at least once every five years. PPP has provided written assurance to NHMRC that the models developed are in compliance with AASB 13.

The methods used to determine and substantiate the unobservable inputs are derived and evaluated as follows:

Physical depreciation and obsolescence - assets that do not transact with enough frequency or transparency to develop objective opinions of value from observable market evidence have been measured utilising the depreciated replacement cost approach. Under the depreciated replacement cost approach the estimated cost to replace the asset is calculated and then adjusted to take into account physical depreciation and obsolescence.

Physical depreciation and obsolescence has been determined based on professional judgement regarding physical, economic and external obsolescence factors relevant to the asset under consideration. For all leasehold improvement assets, the consumed economic benefit/asset obsolescence deduction is determined based on the term of the associated lease.

## 8. Other Information

### 8.1 Current/Non-Current Distinction For Assets and Liabilities

|  | 2021          | 2020          |
|--|---------------|---------------|
|  | \$'000        | \$'000        |
| <b>Note 8.1A: Current/Non-Current Distinction For Assets and Liabilities</b> |               |               |
| <b>Assets expected to be recovered in:</b>                                   |               |               |
| <b>No more than 12 months</b>  |               |               |
| Cash and cash equivalents  | 741           | 612           |
| Trade and other receivables  | 7,215         | 9,308         |
| Inventories  | 89            | 97            |
| Prepayments  | 2,236         | 1,275         |
| <b>Total No more than 12 months</b>  | <b>10,281</b> | <b>11,292</b> |
| <b>More than 12 months</b>   |               |               |
| Buildings  | 18,183        | 20,810        |
| Plant and equipment  | 4,241         | 3,675         |
| Computer software  | 24,510        | 18,694        |
| Prepayments  | 841           | 1,898         |
| <b>Total More than 12 months</b>   | <b>47,775</b> | <b>45,077</b> |
| <b>Total assets</b>  | <b>58,056</b> | <b>56,369</b> |
| <b>Liabilities expected to be settled in:</b>                                |               |               |
| <b>No more than 12 months</b>  |               |               |
| Trade creditors and accruals   | 2,638         | 1,606         |
| Other payables   | 4,290         | 4,710         |
| Leases   | 2,512         | 2,452         |
| Employee provisions  | 1,814         | 1,643         |
| <b>Total No more than 12 months</b>  | <b>11,254</b> | <b>10,411</b> |
| <b>More than 12 months</b>   |               |               |
| Leases   | 16,903        | 19,218        |
| Employee provisions  | 6,076         | 5,667         |
| <b>Total more than 12 months</b>   | <b>22,979</b> | <b>24,885</b> |
| <b>Total liabilities</b>   | <b>34,233</b> | <b>35,296</b> |

|   | 2021           | 2020           |
|---|----------------|----------------|
|   | \$'000         | \$'000         |
| <b>Note 8.1B: Administered - Current/Non-Current Distinction For Assets and Liabilities</b> |                |                |
| <b>Assets expected to be recovered in:</b>  |                |                |
| <b>No more than 12 months</b>   |                |                |
| Cash and cash equivalents   | 216,939        | 197,745        |
| Trade and other receivables   | 3,113          | 1,145          |
| <b>Total no more than 12 months</b>   | <b>220,052</b> | <b>198,890</b> |
| <b>Total more than 12 months</b>  | <b>-</b>       | <b>-</b>       |
| <b>Total assets</b>   | <b>220,052</b> | <b>198,890</b> |
| <b>Liabilities expected to be settled in:</b>   |                |                |
| <b>No more than 12 months</b>   |                |                |
| Grants payable  | 4,493          | 2,039          |
| GST payable   | 213            | 3,426          |
| Other payables  | 11,840         | 5,609          |
| <b>Total no more than 12 months</b>   | <b>16,546</b>  | <b>11,074</b>  |
| <b>Total more than 12 months</b>  | <b>-</b>       | <b>-</b>       |
| <b>Total liabilities</b>  | <b>16,546</b>  | <b>11,074</b>  |

# Appendices





# Appendix 1: Public consultations

NHMRC consults the community and its stakeholders across a range of areas, including on individual and public health matters, and aspects of the implementation of the NHMRC grant program, such as certain policy changes and community-driven research priorities. Public consultations that opened or closed during 2020–21 are detailed in Table 25.

In particular, public consultation is an integral component of the development of NHMRC evidence-based advice and health-related guidelines. Consultation helps ensure that issues of importance to the community are taken into account, thereby enhancing the legitimacy and relevance of the development process and the final product. It is also consistent with the Australian Government's strong commitment to open and transparent processes.

Table 25: Public consultations, 2020–21

| Public consultation   | Opening date     | Closing date     |
|---|------------------|------------------|
| Community Research Priorities Portal (2021 submissions)   | 8 February 2020  | 5 February 2021  |
| Updated guidance that provides advice on the radiological quality of drinking water <sup>a</sup>                                | 29 June 2020     | 12 August 2020   |
| <i>National Statement on Ethical Conduct in Human Research</i> , draft Sections 4 and 5 <sup>a</sup>                            | 11 August 2020   | 30 October 2020  |
| <i>Australian code for the care and use of animals for scientific purposes, 2013</i> , Section 7: Cosmetic testing <sup>a</sup> | 8 October 2020   | 20 November 2020 |
| Guidelines for Guidelines: Transparency   | 18 November 2020 | 31 March 2021    |
| Research priorities in Aboriginal and Torres Strait Islander health   | 21 November 2020 | 8 February 2021  |
| Community Research Priorities Portal (2022 submissions)   | 6 February 2021  | 4 February 2022  |
| Survey on the use of the <i>Australian Dietary Guidelines</i> and request for priorities for review                             | 15 February 2021 | 15 March 2021    |
| Proposed revisions to NHMRC's Open Access Policy  | 14 April 2021    | 5 May 2021       |

<sup>a</sup> Consultation undertaken in accordance with subsection 13 of the *National Health and Medical Research Council Act 1992*.

