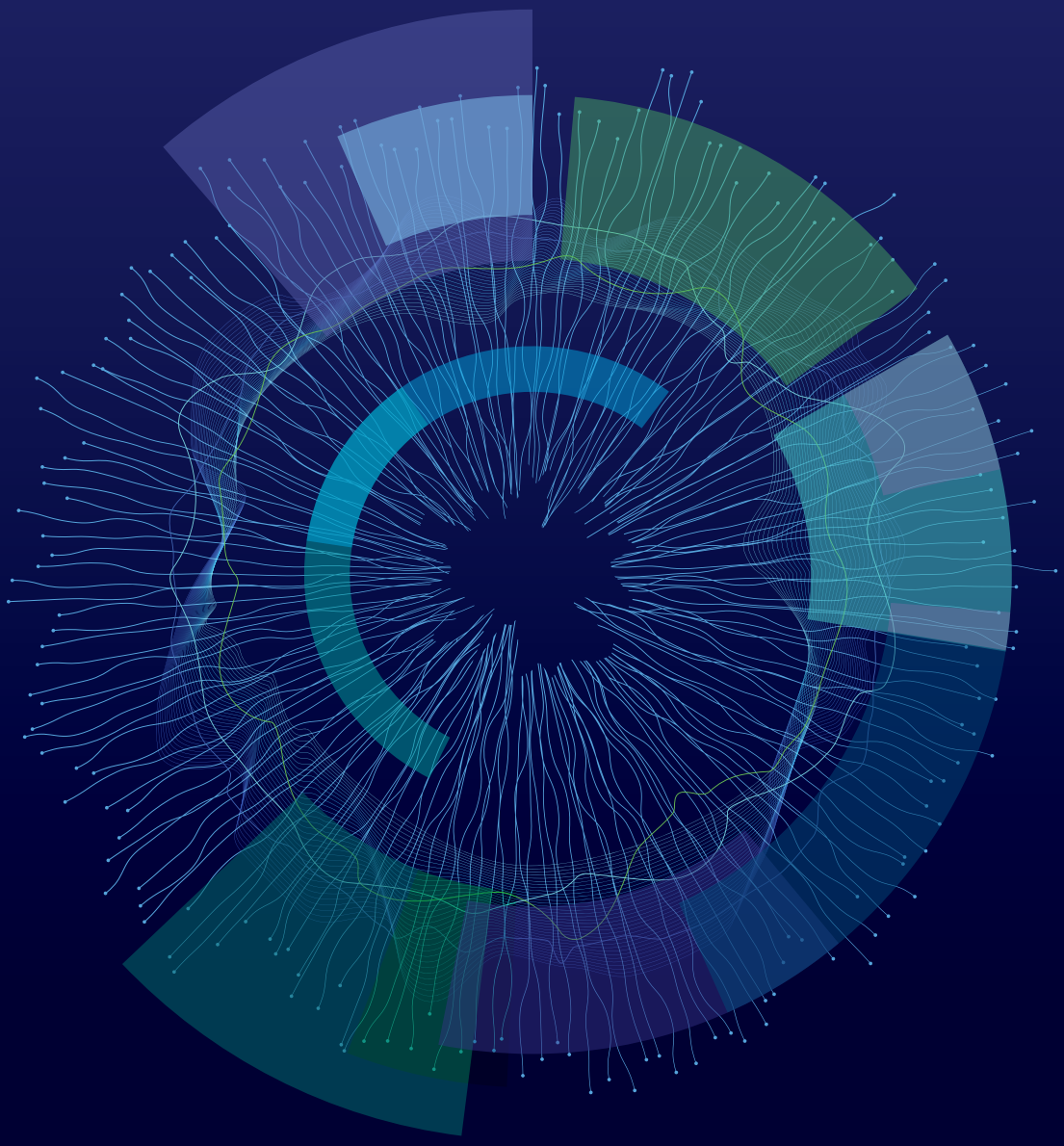
Australian Government
National Health and Medical Research Council

BUILDING
A HEALTHY
AUSTRALIA

NHMRC

NHMRC Research Translation Strategy
2026–2030



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Contents

Key Terms

Clinician

Healthcare practitioners who are involved in the provision of health and medical services and care, including diagnosis and/or treatment of patients, public and preventive medicine, and clinical research. This includes doctors, nurses, midwives, allied health and oral health professionals.

