

Systemic challenges for meaningful partnerships in Aboriginal and Torres Strait Islander health and medical research grant applications: a critical reflection

Positionality statement

The authors of this article are three Chief Investigators on a recent application to an Indigenous-specific funding round of the Medical Research Future Fund (MRFF). The first author, Dr Heather McCormack, is a Wiradjuri woman with family connections to central-west New South Wales and the second author, Mr Troy Combo, is a Bundjalung man from northern NSW. The final author, Assoc. Prof. Bridget Haire, is a non-Indigenous senior researcher. All three authors had significant industry careers in the bloodborne virus and not-for-profit sectors before making the transition to academia, with Mr Combo and Dr McCormack holding leadership positions in Aboriginal health. As such, we position ourselves in relation to this perspective article as being aware of the challenges raised within it both from the academic perspective and that of potential community partners.

Introduction

Health and medical research in Australia is primarily funded by two key schemes: the National Health and Medical Research Council (NHMRC) and the MRFF, with the latter providing targeted funding for research topics identified by the Australian Government as national priorities.¹ The MRFF was introduced as part of the 2014–15 federal Budget and represented a considerable investment in health and medical research by the Australian Government. The fund achieved its \$20 billion target through contributions from the health budget in 2020, growing to \$23 billion in 2023.² The MRFF finances health and medical research projects via grants paid from the net interest on the perpetual investment of the fund. The introduction of the Indigenous Health Research Fund (hereafter referred to as MRFF Indigenous) in 2018 saw the Australian Government commit \$160 million over 11 years from the MRFF to research focused on Aboriginal and Torres Strait Islander people.³

Aboriginal and Torres Strait Islander health and medical research has historically faced structural and system-wide impediments. These have included short term funding cycles, lack of genuine partnerships and misalignment with community-identified priorities, underinvestment in capacity building of the Aboriginal and Torres Strait Islander research workforce, and failures to translate research findings into policy, practice and appropriate service delivery.⁴ Targeted schemes that respond to identified research priorities within Aboriginal and Torres Strait Islander health have potential for significant

impact.⁵ Alignment of research funding priorities with priorities outlined in the National Agreement on Closing the Gap⁶ and the National Aboriginal and Torres Strait Islander Health Plan⁷ can help these funding schemes to play a critical role in addressing the particular health needs of Aboriginal and Torres Strait Islander populations.⁴ However, to achieve this goal, schemes such as MRFF Indigenous must be delivered in a manner that provides the best value for both the government and Aboriginal and Torres Strait Islander people, communities and organisations.

This commentary will offer a critical examination of the application process for the targeted MRFF Indigenous scheme, the accessibility of the scheme to its intended beneficiaries, and the alignment between the application process and the scheme's stated aims. We will then provide some recommendations for improvement.

Indigenous leadership

Aboriginal and Torres Strait Islander leadership is one of the guiding principles of MRFF Indigenous.³ The limited role of Indigenous leadership in Aboriginal and Torres Strait Islander research has long been recognised as problematic in communities,⁸ yet most research involving these communities continues to be led by non-Indigenous researchers.⁹ Disrupting this status quo is critical to achieving culturally competent and empowering research practice.¹⁰ As such, the first national fund with Aboriginal and Torres Strait Islander leadership embedded into grant guidelines, selection and governance was heralded as potentially transformative.³

Aboriginal and Torres Strait Islander researchers leading research within Aboriginal and Torres Strait Islander communities share commonalities with researchers conducting other types of “insider research”, but also experience distinct challenges specific to the relational nature of these communities.⁸ These include the non-negotiable requirement to establish appropriate trust-based relationships with community members and organisations and the need to conduct meaningful consultation to ensure that submissions reflect the research needs of the community.¹¹ A highly targeted scheme such as MRFF Indigenous may require researchers to forge new community relationships and identify new organisational partners, which may not be feasible within the restricted timeline between the release of each year's targeted call for research and the submission deadline. Attempts to rush this process to meet the tight deadlines demanded by funding

Heather McCormack¹ 

Troy Combo²

Bridget G Haire^{1,3} 

¹ Kirby Institute, Sydney, NSW.