## Appendix 2: List of requirements

| PGPA Rule Reference | Part of Report                         | Description  | Requirement                     | Location/ page |
|---------------------|--|--|---------------------------------|----------------|
| <b>17AD(g)</b>      | <b>Letter of transmittal</b>           |  |                                 |                |
| 17AI                | Letter of transmittal                  | A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report. | Mandatory                       | v              |
| <b>17AD(h)</b>      | <b>Aids to access</b>                  |  |                                 |                |
| 17AJ(a)             | Contents                               | Table of contents.   | Mandatory                       | vi-ix          |
| 17AJ(b)             | Appendices                             | Alphabetical index.  | Mandatory                       | 158-165        |
| 17AJ(c)             | Appendices                             | Glossary of abbreviations and acronyms.  | Mandatory                       | 153-6          |
| 17AJ(d)             | Appendices                             | List of requirements.  | Mandatory                       | 146-152        |
| 17AJ(e)             | Publication details                    | Details of contact officer.  | Mandatory                       | iv             |
| 17AJ(f)             | Cover                                  | Entity's website address.  | Mandatory                       | Back cover     |
| 17AJ(g)             | Publication details                    | Electronic address of report.  | Mandatory                       | iv             |
| <b>17AD(a)</b>      | <b>Review by accountable authority</b> |  |                                 |                |
| 17AD(a)             | Chief Executive Officer's review       | A review by the accountable authority of the entity.   | Mandatory                       | xi-xv          |
| <b>17AD(b)</b>      | <b>Overview of the entity</b>          |  |                                 |                |
| 17AE(1)(a)(i)       | Part 1                                 | A description of the role and functions of the entity.   | Mandatory                       | 2              |
| 17AE(1)(a)(ii)      | Part 1                                 | A description of the organisational structure of the entity.   | Mandatory                       | 8              |
| 17AE(1)(a)(iii)     | Part 1                                 | A description of the outcomes and programmes administered by the entity.   | Mandatory                       | 3              |
| 17AE(1)(a)(iv)      | Part 1                                 | A description of the purposes of the entity as included in corporate plan.   | Mandatory                       | 3              |
| 17AE(1)(aa)(i)      | Part 1                                 | Name of the accountable authority or each member of the accountable authority.   | Mandatory                       | v,xv,6         |
| 17AE(1)(aa)(ii)     | Part 1                                 | Position title of the accountable authority or each member of the accountable authority.   | Mandatory                       | v,xv,6         |
| 17AE(1)(aa)(iii)    | Part 1                                 | Period as the accountable authority or member of the accountable authority within the reporting period.  | Mandatory                       | v,xv,6         |
| 17AE(1)(b)          | N/A                                    | An outline of the structure of the portfolio of the entity.  | Portfolio departments mandatory | N/A            |

| PGPA Rule Reference | Part of Report                                 | Description   | Requirement               | Location/page |
|---------------------|--|---|---------------------------|---------------|
| 17AE(2)             | N/A  | Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.  | If applicable, Mandatory  | N/A           |
| <b>17AD(c)</b>      | <b>Report on the Performance of the entity</b> |   |                           |               |
|                     | <b>Annual performance statements</b>           |   |                           |               |
| 17AD(c)(i); 16F     | Part 3   | Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.  | Mandatory                 | 33-51         |
| <b>17AD(c)(ii)</b>  | <b>Report on financial performance</b>         |   |                           |               |
| 17AF(1)(a)          | Part 6   | A discussion and analysis of the entity's financial performance.  | Mandatory                 | 109           |
| 17AF(1)(b)          | Part 6   | A table summarising the total resources and total payments of the entity.   | Mandatory                 | 110           |
| 17AF(2)             | Part 6   | If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results. | If applicable, Mandatory. | N/A           |
| <b>17AD(d)</b>      | <b>Management and Accountability</b>           |   |                           |               |
|                     | <b>Corporate governance</b>                    |   |                           |               |
| 17AG(2)(a)          | Part 4   | Information on compliance with section 10 (fraud systems).  | Mandatory                 | 80-1          |
| 17AG(2)(b)(i)       | Letter of Transmittal                          | A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.  | Mandatory                 | v             |
| 17AG(2)(b)(ii)      | Letter of Transmittal                          | A certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud that meet the specific needs of the entity are in place.   | Mandatory                 | v             |
| 17AG(2)(b)(iii)     | Letter of Transmittal                          | A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.  | Mandatory                 | v             |
| 17AG(2)(c)          | Part 4   | An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.  | Mandatory                 | 57-8          |

| PGPA Rule Reference                  | Part of Report | Description  | Requirement              | Location/ page |
|--------------------------------------|----------------|--|--------------------------|----------------|
| 17AG(2)(d) - (e)                     | N/A            | A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with Finance law and action taken to remedy non-compliance.  | If applicable, Mandatory | N/A            |
| <b>Audit committee</b>               |                |  |                          |                |
| 17AG(2A)(a)                          | Part 4         | A direct electronic address of the charter determining the functions of the entity's audit committee.  | Mandatory                | 79             |
| 17AG(2A)(b)                          | Part 4         | The name of each member of the entity's audit committee.   | Mandatory                | 79             |
| 17AG(2A)(c)                          | Part 4         | The qualifications, knowledge, skills or experience of each member of the entity's audit committee.  | Mandatory                | 79             |
| 17AG(2A)(d)                          | Part 4         | Information about the attendance of each member of the entity's audit committee at committee meetings.   | Mandatory                | 79             |
| 17AG(2A)(e)                          | Part 4         | The remuneration of each member of the entity's audit committee.   | Mandatory                | 79             |
| <b>External scrutiny</b>             |                |  |                          |                |
| 17AG(3)                              | Part 4         | Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.   | Mandatory                | 77-78          |
| 17AG(3)(a)                           | Part 4         | Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity.   | If applicable, Mandatory | 77-78          |
| 17AG(3)(b)                           | Part 4         | Information on any reports on operations of the entity by the Auditor-General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman.   | If applicable, Mandatory | 77-78          |
| 17AG(3)(c)                           | N/A            | Information on any capability reviews on the entity that were released during the period.  | If applicable, Mandatory | N/A            |
| <b>Management of human resources</b> |                |  |                          |                |
| 17AG(4)(a)                           | Part 5         | An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.   | Mandatory                | 94-95          |
| 17AG(4)(aa)                          | Part 5         | Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following:<br>(a) statistics on full-time employees;<br>(b) statistics on part-time employees;<br>(c) statistics on gender<br>(d) statistics on staff location | Mandatory                | 95             |