Commercialisation

The active processes by which the outcomes of research and development are brought to market as new or improved technologies, processes, products, or services that generate economic or social value.

**Where research involves Aboriginal and Torres Strait Islander peoples, knowledge, data or biological materials, commercialisation must occur with appropriate community governance, informed consent, and mutually agreed benefit-sharing, consistent with cultural protocols.*

Consumer

A broad term that refers to people with lived experience of a health issue and/or accessing health care and health systems. These include patients, potential patients, their families, friends, and carers. Consumers can also be people who represent the views and interests of a consumer organisation or patient.[1]

Consumer and Community Involvement

When consumers and communities actively work with researchers and research institutions to shape decisions about priorities, policy, and practice related to health and medical research.[1]

Development

The advancement of health and medical research findings into robust, applicable and scalable outputs, including methods, knowledge, technologies, tools, interventions, systems, and services, through refinement, testing, validation and maturation typically in compliance with quality systems to support readiness for translation or commercialisation.

End-user

Beneficiaries of NHMRC research including communities, consumers, policymakers, providers of healthcare and health-related systems, professionals, industry and philanthropy.

Industry

In the context of health and medical research translation and commercialisation, refers to the broad ecosystem of organisations — public, private, for-profit, not-for-profit and community-based — which acts as an enabler contributing the expertise, resources, infrastructure and pathways needed to move research into real-world products, processes, services and impact.

**This includes Aboriginal and Torres Strait Islander community-controlled organisations and enterprises as active partners in creating pathways to impact.*

Intellectual property

Intangible property resulting from intellectual activity in industrial, scientific, literary, or artistic fields.

Philanthropy

The giving of money, time, information, goods and services, influence and voice to improve the wellbeing of humanity and the community.

Policymaker

An individual or body responsible for or involved in establishing policy. For example: policymakers develop and implement health policies by using research evidence to inform decisions and translate findings into practice.

Priority populations

These include Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse people, LGBTIQ+ people, people with disability, people with mental health conditions, people in low socio-economic groups and people living in regional, rural and remote areas.

Research impact

The verifiable outcomes that research makes to knowledge, health, the economy and/or society. Impact is the effect of the research after it has been adopted, adapted for use, or used to inform further research.

Research organisation

A university, medical research institute (MRI), hospital, or any organisation that conducts health and medical research.

Research translation

The process of moving research findings into practical application in real-world settings, and making research findings accessible and usable to practitioners, policymakers, community and the public to inform decision-making and improve health outcomes. Research translation can encompass dissemination of new clinical interventions and health guidelines, development and commercialisation of novel health and medical technologies, products, processes and services, and changes to policies and programs.

**In Indigenous contexts, research translation should be guided by community priorities and culturally appropriate ways of creating, sharing, applying and sustaining knowledge.*

Introduction

The NHMRC Research Translation Strategy (the Strategy) is designed to advance NHMRC's ambition of *'Building a healthy Australia'.* It outlines how NHMRC will drive the translation of health and medical research into public policy, health systems and clinical practice, while enabling the commercialisation of research discoveries within and beyond the health system. Through these efforts, the Strategy seeks to improve health outcomes for individuals and communities nationwide.

NHMRC's three strategic themes – investment, translation and integrity – reflect its legislated functions: to fund health and medical research and training; to issue evidence-based guidelines that aim to improve health outcomes through better prevention, diagnosis and treatment; and to advise on ethical issues in health. These themes also reinforce NHMRC's commitment to upholding the highest standards of ethics and integrity in health and medical research (Figure 1).

Figure 1. NHMRC Corporate Plan 2025–26[2]

While the Strategy directly focuses on strengthening the translation of research, it is designed to operate in alignment with NHMRC's strategic priorities, ensuring that translation efforts complement and reinforce NHMRC's broader strategic agenda.

