

I am providing input into UWA's submission to the State Government Inquiry into support for health and medical research funding and priorities (2024). This input draws on my lived experience as a researcher at the nexus between public policy and public health, focusing on vaccine uptake, acceptance, and policy for childhood, COVID-19, and other adult vaccinations.

In particular, I draw on my experiences engaging with the Future Health Research Innovation fund (FHRI), attaining a \$4.7m grant as Chief Investigator A on a Medical Research Future Fund round dedicated to mid-career researchers (2022), and another \$805,458 as CI on an MRFF funded project for Aboriginal researchers (2022), which also brought funds to WA. I have also recently applied for a Centre of Research Excellence (twice) and an Ideas Grant through the National Health and Medical Research Council (NHMRC). Although I was not CIA on either of these initiatives, both would bring non-trivial funding allocations to my institution (and hence state) if successful.

1. Western Australia's small share of national competitive funding

Western Australian researchers' capacity to lead the national field is hampered by the additional burdens faced in being seen by / considered / rising to the top of one's field in an "Eastern-states-centric" paradigm. This is, in part, a pipeline problem where we face additional burdens at junior levels. It costs us more to do all that preparatory work that qualifies us as someone who can eventually lead large-scale national grants. Getting "over east" for conferences costs more and requires longer period away from home. Journalists in the more populous eastern states call on our peers "over east" for comments on national stories, hindering our impact that we later cite in grant applications. Even the time difference can be a problem – we are three hours behind the engine room of our country for commenting on unfolding events, participating in the national discourse, and scheduling time with our collaborators. These are just three examples that, whilst they may seem trivial in isolation, can combine to hinder our career progress vis a vis our eastern counterparts.

Every grant application involves an opportunity cost and requires immense support. I suspect that WA researchers are also not putting in for these grants because of this. For the large MRFF grant I was able to secure, my success was underpinned by significant and high-quality support from my institution, including a "special ops" team dedicated to supporting high-value applications (this gave me a near-full time senior support person to navigate and troubleshoot), and the fact that I had secured some additional time (18 months) by agreement with my Head of School in a research-intensive role despite being "between fellowships". Put simply, I could not have led that grant application if I was leading a normal research-teaching academic life. My institution invested in me and my capacity and it paid off. As much as possible, our state government needs to back this kind of investment, including through non-traditional pathways. For example, I sit at the nexus between the MRFF, the NHMRC and the ARC. I will pursue my next fellowship through the ARC for public health work, but it's not clear that I could access, for example, FHRI support or backing for my work or projects in a "near miss" scenario because I am not a traditional NHMRC applicant.

My last point here is actually a strengths-framing from my field, and an area of opportunity. In immunisation policy, WA has been a national leader in funding flu vaccine for children for many years prior to this being funded on the National Immunisation Program. This innovation has meant that local researchers can capitalise and lead the national field. I am CI on an NHMRC Ideas Grant application that went in this year, led by WA researchers. We

will bring all the funds here if successful. In this research, we are capitalising on our connection to WA and its long-term childhood influenza vaccine program for our data collection. In short, we are able to lead the field in our *research* because our state leads the field in *policy*.

A second, related, example is WA's rollout of Nirsevimab, an immunisation product that protects infants from RSV. WA is, again, leading the national field with a newborn and catch-up program – almost every other state is not doing this. WA Health has funded my lab to conduct some evaluative activities that follow the rollout in real-time. This is pipeline building: we will be able to use our WA pilot data to lead the field in future NHMRC / MRFF applications because our state has included the research community in the rollout. To spell this out in simple terms, even if I or someone from my lab *does not* lead the next national funding application looking at RSV acceptance or uptake, the work that we will have done means that whoever *does* lead it will seek to include us because of our track record and expertise. This will allow us to negotiate for funding to come to our lab to conduct the work, and hence bring at least some of the money to WA. This example shows how even modest government investment into the research community builds a pipeline for national grant success.

2. How the state's health and medical research priorities are determined

To my understanding, this is the work of the FHRI. In late 2023 I was pleased to have the opportunity to submit an abstract to the FHRI to advocate for areas of research need. As a previous FHRI-funded project lead, I was excited about this opportunity. As suggested, I worked with a government partner in WA Health and prepared the abstract on behalf of more than one institution. Unfortunately, we have heard no more about this, leading me to worry that the FHRI has capacity challenges, especially because we are also delayed in our communications with the FHRI regarding the research grant funded by that scheme. I hope that the FHRI can continue in its important work.

3. The impact on specific types of research and areas of need.

Which projects get funded, and which ones do not? Which areas of research can flourish, and which ones flounder? There are many factors that can contribute to WA's piece of the research funding pie falling short, as noted in my response to point 1. It is difficult for me to comment on what is not getting funded or how areas of need are affected, as my own research area and lab is currently in "boom" time. So perhaps it is more important for me to reflect that the current system bleeds the pipeline, putting all research programs and areas of need at risk. Highly capable health and medical researchers I have met in WA have left the field due to the broken research funding mechanisms operating nationally. The WA government, and this inquiry, can't fix this, but support for building research pipelines and helping researchers to capitalise on WA's policy innovations will at least mean that WA doesn't lose more of these people than the rest of the country.

Thank you for the chance to provide this submission.