| PGPA Rule Reference      | Part of Report | Description   | Requirement              | Location/page |
|--------------------------|----------------|---|--------------------------|---------------|
| 17AG(4)(b)               | Part 5         | <p>Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following:</p> <ul style="list-style-type: none"> <li>• Statistics on staffing classification level;</li> <li>• Statistics on full-time employees;</li> <li>• Statistics on part-time employees;</li> <li>• Statistics on gender;</li> <li>• Statistics on staff location;</li> <li>• Statistics on employees who identify as Indigenous.</li> </ul> | Mandatory                | 95            |
| 17AG(4)(c)               | Part 5         | Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> .  | Mandatory                | 96            |
| 17AG(4)(c)(i)            | Part 5         | Information on the number of SES and nonSES employees covered by agreements etc identified in paragraph 17AG(4)(c).   | Mandatory                | 96            |
| 17AG(4)(c)(ii)           | Part 5         | The salary ranges available for APS employees by classification level.  | Mandatory                | 99            |
| 17AG(4)(c)(iii)          | Part 5         | A description of non-salary benefits provided to employees.   | Mandatory                | 99            |
| 17AG(4)(d)(i)            | Part 5         | Information on the number of employees at each classification level who received performance pay.   | If applicable, Mandatory | 99            |
| 17AG(4)(d)(ii)           | N/A            | Information on aggregate amounts of performance pay at each classification level.   | If applicable, Mandatory | N/A           |
| 17AG(4)(d)(iii)          | N/A            | Information on the average amount of performance payment, and range of such payments, at each classification level.   | If applicable, Mandatory | N/A           |
| 17AG(4)(d)(iv)           | N/A            | Information on aggregate amount of performance payments.  | If applicable, Mandatory | N/A           |
| <b>Assets management</b> |                |   |                          |               |
| 17AG(5)                  | Part 4         | An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities.  | If applicable, mandatory | 86            |
| <b>Purchasing</b>        |                |   |                          |               |
| 17AG(6)                  | Part 4         | An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> .   | Mandatory                | 83            |

| PGPA Rule Reference                         | Part of Report | Description   | Requirement | Location/ page |
|---|----------------|---|-------------|----------------|
| <b>Reportable consultancy contracts</b>     |                |   |             |                |
| 17AG(7)(a)                                  | Part 4         | A summary statement detailing the number of new reportable consultancy contracts entered into during the period; the total actual expenditure on all such contracts (inclusive of GST); the number of ongoing reportable consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST).     | Mandatory   | 84             |
| 17AG(7)(b)                                  | Part 4         | A statement that <i>"During [reporting period], [specified number] new reportable consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]"</i> .   | Mandatory   | 84             |
| 17AG(7)(c)                                  | Part 4         | A summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged.  | Mandatory   | 84             |
| 17AG(7)(d)                                  | Part 4         | A statement that <i>"Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website."</i>  | Mandatory   | 84             |
| <b>Reportable non-consultancy contracts</b> |                |   |             |                |
| 17AG(7A)(a)                                 | Part 4         | A summary statement detailing the number of new reportable non-consultancy contracts entered into during the period; the total actual expenditure on such contracts (inclusive of GST); the number of ongoing reportable non-consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST). | Mandatory   | 85             |
| 17AG(7A)(b)                                 | Part 4         | A statement that <i>"Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website."</i>  | Mandatory   | 84             |

| PGPA Rule Reference  | Part of Report | Description  | Requirement              | Location/page |
|--|----------------|--|--------------------------|---------------|
| <b>17AD(daa)</b>   |                |  |                          |               |
| <b>Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts</b> |                |  |                          |               |
| 17AGA  | Part 4         | Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts.  | Mandatory                | 84-5          |
| <b>Australian National Audit Office access clauses</b>   |                |  |                          |               |
| 17AG(8)  | Part 4         | If an entity entered into a contract with a value of more than \$100 000 (inclusive of GST) and the contract did not provide the Auditor-General with access to the contractor's premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.  | If applicable, Mandatory | 84            |
| <b>Exempt contracts</b>  |                |  |                          |               |
| 17AG(9)  | Part 4         | If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters. | If applicable, Mandatory | 85            |
| <b>Small business</b>  |                |  |                          |               |
| 17AG(10)(a)  | Part 4         | A statement that "[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website."  | Mandatory                | 85            |
| 17AG(10)(b)  | Part 4         | An outline of the ways in which the procurement practices of the entity support small and medium enterprises.  | Mandatory                | 85            |
| 17AG(10)(c)  | Part 4         | If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that "[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury's website."  | If applicable, Mandatory | 85            |

| PGPA Rule Reference           | Part of Report                     | Description   | Requirement              | Location/ page                           |
|-------------------------------|------------------------------------|---|--------------------------|--|
| <b>Financial statements</b>   |                                    |   |                          |  |
| 17AD(e)                       | Part 6                             | Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.  | Mandatory                | 111-143                                  |
| <b>Executive remuneration</b> |                                    |   |                          |  |
| 17AD(da)                      | Part 5                             | Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 23 of the Rule.  | Mandatory                | 98                                       |
| <b>17AD(f)</b>                | <b>Other mandatory information</b> |   |                          |  |
| 17AH(1)(a)(i)                 | N/A                                | If the entity conducted advertising campaigns, a statement that <i>"During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity's website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance's website."</i> | If applicable, Mandatory | N/A                                      |
| 17AH(1)(a)(ii)                | Part 4                             | If the entity did not conduct advertising campaigns, a statement to that effect.  | If applicable, Mandatory | 86                                       |
| 17AH(1)(b)                    | Part 1                             | A statement that <i>"Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity's website]."</i>  | If applicable, Mandatory | 10                                       |
| 17AH(1)(c)                    | Part 5                             | Outline of mechanisms of disability reporting, including reference to website for further information.  | Mandatory                | 104                                      |
| 17AH(1)(d)                    | Part 4                             | Website reference to where the entity's Information Publication Scheme statement pursuant to Part II of FOI Act can be found.   | Mandatory                | 81                                       |
| 17AH(1)(e)                    | N/A                                | Correction of material errors in previous annual report   | If applicable, mandatory | N/A                                      |
| 17AH(2)                       | Part 4                             | Information required by other legislation   | Mandatory                | 46-47<br>58-69,<br>69-74,<br>78,<br>86-7 |