Development of the Strategy

The Strategy was informed by a comprehensive internal review of outcomes and learnings from the 2022–2025 Strategy.[3] Expert advice was sought from NHMRC Council, Research Committee and joint NHMRC-Medical Research Future Fund (MRFF) advisory committees established to support strategic alignment between the NHMRC Medical Research Endowment Account (MREA) and the Department of Health, Disability and Ageing (DHDA) MRFF.[4] These include the Public Health and Health Systems Committee, Industry Philanthropy and Commercialisation Committee, Indigenous Advisory Group, and Consumer Advisory Group. The guidance from the advisory committees greatly informed the Strategy's definitions, principles, priorities and actions.

In shaping the new Strategy, NHMRC carefully considered the feasibility and viability of proposed actions and targets to ensure they are achievable within its legislated remit,[5] operational capacity and needs of the sector. Engagement with key external stakeholders, including the Australian Health Research Alliance (AHRA),[6] the Department of Industry, Science and Resources (DISR), and DHDA ensured complementarity with MRFF priorities and alignment with broader government strategies and initiatives reinforcing shared priorities and enabling a coordinated approach to enhancing the impact of health and medical research across Australia.[7]

The Strategy will be implemented over 5 years, aiming for achievement of targets by 2030.

1. Research Translation

1.1 What is research translation?

Research translation is the means through which health and medical research achieves impact. It is the process of transforming scientific ideas, discoveries, and innovations into practical solutions that address real-world health challenges. Translation goes beyond moving evidence into use; it focuses on delivering value for people, health services and the broader health system, and encompasses both non-commercial and commercial pathways through which research is applied to deliver public benefit.

Research translation and impact

Research impact is realised when health and medical research leads to measurable effects after research is adopted, adapted or used to inform decisions, including improvements in health outcomes, policy, practice or system performance, or broader social or economic value.[8] Research translation is therefore central to supporting value-based care, including reducing low-value care, improving efficiency, and enabling the development of new products, services and industries contributing to national productivity, economic growth and health system sustainability.

Research translation builds on discovery and other stages of the research lifecycle, supporting the movement of evidence from discovery through to implementation and sustained use as part of the pathway to impact. It applies to both the adoption of new knowledge and the adoption, adaptation and optimisation of existing evidence, and is supported by collaborative partnerships among clinicians, consumers and communities, industry, policymakers and funders. Translation activities may include generating evidence through clinical trials and applied studies; supporting the development and uptake of treatments, technologies and preventive strategies; creating and applying evidence-based clinical guidelines; and changes to policy, practice, or system-level reform. Across these activities, implementation science helps address how research outcomes are taken up, integrated into practice and sustained in health care settings.

Embedding consumer and community involvement

Effective research translation depends on the involvement of consumers, communities and other end-users from the earliest stages of research and throughout the research process. NHMRC's *Statement on Consumer and Community Involvement in Health and Medical Research* outlines how this involvement helps ensure research priorities, study design and translation pathways reflect real-world needs, are feasible to implement and are capable of being adopted in practice across diverse settings.[1]

The role of the health system and responsible research translation

The health system plays a central role in effective research translation. It is not only a setting for care delivery, but also a critical partner in generating and applying evidence to improve quality, safety, equity and sustainability. This includes embedding research in routine care, supporting health service-led and place-based research, and enabling implementation in real-world settings. Responsible research translation considers ethical, legal and social implications, including equity and access. It draws on consumer and community perspectives to help identify and manage potential harms and unintended consequences, and guide decisions about adoption, scale-up and resource allocation. These aspects of research translation are often under-recognised yet have significant implications for health system sustainability and equity.

1.2 Knowledge translation

Research translation is also often referred to as knowledge mobilisation or knowledge translation. The creation, dissemination and equitable access to evidence-based knowledge empowers the community to understand health risks, weigh potential benefits, and make informed decisions about care and prevention. This process not only strengthens public health literacy but also fosters trust in research and supports policies and practices that lead to measurable improvements in health and wellbeing. Equally critical is collaboration between consumers and community, policymakers, industry and researchers to inform each other and co-design research priorities and translation outcomes. Such partnerships ensure that research addresses real-world needs and that policy decisions are grounded in the best available evidence, creating a cycle of continuous improvement for health systems and population wellbeing.

Effective research translation is informed by the science of knowledge translation, including behavioural science and implementation science, which examine how evidence is adopted, adapted and sustained in real-world settings. Recognising these disciplines strengthens the likelihood that research outputs lead to measurable changes.