² Burnet Institute, Melbourne, VIC.

³ University of New South Wales, Sydney, NSW.

hmcormack@kirby.unsw.edu.au

schemes risk damaging the community standing of Aboriginal and Torres Strait Islander academics establishing themselves as research leaders.

Partnership requirements

Collaboration with Aboriginal and Torres Strait Islander communities and organisations and building Aboriginal and Torres Strait Islander research capacity are both guiding principles of MRFF Indigenous.³ Partnerships with Aboriginal and Torres Strait Islander community-controlled organisations are vital in ensuring that research is conducted appropriately, respectfully and is aligned to expectations for ethical conduct¹² and governance¹⁰ as established within MRFF and NHMRC guidelines and required by community partners.^{13,14} Applicant diversity, however, is limited by the focus on traditional academic outputs within the selection process for MRFF funding, which gives an advantage to senior researchers who can demonstrate a strong existing publication record and undervalues the expertise of community stakeholders.⁵ This aspect of funding allocation may increase existing stakeholder reluctance to engage in formal research processes¹⁰ by reinforcing stakeholder perceptions that research is the domain of experts with advanced qualifications and a specialised skill set inaccessible to those outside academic institutions.⁸

Grant application selection criteria prioritise individual academic outputs, without appropriate mechanisms to demonstrate the strengths and relevant non-academic accomplishments of community partner organisations. This limits the ability to name representatives from community-controlled organisations as Chief Investigators with standing equivalent to Chief Investigators from traditional academic backgrounds and allocate a salary contribution as appropriate. The current process — including the onerous administrative burden of applications for organisations experiencing significant time and capacity constraints¹⁵ — makes participation difficult for potentially innovative but less experienced community partners. It also presents obstacles for smaller community-controlled organisations with strong community networks but limited organisational capacity, or those new to academic partnerships for whom the grant application process is unfamiliar and inaccessible. Without change, we risk excluding those stakeholders with arguably the most substantial contribution to make towards ensuring research activities are truly collaborative and impactful.

Cultural considerations with grant timing

In 2024, applications for MRFF Indigenous closed on 24 July, with minimum data due one month earlier on 26 June. National Aborigines and Islanders Day Observance Committee (NAIDOC) week, which is one of the most significant contemporary cultural events of the year for many Aboriginal and Torres Strait Islander communities, was held from 7 to 14 July.¹⁶ Both representatives of Aboriginal and Torres Strait Islander organisations and Aboriginal and Torres Strait Islander academics are expected

to play important roles during NAIDOC week that may require considerable preparation. The timing of the submission deadline has a significant impact on the capacity of Aboriginal and Torres Strait Islander academics leading or contributing to applications and especially on Aboriginal community-controlled partner organisations, as their attention and resources are extremely stretched at this critical time of year. Reduced capacity to focus on and complete the grant application in the weeks surrounding NAIDOC week may lead to rushed submissions or lower quality applications and, in some cases, may deter applicants from submitting applications. We argue that the failure to recognise these competing cultural considerations reflects a poor understanding of and engagement with the operations of Aboriginal and Torres Strait Islander community organisations.

What needs to be done?

All research involving Aboriginal and Torres Strait Islander people needs to be conducted in a safe and respectful manner informed by meaningful consultation and delivered in partnership with communities and community organisations. This includes the early stages when funding for research activities is sought. The challenges outlined in this commentary limit the reach and effectiveness of schemes such as MRFF Indigenous. Addressing these challenges would make the scheme both more fair and more accessible, widening the pool of potential research partners whose contributions may facilitate the greatest community impact and in turn deliver better health outcomes for Aboriginal and Torres Strait Islander people.