## Appendix 3: Abbreviations and acronyms

|            |  |
|------------|--|
| 3D         | three-dimensional  |
| AAHMS      | Australian Academy of Health and Medical Sciences                                  |
| AAMRI      | Association of Australian Medical Research Institutes                              |
| AASB       | Australian Accounting Standards Board  |
| ABN        | Australian Business Number   |
| AC         | Companion of the Order of Australia  |
| ACT        | Australian Capital Territory   |
| AHEC       | Australian Health Ethics Committee   |
| AHRTC      | Advanced Health Research and Translation Centre                                    |
| AI         | Administering Institution  |
| ALIVE      | The ALIVE National Centre for Mental Health Research Translation                   |
| AM         | Member of the Order of Australia   |
| AMA        | Australian Medical Association   |
| AMRAB      | Australian Medical Research Advisory Board   |
| ANAO       | Australian National Audit Office   |
| ANU        | Australian National University   |
| AO         | Officer of the Order of Australia  |
| APPRISE    | Australian Partnership for Preparedness Research on Infectious Disease Emergencies |
| APS        | Australian Public Service  |
| ARC        | Australian Research Council  |
| ARIC       | Australian Research Integrity Committee  |
| AS/NZ      | Australian/New Zealand Standards   |
| ASD        | autism spectrum disorder   |
| ASI        | Australian and New Zealand Society for Immunology                                  |
| Autism CRC | Cooperative Research Centre for Living with Autism                                 |
| CAM        | chorioallantoic membrane   |
| CC BY      | Creative Commons Attribution license   |
| CEO        | Chief Executive Officer  |
| CHD        | congenital heart disease   |
| CI         | Chief Investigator   |
| CIA        | Chief Investigator A   |
| CIRH       | Centres for Innovation in Regional Health  |
| CKD        | chronic kidney disease   |
| COVID-19   | coronavirus disease SARS-CoV-2   |
| CPR        | Commonwealth Procurement Rules   |

## Appendices

|              |   |
|--------------|---|
| CRE          | Centre of Research Excellence                                     |
| CSIRO        | Commonwealth Scientific and Industrial Research Organisation      |
| CSL          | Commonwealth Serum Laboratories                                   |
| CSS          | Commonwealth Superannuation Scheme                                |
| DCB          | Departmental Capital Budgets                                      |
| DNA          | deoxyribonucleic acid   |
| EEGO         | Energy Efficiency in Government Operations                        |
| EL           | Executive Level   |
| ERLC         | Embryo Research Licensing Committee                               |
| FAQ          | frequently asked questions  |
| FAA          | Fellow of the Australian Academy of Science                       |
| FAHMS        | Fellow of the Australian Academy of Health and Medical Sciences   |
| FBT          | Fringe Benefits Tax   |
| FCPA         | Fellow of CPA Australia   |
| FOI, FOI Act | freedom of information, <i>Freedom of Information Act 1982</i>    |
| FVOCI        | Financial Assets at Fair Value through Other Comprehensive Income |
| FVTPL        | Financial Assets at Fair Value through Profit or Loss             |
| GGG          | General Government Sector   |
| GloPID-R     | Global Research Collaboration for Infectious Disease Preparedness |
| GST          | Goods and Services Tax  |
| H1N1         | influenza A virus subtype H1N1                                    |
| HIAC         | Health Innovation Advisory Committee                              |
| HIV          | human immunodeficiency virus                                      |
| HOT North    | Improving Health Outcomes in the Tropical North research program  |
| HPV          | human papillomavirus  |
| HTAC         | Health Translation Advisory Committee                             |
| IACR         | Institutional Annual Compliance Report                            |
| IBV          | influenza B virus   |
| ILAE         | International League Against Epilepsy                             |
| INNOVATE     | INNOVATE Reconciliation Action Plan                               |
| IPS          | Information Publication Scheme                                    |
| IRP          | Indigenous Review Panels  |
| ISO          | International Organization for Standardization                    |
| ISSN         | International Standard Serial Number                              |
| IT           | Information technology  |
| IVF          | in vitro fertilization  |
| JCSMR        | John Curtin School of Medical Research                            |
| KEMH         | King Edward Memorial Hospital                                     |
| KPMG         | Klynveld Peat Marwick Goerdeler                                   |
| ME/CFS       | myalgic encephalomyelitis/chronic fatigue syndrome                |

|                |   |
|----------------|---|
| MHRAC          | Mental Health Research Advisory Committee   |
| MP             | Member of Parliament  |
| MREA           | Medical Research Endowment Account  |
| MRFF           | Medical Research Future Fund  |
| MP             | Member of Parliament  |
| NABERS         | National Australian Built Environment Rating System   |
| NAIDOC         | National Aborigines and Islanders Day Observance Committee  |
| NATDCRP        | Northern Australia Tropical Disease Collaborative Research Program                                |
| NCHRAC         | National COVID-19 Health and Research Advisory Committee  |
| NeuRA          | Neuroscience Research Australia   |
| NHMRC          | National Health and Medical Research Council  |
| NHMRC Act      | <i>National Health and Medical Research Council Act 1992</i>                                      |
| NHPA           | National Health Priority Area   |
| NHS            | National Health Service   |
| NSW            | New South Wales   |
| NT             | Northern Territory  |
| OAIC           | Office of the Australian Information Commissioner   |
| OAM            | Order of Australia Medal  |
| OPA            | Official Public Account   |
| P&E            | Plant and Equipment   |
| PBS            | portfolio budget statements   |
| PHCR Act       | <i>Prohibition of Human Cloning for Reproduction Act 2002</i>                                     |
| PCR            | polymerase chain reaction   |
| PGPA Act       | <i>Public Governance, Performance and Accountability Act 2013</i>                                 |
| PGPA Rule      | Public Governance, Performance and Accountability Rule 2014                                       |
| PHCR Act       | <i>Prohibition of Human Cloning for Reproduction Act 2002</i>                                     |
| PhD            | Doctor of Philosophy  |
| PRAC           | Peer Review Analysis Committee  |
| PREMISE        | Prevention and Early Intervention in Mental Illness and Substance Use                             |
| PS Act         | <i>Public Service Act 1999</i>  |
| PSM            | Public Service Medal  |
| PSS            | Public Sector Superannuation Scheme   |
| PSSap          | Public Sector Superannuation Scheme accumulation plan   |
| QIMR           | Queensland Institute of Medical Research  |
| R <sub>0</sub> | basic reproduction number/rate of an infectious disease   |
| REMAP-CAP      | A Randomised, Embedded, Multi-factorial, Adaptive Platform Trial for Community-Acquired Pneumonia |
| RGMS           | Research Grants Management System   |
| RIHE Act       | <i>Research Involving Human Embryos Act 2002</i>  |
| RNA            | ribonucleic acid  |