In Aboriginal and Torres Strait Islander contexts, knowledge translation has a distinct and culturally grounded meaning. The Lowitja Institute defines knowledge translation as:

> *"The complex series of interactions between knowledge holders, knowledge producers and knowledge users, with the goal of research impact, which is the positive and sustainable long-term benefit for Aboriginal and Torres Strait Islander peoples. These interactions begin when forming the initial research or project idea, through to implementation, and then communicating the project and research findings. Knowledges gained in research must be translated into changes in policy and practice for there to be benefits and to ensure the impacts flow to Aboriginal and Torres Strait Islander people, families, and communities."*[9]

Acknowledging this definition is essential to ensure that the Strategy reflects Indigenous-led approaches to research, respects Aboriginal and Torres Strait Islander ways of knowing, being and doing, and supports community-driven pathways to impact. It also reinforces the importance of embedding culturally safe and inclusive practices throughout the research process, from design to dissemination, and of privileging Indigenous knowledge systems alongside academic expertise.

This distinction, between Indigenous-led knowledge translation and mainstream research translation approaches, is not merely semantic; it reflects a broader commitment to equity, self-determination, and meaningful involvement in research translation. Incorporating Indigenous knowledge translation principles strengthens the Strategy's alignment with national health priorities and ensures that research outcomes are relevant, respectful, and beneficial to all Australians.

1.3 Relationship between ‘translation’ and ‘commercialisation’

Research translation is the process of moving research into real-world use to improve health outcomes, with or without a commercial pathway. It can include developing better models of care, clinical guidelines, policy and program design, and everyday healthcare and public health practice.

Commercialisation is one pathway within research translation, supporting improved health, social and economic outcomes through delivery at scale, sustained supply or long-term viability. It enables research to be translated into products, services and interventions that can be manufactured, distributed and maintained over time. Achieving impact through new devices, digital products, medicines, therapies and procedures often requires a proprietary intellectual property position, development and commercial expertise, private funding, specialised infrastructure and access to industry partners. Considering these commercialisation requirements early helps ensure innovations are scalable, sustainable and aligned with end-user needs.

Through both commercial and non-commercial pathways, research translation can support improvements in quality and efficiency of care, reduce avoidable waste, and contribute to value-based health system goals (Table 1).

Table 1. Examples of processes and outcomes of research translation

Research Translation	
Translation	**Commercialisation**
– Dissemination of new clinical interventions and health guidelines. – Development and commercialisation of novel drugs and devices. – Changes to policies and programs. – Implementing new technologies or practices in healthcare settings. – Development of new treatments and discontinuation of treatments that are not cost-effective.	– Partnering with or licensing a new drug to a pharmaceutical company for scale-up. – Creating a startup to develop and market a medical device for public use. – Securing an intellectual property position (for example, patents) and investment for health technologies to allow scaling. – Mass-manufacturing a new vaccine for combatting an infectious disease in remote regions. – Marketing of a new or existing product.

Commercial outcomes are often necessary to enable equitable access, particularly in low-resource settings, where effective innovations may otherwise remain limited to pilot or trial settings rather than achieving broad population benefit. Commercialisation can also strengthen the research system by generating returns that are reinvested into new research, workforce development and infrastructure, while supporting jobs, skills and Australia’s broader innovation economy. Although commercialisation pathways often involve greater uncertainty and longer timeframes than other translation activities, they reflect a higher-risk, higher-reward profile. While not all research and commercialisation projects will succeed, well-designed projects that do not progress can still generate valuable evidence, capability and learning that inform future research, reduce risk and improve decision-making.

1.4 Research pathways to impact

Across both commercial and non-commercial pathways, the pathway to impact varies depending on the type of innovation and context and is often an iterative process. Impact is achieved through a series of interconnected stages, including discovery and knowledge generation, development and testing of interventions, evidence generation and validation, adoption and implementation in real-world settings, and scale-up and sustained use. Successful translation depends on strong collaboration across these stages, with each pathway shaped by its own regulatory, commercial, and implementation requirements, but all sharing the goal of ensuring that new knowledge leads to tangible benefits for patients, communities, and health systems.