As such, we make several recommendations for structural reform of grant funding schemes (Box).

Since the submission of this perspective article, the NHMRC has announced the establishment of the NHMRC–MRFF Indigenous Advisory Group. This advisory group acts as a successor to the Indigenous Health Research Expert Panel previously convened by the MRFF in 2019 and disbanded in 2022. While this represents an improvement, further steps are required to ensure that Aboriginal and Torres Strait Islander communities and organisations are meaningfully involved in shaping the design and delivery of targeted funding calls. There is a need to move beyond consultation towards more embedded forms of Indigenous governance.

Establishing a permanent Aboriginal and Torres Strait Islander research governance council could provide continuity and accountability across funding cycles. Inspired by the governance model of the Lowitja Institute, this council would be distinct but complementary to the NHMRC–MRFF Indigenous Advisory Group and could lead priority-setting processes, co-develop targeted funding calls, and oversee culturally safe peer review. Integrating Indigenous governance into existing structures in this manner and including representation from Aboriginal and Torres Strait Islander community-controlled organisations, researchers and knowledge holders

Recommendations

- Funding bodies must consult with community-controlled organisations of all sizes to identify and address the needs and requirements that would make partnerships more accessible, feasible and culturally sensitive even for small, highly specific organisations.
- Application timelines for targeted calls for Aboriginal and Torres Strait Islander research funding must be extended or a preliminary engagement phase must be incorporated to allow for the building of meaningful relationships with communities and community-controlled organisations before applications are prepared and submitted.
- Application criteria must be aligned more closely with the practical, community-oriented work performed by Aboriginal and Torres Strait Islander community-controlled organisations. Consultation should be conducted to inform the development of an alternative role to Chief Investigator that is able to receive a salary contribution but better reflects the skills and expertise that Chief Investigators from community-controlled organisations bring to projects.
- The flexibility of the budgetary component of grant applications must improve to allow payments to stakeholders based within community-controlled organisations out of research funding.
- Clearer, simpler templates and guides for contributions to grant applications should be provided for community Chief Investigators.
- Grant timelines should reflect a better understanding of cultural obligations of Aboriginal and Torres Strait Islander academics and community partners and deadlines should be rescheduled to avoid periods of broad cultural significance and time-critical community activities. This would reflect a greater commitment to respecting the cultural needs and priorities of the community.

would embed Aboriginal and Torres Strait Islander leadership not only in advisory roles but also in roles with operational and decision making authority.

Additionally, existing consultation mechanisms could be expanded to include a structured pre-call engagement phase to allow time for relationship building and for community-controlled organisations to provide early input into the scope of targeted funding opportunities. More transparent reporting on how community feedback has shaped targeted funding calls would strengthen trust and accountability. Flexible application models, such as staged submissions or rolling deadlines, could further support meaningful participation, particularly for smaller or regionally based organisations.

These approaches align with the principles of the National Agreement on Closing the Gap and represent practical mechanisms by which the MRFF can engage in sustained, specific and ongoing consultation into how and when funding calls are developed and implemented.

Acknowledgements: Professor John Kaldor for his input and advice on an earlier version of this manuscript. The anonymous reviewers who generously provided feedback to strengthen this submission, particularly the advice to include the "how" of our "What needs to be done?" section.

Open access: Open access publishing facilitated by University of New South Wales, as part of the Wiley - University of New South Wales agreement via the Council of Australian University Librarians.

Competing interests: No relevant disclosures.

Provenance: Not commissioned; externally peer reviewed.

Author contribution statement: McCormack H: Conceptualization, investigation, writing – original draft, writing – review and editing. Combo T: Investigation, writing – review and editing. Haire BG: Conceptualization, investigation, writing – review and editing. ■

© 2025 The Author(s). *Medical Journal of Australia* published by John Wiley & Sons Australia, Ltd on behalf of AMPCo Pty Ltd.