## Appendices

|            |  |
|------------|--|
| ROU        | Right of Use   |
| RQSC       | Research Quality Steering Committee                              |
| SAHMRI     | South Australian Health and Medical Research Institute           |
| SARS-CoV-2 | severe acute respiratory syndrome coronavirus 2                  |
| SES        | Senior Executive Service   |
| SToP       | See, Treat, Prevent  |
| SME        | small and medium enterprises                                     |
| TCR        | Targeted Call for Research                                       |
| UNESCO     | United Nations Educational, Scientific and Cultural Organization |
| WA         | Western Australia  |
| WEHI       | Walter and Eliza Hall Institute of Medical Research              |
| WHO        | World Health Organization  |
| WHS        | Work Health and Safety   |
| WHS Act    | <i>Work Health and Safety Act 2011</i>                           |
| WIP        | Work in Progress   |

# Appendix 4: List of figures and tables

## List of figures

|  |     |
|--|-----|
| Figure 1: NHMRC funding snapshot, 2020–21  | ii  |
| Figure 2: NHMRC staff snapshot, 2020–21  | ii  |
| Figure 3: Research on major health issues funded by NHMRC, 2020–21                     | iii |
| Figure 4: NHMRC Aboriginal and Torres Strait Islander health research funding, 2020–21 | iii |
| Figure 5: NHMRC applications for funding by gender, 2020–21                            | iii |
| Figure 6: NHMRC's strategy for health and medical research                             | 4   |
| Figure 7: NHMRC organisational structure at 30 June 2021                               | 8   |
| Figure 8: Medical Research Endowment Account, 2011–12 to 2020–21                       | 9   |
| Figure 9: Alcohol guidelines   | 32  |
| Figure 10: Governance structure under the NHMRC Act                                    | 58  |

## List of tables

|   |     |
|---|-----|
| Table 1: NHMRC's strategic themes, functions and purposes   | 3   |
| Table 2: NHMRC expenditure on research on major health issues, 2016–17 to 2020–21                       | 5   |
| Table 3: NHMRC grant program  | 10  |
| Table 4: NHMRC funding summary, 2020–21   | 11  |
| Table 5: NHMRC's strategic themes, functions and purposes   | 34  |
| Table 6: Summary of results, 2020–21  | 35  |
| Table 7: NHMRC expenditure by broad research area, 2016–17 to 2020–21                                   | 38  |
| Table 8: NHMRC expenditure on Aboriginal and Torres Strait Islander health research, 2016–17 to 2020–21 | 41  |
| Table 9: Number of Indigenous Chief Investigators (CIs) on NHMRC grant applications, 2017–18 to 2020–21 | 42  |
| Table 10: Funded rate by gender of Chief Investigator A (CIA), 2019 and 2020                            | 44  |
| Table 11: NHMRC Audit Committee, 2020–21  | 79  |
| Table 12: NHMRC freedom of information requests, 2020–21  | 81  |
| Table 13: Reportable consultancy contracts, 2020–21   | 84  |
| Table 14: Organisations receiving a share of reportable consultancy contract expenditure, 2020–21       | 84  |
| Table 15: Reportable non-consultancy contracts, 2020–21   | 85  |
| Table 16: Organisations receiving a share of reportable non-consultancy contract expenditure, 2020–21   | 85  |
| Table 17: Energy consumption, 2020–21   | 88  |
| Table 18: NHMRC workforce, 30 June 2017–18 to 2020–21   | 95  |
| Table 19: Key Management Personnel, 2020–21   | 98  |
| Table 20: NHMRC salary ranges, 30 June 2021   | 99  |
| Table 21: NHMRC premium rate (%) compared with the Commonwealth scheme average                          | 102 |
| Table 22: Representation of key groups in NHMRC workforce, 2017–18 to 2020–21                           | 103 |
| Table 23: NHMRC departmental financial performance, 2020–21   | 109 |
| Table 24: NHMRC Agency resource statement   | 110 |
| Table 25: Public consultations, 2020–21   | 145 |

# Index

## A

- abbreviations, 153–156
- Aboriginal and Torres Strait Islander businesses, 86
- Aboriginal and Torres Strait Islander employment, 95, 103
- Aboriginal and Torres Strait Islander health
  - Indigenous researchers, iii, xiii, 35, 39, 41–42, 52–53, 91–92
  - research funding, iii, 35, 40–41, 91–92
- accountable authority, 34
- Accountable Authority Instructions, 83
- Ada, Gordon, 107
- Administering Institutions, 15, 36–37, 49, 79, 80, 82
- Administrative Appeals Tribunal, 77, 82
- Advanced Health Research and Translation Centres, xiii, 45–46
- advertising and market research, 86
- agency resource statement, 110
- alcohol consumption health risk, guidelines, xiii, 30–32, 47
- Alexander, Ian, 26
- ALIVE National Centre for Mental Health Research Translation, 54–55
- animals used for scientific purposes, guidelines, xiv, 145
- annual performance statements see performance results
- antivenom research, 9
- antiviral agents, xiv, 12, 107
- arthritis
  - pharmacological management guidelines, 47
  - research funding, iii, 5
- asset management, 86
- asthma, iii, 5
- Audit Committee, 79
- Auditor-General access clauses in contracts, 84
- audits
  - financial statements audit report, 113–114
  - internal audit, 78, 79
  - performance audits, 78
- AusTender, 83, 85
- Australia Day awards, 105
- Australian code for the care and use of animals for scientific purposes*, xiv, 145
- Australian code for the responsible conduct of research*, 36, 49, 80, 82
- Australian dietary guidelines*, xiii, 145
- Australian drinking water guidelines*, xiii
- Australian guidelines for the clinical care of people with COVID-19*, xiv, 47
- Australian guidelines to reduce the health risks from drinking alcohol*, xiii, 30–32, 47
- Australian Health Ethics Committee, xv, 16, 48, 58, 71
- Australian Health Ministers' Advisory Council, 40
  - Mental Health Principal Committee, 55
- Australian Health Protection Principal Committee, 16
- Australian Immunisation Handbook*, 47
- Australian Information Commissioner, 77, 82
- Australian Institute of Criminology, 81
- Australian Medical Research Advisory Board, xiii, 77
- Australian National Audit Office
  - access clauses in contracts, 84
  - financial statements audit report, 113–114
  - performance audits, 78
- Australian National University, John Curtin School of Medical Research, 106–107
- Australian Partnership for Preparedness Research on Infectious Disease Emergencies (APPRISE), xv, 15, 45
- Australian Research Council, 49, 77, 82, 83
- Australian Research Integrity Committee, 48, 82–83
- Australian Technical Advisory Group on Immunisation, xv, 16
- autism assessment and diagnosis guideline, 89–90
- awards (grants) see grants