In many cases, research outcomes are translated through non-commercial pathways, including prevention and early intervention, changes to policy and practice, improvements in health service delivery and system performance, and population and public health action. These pathways can deliver substantial health and economic benefits by reducing avoidable illness, improving system efficiency, reducing low- and no-value care, and enabling better use of public resources.

Commercialisation is also an integral part of research translation where impact depends on scale, sustained supply or long-term viability. Through commercialisation, research outcomes may be translated into health and medical products, services or technologies that can be manufactured, distributed, maintained and adopted at scale. This supports equitable access, system sustainability and improved health outcomes, while contributing economic value through innovation, effective stewardship of intellectual property, employment and reinvestment in the research system.

Clinical trials and other prospective study designs are a core mechanism for research translation across many pathways, supporting informed decisions about adoption, scale-up and sustained use in real-world settings. While clinical trials are central to the development and approval of therapeutic products, they are also critical for translating evidence for medical devices, digital health solutions, therapist-administered and procedural interventions, and public health and health system initiatives. In these contexts, trials can take different forms, including pragmatic approaches that test interventions in real-world settings, designs that adapt as evidence emerges, and studies embedded in routine care.

NHMRC recognises the diversity of these pathways and the importance of tailoring translation approaches to context, including clinical, community-led, place-based and system-level settings. Examples of common pathways to impact are described below, with illustrative case studies available on the NHMRC website.

Therapeutic products (drugs, biologics and advanced therapies)

Therapeutic products, including drugs, biologics and advanced therapies, typically progress through a series of research and development stages undertaken in accordance with regulatory and quality standards. These stages commonly include target discovery; preclinical studies to assess safety and biology; manufacturing and scale up; non-clinical development; clinical pharmacology; and phased clinical trials. Together, these steps support regulatory evaluation, approval and ongoing safety monitoring across the product lifecycle.

Clinical trials play a central role by generating evidence on safety, effectiveness and appropriate use. This evidence informs regulatory decision-making, clinical practice and health system adoption at different stages of development.

Clinical research involving therapeutic products serves multiple research translation purposes beyond regulatory approval. While some clinical trials are designed to meet specific quality, governance and regulatory requirements, many others are undertaken to support translation into practice. These include observational studies, trials conducted in routine care settings, implementation research and post-market evaluations. Together, these approaches generate evidence on real-world use, safety, effectiveness, equity and value, informing clinical care, health system improvement and public health policy.

In Australia, therapeutic products must be assessed and registered by the Therapeutic Goods Administration (TGA) before they can be supplied and may also be evaluated by the Pharmaceutical Benefits Advisory Committee to determine public subsidy and public access through the Pharmaceutical Benefits Scheme. These regulatory and advisory bodies also include consumer and community representatives to ensure decisions are informed by lived experience.

Examples:

- Biologic therapies (e.g., antibodies developed into new treatments).
- Small-molecule medicines for chronic disease (e.g. tablets to treat chronic conditions).
- RNA therapeutics (e.g., mRNA used in some vaccines).
- Cell therapies for cancer (e.g., CAR-T cells used to treat certain blood cancers).
- Gene therapies (treatments that aim to correct or replace faulty genes).
- Vaccines (e.g., prophylactic vaccines that prevent infectious diseases and therapeutic vaccines to treat cancer).
- Radiopharmaceuticals and theranostics (e.g., targeted radioactive medicines to treat cancer).
- Hormone or peptide therapies (e.g., insulin or other hormone-based treatments).
- Repurposed drugs (existing medicines used to treat new conditions).
- Combination therapies (e.g., two treatments used together for better results).
- Advanced biologics (e.g., next-generation antibody treatments or engineered proteins).

Medical devices (including diagnostics and biomarkers)

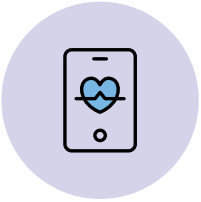
Medical devices, including diagnostics and biomarkers, generally follow a pathway similar to therapeutics but with additional emphasis on device design and development. This includes iterative prototyping, analytical and technical validation, human-factors and usability testing, and progressive refinement to ensure safety, performance and suitability for real-world use. Close engagement with end-users, consumers and community members (especially those with lived experience), clinicians, laboratories and industry partners is essential to ensure devices address clinical needs and can be safely adopted.