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial](#) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.

- 1 Latif BN, Coombe L, Driscoll T, et al. Public health and prevention research within the Medical Research Future Fund. *Aust N Z J Public Health* 2024; 48: 100171.
- 2 Department of Health, Disability and Ageing. About the MRFF [website]. Australian Government, 2025. <https://www.health.gov.au/our-work/mrff/about> (viewed Nov 2024).
- 3 Department of Health. Medical Research Future Fund Indigenous Health Research Fund: Roadmap. Canberra: Australian Government, 2021. <https://www.health.gov.au/sites/default/files/2023-11/mrff-indigenous-health-research-fund-strategic-documents.pdf> (viewed Nov 2024).
- 4 Department of Health. Indigenous Health Research Fund: Implementation plan. Canberra: Australian Government, 2021. <https://www.health.gov.au/sites/default/files/2023-11/mrff-resources-indigenous-health-research-fund-implementation-plan.pdf> (viewed Nov 2024).
- 5 Public Health Association of Australia. PHAA submission on improving alignment and coordination between the Medical Research Future Fund and Medical Research Endowment Account. Canberra: PHAA, 2023. <https://www.phaa.net.au/common/Uploaded%20files/Submissions%202023/PHAA%20Submission%20-%2020230714%20-%20HMR%20-%20MRFF%20and%20MREA%20Submission.pdf> (viewed Nov 2024).
- 6 Australian Government. National Agreement on Closing the Gap. Canberra: Commonwealth of Australia, Department of the Prime Minister and Cabinet, 2020. <https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap> (viewed Nov 2024).
- 7 Commonwealth of Australia. National Aboriginal and Torres Strait Islander Health Plan 2021–2031. Canberra: Department of Health, 2021. https://www.health.gov.au/sites/default/files/2025-01/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031_0.pdf (viewed Nov 2024).
- 8 Smith LT. Decolonising methodologies: research and Indigenous Peoples. 3rd ed. Bloomsbury Publishing, 2021.
- 9 Kovach M. Indigenous methodologies: characteristics, conversations and contexts. 2nd ed. Canada: University of Toronto Press, 2009.
- 10 Laird P, Chang AB, Jacky J, et al. Conducting decolonizing research and practice with Australian First Nations to close the health gap. *Health Res Policy Syst* 2021; 19: 127.
- 11 Lin CY, Loyola-Sanchez A, Boyling E, Barnabe C. Community engagement approaches for Indigenous health research: recommendations based on an integrative review. *BMJ Open* 2020; 10: e039736.
- 12 Kennedy M, Mohamed J. Upholding our rights in research: calling for urgent investment in Aboriginal and Torres Strait Islander health research ethics. *Med J Aust* 2023; 219: 9–11. <https://www.mja.com.au/journal/2023/219/1/upholding-our-rights-research-calling-urgent-investment-aboriginal-and-torres>
- 13 Department of Health. Medical Research Future Fund: Australian medical research and innovation priorities 2022 – 2024. Canberra: Australian Government, 2022. <https://www.health.gov.au/sites/default/files/documents/2022/11/australian-medical-research-and-innovation-priorities-2022-2024.pdf> (viewed Nov 2024).
- 14 National Health and Medical Research Council. Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: guidelines for researchers and stakeholders. National Health and Medical Research Council. Canberra: Commonwealth of Australia, 2018. <https://www.nhmrc.gov.au/file/8981/download?token=hrxHs075> (viewed Mar 2020).
- 15 Dwyer J, O'Donnell K, Lavoie J, et al. The overburden report: contracting for Indigenous health services. Darwin: Flinders University and Cooperative Research Centre for Aboriginal Health, 2009.
- 16 Commonwealth of Australia. National NAIDOC Week [website]. Commonwealth of Australia, 2024. <https://www.naidoc.org.au/about/naidoc-week> (viewed Nov 2024). ■