- awards (recognition), xv
  - Biennial Awards, 27–29
  - NHMRC Research Excellence Awards, 18–27
  - Australia Day, 105
- B**
- Biennial Awards, 27–29
- Blackburn, Elizabeth, 20
- Burchill, Luke, 23
- Burnet, Sir Frank Macfarlane, 106–107
- business continuity, 100–101
- C**
- cancer
  - research, iii, 5, 12
  - screening program participation, 40
- Canfell, Karen, 22
- cardiovascular disease, iii, 5, 13
- case studies
  - Autism assessment and diagnosis guideline, 89–90
  - Improving health outcomes in the tropical north, 91–92
  - Influenza pandemics and their control, 106–107
- case study development and publication, 35, 39, 47–48
- Centres for Innovation in Regional Health, xiii, 45–46
- Centres of Research Excellence, ii, 11, 15
- Charles Perkins Centre, University of Sydney, 29
- Chief Executive Officer, 6, 57, 58–59, 80
  - accountable authority statement, 34
  - ARIC report to, 83
  - functions, 57
  - ministerial advisory committees, 77
  - referrals from the minister, 78
  - regulatory recommendations, 78
  - remuneration, 96, 98
  - review of year, xi–xv
- Chief Medical Officers *see* Commonwealth Chief Medical Officer; Council of NHMRC
- child lung health, 92
- chronic fatigue / myalgic encephalomyelitis, 39
- chronic lung disease, 92
- clinical practice guidelines, xiii–xiv, 46–47
- clinical trials, ii, 11, 12, 44
- Cochrane Collaboration, 9
- collaboration, 11, 16, 55
- Colman, Peter, 107
- commercialisation of research *see* translation (purpose)
- Commissioner of Complaints annual report, 86–87
- committees
  - chairs, xvi
  - ministerial advisory committees, 77
  - NHMRC internal committees, 58, 79
  - Principal Committees, xv, 57–58, 69–74
  - working committees, 57–58, 74–76
- Commonwealth Chief Medical Officer, 16, 77
- Commonwealth Health Minister’s Award for Excellence in Health and Medical Research, 18
- Commonwealth Ombudsman, 77
- Commonwealth Procurement Rules, 83, 84
- Commonwealth Scientific and Industrial Research Organisation (CSIRO), 106–107
- Commonwealth Serum Laboratories (CSL), 106–107
- Community and Consumer Advisory Group, xv, 75
- complaints, 86–87
- compliance and assurance, 79–82
- compliance by stakeholders with regulatory requirements, 36, 50–51
- consultancy services, 84–85
- consultation, public, 145
- Consumer Engagement Award, 28
- Consumers Health Forum of Australia, 16
- contact details, iv
- contracts and consultancy services, 84–85
- Cooperative Research Centre for Living with Autism, 90
- coronavirus *see* COVID-19 pandemic
- corporate (internal) governance, 58

## Appendices

corporate plan targets and performance, 4, 35–36  
integrity targets, 36, 48–51  
investment targets, 35, 37–44  
translation targets, 35, 45–48

Council of NHMRC  
chair, xv, 60  
functions, 58–59  
meetings, 59  
members, xiii, 60–69  
Principal Committees, xv, 57–58, 69–74  
working committees, 57–58, 74–76

COVID-19 pandemic  
clinical care guidelines, xiv, 47  
ethics framework, xiv, 16, 48  
impact of, 9, 11, 51, 79  
information sharing, 16  
international collaboration, 16  
management of, xi, xv  
national advisory committee, xv, 16, 50, 77  
NHMRC corporate response, 94–95, 99–101  
NHMRC response by purpose, 14–16, 37, 45, 48, 50  
research, xi, xiv–xv, 12, 14–16, 37  
risk register, 80  
vaccine and antiviral drug development, xiv–xv, 16

COVID-19 Vaccine Forums, xv  
CSIRO, 106–107  
CSL Ltd, 107

## D

*Decision-making for pandemics: an ethics framework*, xiv, 16, 48

Dementia Centre for Research  
Collaboration, 9

dementia research, iii, 5, 9, 13

Department of Health, xv, 16  
Health and Medical Research Office, xiii

diabetes, iii, 5, 47, 92

dietary guidelines, xiii, 145

disability reporting, 104

disease preparedness, xv, 15, 16, 45,  
*see also* COVID-19 pandemic;  
influenza pandemics and their control