In Australia, all medical devices are regulated by the TGA under a risk-based framework. Sponsors must demonstrate that devices meet essential principles for safety and performance, supported by appropriate technical, pre-clinical and, where required, clinical evidence. Manufacturers of all medical devices must operate under a certified quality management system that meets ISO 13485. Diagnostics and biomarkers are a subset of medical devices regulated as *in vitro* medical devices (IVDs) and must also demonstrate analytical validity, clinical validity and clinical utility prior to approval. Where diagnostic tests are developed, validated or used in laboratories, those laboratories must meet accreditation requirements, including ISO 15189.

Following TGA approval, medical devices must be implemented within health service and, where relevant, laboratory workflows. This includes local governance, workforce training, quality assurance and ongoing performance monitoring to support safe and effective use. Public funding and reimbursement decisions are informed by advisory and assessment processes, including assessment by the Medical Services Advisory Committee for many diagnostic tests and procedures, and advisory input from the Medical Devices and Human Tissue Advisory Committee. Together, these regulatory, advisory and funding processes support the responsible introduction of medical devices into the Australian health system.

Examples:

- Implantable sensors or monitors (e.g., devices placed under the skin to track heart rhythm or glucose levels).
- Surgical tools and robotics (e.g., advanced instruments or robotic systems that help surgeons perform precise procedures).
- Prosthetics and assistive technologies (e.g., artificial limbs, mobility aids or powered exoskeletons).
- Diagnostic devices for rapid testing (e.g., point-of-care tests that give quick results for infections or health indicators).
- Imaging devices with improved performance (e.g., high-quality ultrasound, MRI or CT scanners that help detect illnesses earlier).
- Genetic tests for disease risk (e.g., tests showing inherited risks for certain cancers or conditions).
- Blood tests for early detection (e.g., tests identifying early signs of cancer or heart disease).
- Imaging tracers (e.g., specialised substances used in scans to highlight diseases).
- Companion diagnostics (e.g., tests showing whether a patient is likely to benefit from a targeted treatment).
- Rapid molecular tests for infections (e.g., quick PCR-style tests for viruses or bacteria).



Digital health

Digital health is a broad field that includes mobile health applications, health information technologies, wearable devices, telehealth and telemedicine, and personalised and precision medicine. These technologies use computing platforms, connectivity, software and sensors to support health care and related uses, ranging from general wellness applications through to technologies regulated as medical products.[10]

Digital and connected health technologies can support research, service delivery and system improvement, and may be used as standalone medical products, embedded within medical products, or as companion diagnostics or tools to support decision-making. They may also be used to generate evidence to develop, evaluate or improve medical products and health system practices.[10]

Translation of digital and connected health technologies typically requires software, firmware and, in some cases, hardware development and prototyping, alongside analytical and clinical validation. This includes assessing clinical utility using clinical and real-world evidence, securing regulatory approval where required, and integrating technologies into clinical practice and health system workflows.

Effective translation also requires consideration of human factors, including user experience and interface design, accessibility, quality management systems and relevant standards (such as ISO 13485, ISO 27001 and IEC 62304). Digital health technologies also raise specific regulatory, cybersecurity and data privacy considerations that must be addressed throughout development and implementation.

The rapid expansion of artificial intelligence (AI) and its application through health and medical research, products, services, technologies and processes is likely to drive increased expansion of the applicability of digital health throughout health and care. Where digital and connected health technologies make a medical claim or inform diagnosis/treatment, they may be regulated as a medical device by the TGA as either Software as a Medical Device or Software in a Medical Device.

Examples:

- Connected implantable and ingestible medical devices delivering additional clinical gains through software enabled sensing.
- Digital therapeutics deployed to prevent, manage and treat health conditions directly.
- Mobile health applications which support clinically relevant behavioural health change.
- Remote patient management, monitoring and rehabilitation technologies, with or without hardware (sensors, wearables etc).
- AI driven health and medical technologies, products, services and processes, including advanced diagnostics, precision and personalised medicine, clinical decision support and health system automation and productivity tools.
- Digital biomarkers and digital diagnostics.
- Telehealth, telemedicine and virtual care platforms.
- Precision and personalised medicine applications leveraging advanced algorithms and AI.
- AI driven or enhanced drug and device development tools.
- Electronic medical record and software enabled prescribing systems.
- Clinical administration tools, clinical trial management software and health system predictive analytics.

Clinician-delivered and procedural interventions

Many important healthcare interventions are delivered directly by health professionals and do not fall within product-based regulatory pathways. These interventions are embedded in clinical practice and are often tailored to patient needs and local service contexts.

Translation typically relies on clinical trials, real-world evidence, workforce capability, professional standards and service-level adoption rather than formal regulatory approval. Processes for demonstrating safety, effectiveness and value are often less formalised and continue to evolve as practice changes.

Examples:

- Psychological therapies.
- Physiotherapy and rehabilitation interventions.
- Nutritional and exercise-based therapies.
- Behavioural and lifestyle interventions.
- Surgical and procedural innovations.

Translation outputs for this pathway may include:

- Clinical practice guidelines and care recommendations that translate evidence into standard clinical practice.
- Professional standards and clinical pathways that support consistent, high-quality care.

Public health and health system-level interventions

Public health and health system interventions are applied at a population or system level rather than to individual patients. These interventions aim to improve health outcomes, equity, safety and efficiency across communities and health services, including through prevention, service design, quality improvement and policy-relevant action informed by health and medical research.

Health and medical research on the social determinants of health informs these interventions by strengthening evidence on how social, economic and environmental factors shape health outcomes and health equity.

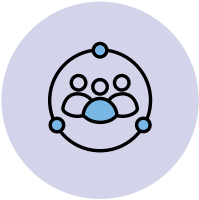
Translation pathways focus on policy development, implementation science, system improvement and evaluation in real-world settings. These interventions are not regulated by the TGA and rely on a broad range of evidence, including real-world data and ongoing monitoring, to inform decisions about adoption, scale and sustainability.

Examples:

- Preventive public health strategies.
- Health system policies and reforms.
- Models of care and service redesign.
- System-level innovations and workforce training.
- Quality improvement and safety initiatives.

Translation outputs for this pathway may include:

- Public health guidelines and environmental health guidelines that translate evidence into population-level and system-level policy and practice.
- Associated policy frameworks and system-level recommendations that support adoption and scale.



Community-led and place-based pathways

In priority populations, research translation often follows community-led and place-based pathways that differ from linear models typically used in biomedical or technological innovation. These pathways are guided by local governance, culture and decision-making, and supported through long-term partnerships with community-controlled organisations and representative community groups.

Effective research translation in these settings depends on community capability to engage with and apply research outcomes. Staged or adaptive implementation may be required to ensure approaches reflect community priorities, are culturally safe, and responsive to local needs and can be sustained over time.

Examples:

- Community-designed health programs delivered through Aboriginal Community Controlled Health Organisations (ACCHOs).
- Place-based models of care shaped by local priorities, culture and governance.
- Co-developed care pathways led by Elders, community councils or local governance groups.
- Culturally grounded approaches to social and emotional wellbeing.
- Locally adapted implementation of health initiatives based on community needs and context.
- Principles of Indigenous Data Sovereignty that ensure Aboriginal and Torres Strait Islander peoples govern the collection, access, use and sharing of data about their communities.

Across all pathways, research translation is informed by cross-cutting decision-support processes, including health technology assessment, and evidence synthesis and clinical guideline development, which draw on evidence generated through multiple pathways to inform adoption, funding, scale and use.

1.5 Enablers of successful research translation

Effective research translation depends on key enablers across the health and medical research system. These include implementation capacity within health services and communities, procurement and commissioning readiness, workforce capability across diverse roles and settings, and strong data governance to support responsible access, linkage and use. Industry and philanthropic partners can also act as important enablers, by contributing expertise, resources, infrastructure and investment to support development, scale-up and sustainability. Strengthening these foundations helps to ensure translation activities are feasible, sustainable and able to achieve impact across different contexts and priorities.

Emerging technologies, including artificial intelligence and advanced data analytics, are increasingly important enablers of research translation. These technologies can accelerate discovery, support evidence synthesis including living guidelines, and improve implementation through real-time data and decision support. Ensuring capability to use these technologies responsibly will be critical to future translation efforts.