Doherty, Peter, 19

drinking water guidelines, xiii, 145

## E

Eades, Sandra, 23

e-cigarettes, xiii

Elizabeth Blackburn Investigator  
Grant Awards, 20–22

Embryo Research Licensing Committee, xiv,  
xv, 48, 50–51, 58, 70, 73–74

employees *see* people management

end-of-life care, 40

energy consumption, 88

Engagement and Impact Assessment  
Advisory Committee, 77

enterprise agreement, 96

environmental change, xiii, 40

environmental health guidelines, xiii, 46–47

environmental management, 87–88

ethics and integrity, xiv, 82–83  
*Australian code for the care and use of animals for scientific purposes*, xiv, 145  
*Australian code for the responsible conduct of research*, 36, 49, 80, 82  
*Decision-making for pandemics: an ethics framework*, xiv, 16, 48

integrity (purpose) performance analysis, 34, 36, 48–51

misconduct reporting, 80–81, 82

Ethics Award, 28

Excellence in Research for Australia  
Committee, 77

Executive Board, 58

Executive Directors, 7, 80

exempt contracts, 85

external scrutiny, 77–78

extreme weather events, xiii, 40



**F**

female researchers *see* gender equality in research

Fenner, Frank, 24

finance law compliance, 79

financial performance, 109–110

financial statements, 112–143  
independent audit report, 113–114

foreign interference in research, xii

Frank Fenner Investigator Grant Award, 24

fraud prevention and control, v, 80–81

freedom of information, 81–82

funding of research *see* grants; research funding and expenditure

funding policies, xii

**G**

gender equality in research, iii, 42–44

General Manager, 6

Global Research Collaboration for Infectious Disease Preparedness (GloPID-R), 16

Gottschalk, Alfred, 107

governance, 57–76

grants, xii, 9–13, 37–44  
broad research area, 38  
Clinical Trials and Cohort Studies, ii, 11, 44  
for COVID-19 research, xiv–xv, 12, 14–16, 37  
financial performance, 109–110  
funding summary, 9–11  
gender equality, iii, 42–44  
health outcomes for Indigenous people, 40–42  
Ideas, ii, xii, xiii, 9, 11, 14, 26–27, 43, 44  
impact of, 35, 47–48, *see also* case studies; case study development and publication  
influenza research, 106–107  
Investigator, xii, xiii, 9, 11, 18–24, 43, 44  
major health areas, iii, 5  
new grants funding, xii, 9  
strategic and leveraging grants, 11  
Synergy, 9, 11, 44  
targeted and priority driven, 39–40

*see also* Medical Research Endowment Account (MREA); Medical Research Future Fund (MRFF); research funding and expenditure

grants management, xiii, 58, 70

guidelines and codes, 46–47, 49  
issued in 2020–21, xiii–xiv, 30–32, 47  
public consultation, 145

Gustav Nossal Postgraduate Scholarship Award, 25

**H**

health and medical research strategy, 4–5

Health Innovation Advisory Committee, xv, 58, 72

Health Outcomes in the Tropical North (HOT North) research program, 91–92

Health Portfolio Budget Statements, 3  
performance analysis *see* performance results

health threat preparedness *see* pandemic preparedness; Special Initiative in Human Health and Environmental Change

Health Translation Advisory Committee, xv, 58, 72–73

Hollande, Frederic, 29

Homeopathy Review, 77

human adult skin cell reprogramming, xiv

human cloning for reproduction, v, 2, 36, 48, 50–51, 73

human embryo research, xiv, 2, 36, 48, 50–51, 73

human resources *see* people management

Hunt, Greg, 18, *see also* Minister for Health

**I**

iBlastoids, xiv

in vitro fertilisation (IVF) technology  
*see* mitochondrial donation

incident reporting (WHS), 101–102

Indigenous health *see* Aboriginal and Torres Strait Islander health

Indigenous Procurement Policy, 86

## Appendices

infectious disease preparedness, xv, 15, 16, 45, *see also* COVID-19 pandemic; influenza pandemics and their control; Australian Partnership for Preparedness Research on Infectious Disease Emergencies (APPRISE)

influenza pandemics and their control, 106–107

Information Publication Scheme, 81

infrastructure support, ii, 11

injury incidents (WHS), 101–102

injury research, iii, 5

integrity (purpose), 3, 34

- NHMRC response to COVID-19, 16, 48, 50
- performance results, 48–51
- performance summary, 35

international collaboration, 11, 16

investment (purpose), 3, 34

- NHMRC response to COVID-19, 14–15, 37
- performance results, 37–44
- performance summary, 35

## J

John Curtin School of Medical Research, Australian National University, 106–107

judicial decisions, 77

## K

Kelso, Anne, 18, *see also* Chief Executive Officer

key management personnel, 6–7

Koutsakos, Marios, 24

## L

Laver, Graeme, 107

leadership of NHMRC, 6–7

learning and development, 83, 102

legislative framework, v, 2, 57

letter of transmittal, v

Lewin, Sharon, 27

Lind, Patricia, 107

*Living guidelines for stroke management*, xiv, 47

lung disease, 92

## M

malaria, 92

market research, 86

Marshall, Barry, 26

Marshall and Warren Awards, 26–27

McKenzie, Anne, 28

McManus, Don, 19

Medical Research Endowment Account (MREA), iii, xii, xiii, 5, 9, 41

*Medical Research Future Fund Act 2015*, v, 2, 57

Medical Research Future Fund (MRFF), xiii, 12–13, 16, 79

mental health, iii, xiii, 5, 13, 39, 54–55

Mental Health Research Advisory Committee, 55

Million Minds Mission Advisory Panel, 55

Minister for Health, 16, 57, 58, 86

- Commonwealth Health Minister’s Award for Excellence, 18
- minister responsible for NHMRC, 57
- referrals to CEO or Council, 78

ministerial advisory committees, 77

misconduct reporting, 80–81, 82, *see also* fraud prevention and control; research integrity

mission, 3, *see also* purposes

mitochondrial donation, xiv

Monash University, 106–107

Morgan, Angela, 21

mosquito traps, 92

myalgic encephalomyelitis / chronic fatigue, 39

## N

NABERS energy rating, 88

National COVID-19 Health and Research Advisory Committee, xv, 16, 50, 77

National First Nations Research Network, 52–53

*National Health and Medical Research Council Act 1992*, v, 2, 57, 58, 60, 69, 70, 71

- complaints process, 86–87
- reportable matters, 78

- National Health and Medical Research Council (organisation)
  - awards, 18–29
  - corporate (internal) governance, 58
  - Council see Council of NHMRC
  - financial performance, 109–110
  - leadership, 6–7
  - legislative framework, 57
  - organisational structure, 8
  - outcomes and programs, 3
  - overview, 1–16
  - purposes, 3, 34
  - research investment see grants
  - role and functions, 2
  - strategy for health and medical research, 4–5
- National healthy skin guideline*, 92
- National Mental Health Commission, 55
- National Network for Aboriginal and Torres Strait Islander Health Researchers, xiii, 39, 41, 52–53
- non-salary benefits, 99
- Northern Australia Tropical Disease Collaborative Research Program, 91–92
- Nossal, Sir Gustav, 25
- O**
- obesity, iii, 5
- objectives see purposes
- Office of the Australian Information Commissioner, 77, 82
- Olver, Ian, 28
- Open Access Policy, xiv, 50, 145
- osteoporosis, iii, 5
- outcome and program, 3
- Outstanding Contribution Award, 27
- P**
- pandemic preparedness, xv, 15, 16, 45, see also COVID-19 pandemic; influenza pandemics and their control; Australian Partnership for Preparedness Research on Infectious Disease Emergencies (APPRISE)
- parliamentary committees, 78
- Partnership Projects, ii, 11
- peer review, 5, 14, 15
- Peer Review Analysis Committee, 76
- people management, 94–105
  - COVID-19 pandemic response, 94–95, 99–101
  - Employee Census results, 94–95, 102
  - learning and development, 83, 102
  - performance management framework, 104
  - remuneration, 96–99
  - reward and recognition, 105
  - staff engagement and wellbeing, 94–95
  - staffing statistics, ii, 95, 103
  - work health and safety, 99–102
  - workforce planning, 95–96
  - working arrangements, xv, 100–101
  - workplace agreements, 96
  - workplace culture and performance, 94–95
  - workplace diversity, ii, 102–103
- performance audits by ANAO, 78
- performance management framework (staff), 104
- performance pay, 97, 99
- performance results
  - accountable authority statement, 34
  - environmental management, 87–88
  - financial performance, 109–110
  - integrity (purpose), 36, 48–51
  - investment (purpose), 35, 37–44
  - translation (purpose), 35, 45–48
  - see also people management
- Peter Doherty Investigator Grant Awards, 19–20
- Pham, Jonathan, 25
- Portfolio Budget Statements, 3
  - performance analysis see performance results
- portfolio, 2
- postgraduate scholarships, ii, 25
- pregnancy care guidelines, 47
- primary health care, 13
- Principal Committee Indigenous Caucus, xv, 53, 74–75
- Principal Committees, xv, 57–58, 69–74

## Appendices

- priorities, 4–5
  - privacy, 81
  - procurement *see* purchasing and procurement
  - program, *see* outcome and program
  - Prohibition of Human Cloning for Reproduction Act 2002*, v, 2, 36, 48, 50–51, 57, 73
  - Psaltis, Peter, 26–27
  - public consultation, 145
  - Public Governance, Performance and Accountability Act 2013*, v, 34, 57, 79, 80
  - Public Governance, Performance and Accountability Rule 2014, 79, 81
  - public health guidelines, xiii–xiv, 46–47
  - public interest disclosure, 77
  - Public Service Act 1999*, 57, 96
  - publishing
    - case study development and publication, 35, 39, 47–48
    - open access, xiv, 50, 145
    - see also* guidelines and codes
  - purchasing and procurement, 83–86
  - purposes, 3, 34, *see also* integrity (purpose); investment (purpose); translation (purpose)
- ## R
- Reconciliation Action Plan, 103
  - Relative to Opportunity Policy, xii, 14
  - remuneration, 96–99
  - reportable matters, 78
  - Research Committee, xii, xv, 58, 70, 86
  - Research Excellence Awards, xv, 18–27
  - research funding and expenditure, 9–11
    - by broad research area, 38
    - COVID-19, xiv–xv, 14–16
    - gender equality in research, iii, 42–44
    - grants *see* grants
    - impact of research funding, 35, 47–48, *see also* case studies; case study development and publication; translation (purpose)
    - investment (purpose) performance analysis, 34, 35, 37–44
    - major health issues, iii, 5
    - reviewable actions, complaints concerning, 86–87
    - snapshot, ii
    - summary, 9–13
    - see also* investment (purpose); research translation; Targeted Calls for Research
  - Research Grants Management System, xiii, *see also* grants management
  - research integrity, 82–83
    - integrity (purpose) performance analysis, 34, 36, 48–51
    - misconduct reporting, 80–81, 82
  - Research Involving Human Embryos Act 2002*, v, xiv, 2, 36, 48, 50–51, 57, 73
  - research outcomes *see* translation (purpose)
  - Research Quality Award, 29
  - Research Quality Steering Committee, 50, 76
  - Research Quality Strategy, 48, 49–50
  - research translation, xiii
    - translation (purpose) performance analysis, 34, 35, 45–48
  - research transparency, xiv, 48, 76
  - resources and expenses, 109–110, *see also* financial statements
  - risk management, 80
  - Robertson, Sarah, 20–21
  - role and functions, 2
  - Rooney, Kieron, 29
- ## S
- Sandra Eades Investigator Grant Award, 23
  - Sapphire grants management system, xiii, 58
  - Science to Art Award, 29
  - senior executives, 6–7
    - remuneration, 96–98
  - small business participation in procurement, 85–86
  - Special Initiative in Human Health and Environmental Change, xiii, 39–40
  - Special Initiative in Mental Health, xiii, 39, 54–55
  - staff *see* people management

stakeholders, 2  
     consultation with, 53, 54–55, 145  
     understanding of regulatory requirements, 36, 50–51  
 statement by accountable authority, 34  
 strategic themes, 3  
 strategy for health and medical research, 4–5  
 Stroke Foundation, xiv  
 stroke management, xiv, 47

## T

Targeted Calls for Research, ii, 11, 39–40  
 Tong, Allison, 22  
 translation (purpose), 3, 34  
     NHMRC response to COVID-19, 15–16, 45  
     performance results, 45–48  
     performance summary, 35  
 tropical medicine, 91–92

## U

Universities Australia, 49  
 University Foreign Interference Taskforce, xii

## V

Varghese, Jose, 107  
 Vogel, Joshua, 18, 20  
 von Itzstein, Mark, 107

## W

Walter and Eliza Hall Institute of Medical Research (WEHI), 106–107  
 Warren, Robin, 26  
 weather *see* extreme weather events  
 women *see* gender equality in research  
 Women in Health Science Committee, xv, 75–76  
 work health and safety, 99–102  
 workers compensation premium, 101–102  
 workforce planning, 95–96  
 working committees, 57–58, 74–76  
 workplace agreements, 96  
 workplace diversity, ii, 102–103  
 World Health Organization, 106