1.6 Research translation stakeholders

Effective research translation requires collaboration across a diverse network of stakeholders. These include researchers and their institutions, consumers and community representatives, clinicians, health service managers, policymakers, healthcare delivery networks, regulatory authorities, industry partners, and research funding bodies. This interconnected ecosystem is inherently complex, with each group playing a distinct yet complementary role in moving evidence into practice. Table 2 below outlines some key stakeholder groups and examples of their contributions to effective research translation.

Aboriginal and Torres Strait Islander peoples sit across multiple roles in research translation, but their position is distinct from other stakeholders. As rights holders with cultural authority and responsibilities for governance and decision-making, they shape the conditions under which research is undertaken, defined and shared, and how accountability is upheld. Governance is exercised through community-controlled organisations, representative bodies and culturally legitimate community structures, and may also include delivery roles within service settings. Recognising these different roles helps clarify where decision-making authority resides and how translation activities should engage with, respond to and be accountable to Aboriginal and Torres Strait Islander communities.

Table 2: Research translation stakeholders and their role in the pathways to impact

Stakeholder	Therapeutic products	Medical devices	Digital health	Clinician-delivered and procedural interventions	Public health and health system-level interventions
Researcher	– Designs research; discovers and develops novel therapeutic candidates; – generates proof-of-concept and preclinical evidence to support progression to development; – leads early-stage research and optimisation of candidate therapeutics; and – may design and conduct clinical trials in line with ethical and regulatory requirements; – recruits participants; – generates and analyses evidence on safety and efficacy; and – publishes findings to inform clinical practice and regulatory decision-making.	– Leads technical and clinical research for design and validation; evaluates outcomes in controlled studies; and – contributes evidence for regulatory submissions and guidelines.	– Investigates user needs, clinical effectiveness, and implementation strategies; – develops and tests algorithms, AI models, and interoperability solutions; and – assesses impact on health outcomes and equity.	– Designs and conducts clinical, practice based and implementation research; – generates real world evidence; and – evaluates effectiveness, safety and value in routine care.	– Conducts public health, health services and implementation research; – synthesises evidence to inform policy and system design; and – evaluates impact, equity and sustainability over time.

Table 2: Research translation stakeholders and their role in the pathways to impact

Stakeholder	Therapeutic products	Medical devices	Digital health	Clinician-delivered and procedural interventions	Public health and health system-level interventions
Clinician and/ or clinician researcher	– Applies evidence directly and implements changes within their own settings; supports priority-setting; – drives public health needs including design and conduct of clinical trials while ensuring patient safety and ethical standards; – recruits participants; – monitors adverse events; – provides real-world feedback for post-market surveillance; and – participates in novel therapeutic product development.	– Co-designs and tests prototypes of devices and diagnostic tools for usability and clinical relevance; – supports analytical and clinical validation; and – interprets results in practice settings, trains staff and patients on safe and effective use and implements within their own settings.	– Co-designs and tests iterations of products and services for usability, clinical utility and workflow; – designs and conducts clinical trials, real world evidence studies and pilots; – recruits trial and pilot participants ensuring appropriate ethics and safety guardrails; – trains staff on safe and effective deployment, including onboarding of end-users; and – advises on integration with clinical workflows and health systems.	– Delivers interventions in practice; contributes to priority-setting and study design; – participates in clinical trials and practice-based research; – supports workforce capability and professional standards; and – provides real-world evidence on safety, effectiveness and value including development and regular updates to clinical guidelines.	– Leads and supports implementation of system-level changes; – contributes clinical expertise to policy and service design; – participates in evaluation and quality improvement activities; and – supports adoption and sustainability across services.
Consumer and Community	*Consumers and communities need to be involved in all stages, levels, and types of health and medical research. They should be involved from priority-setting and research design to post-market surveillance.* – Supports priority-setting and study design; – involved in clinical trials, informing safety, tolerability and ongoing real-world experience of emerging therapeutics, as well as advising on the ethical and social implications of the therapeutic.	– Engages in priority setting, design and usability testing and provides feedback on design, clarity and acceptability; – uses devices and diagnostic tests as instructed; and – shares experiences with the end product to inform improvements, safety monitoring and equity considerations.	– Engages in priority setting; – participates in clinical trials, real world evidence studies and pilot programs; – provides feedback on end-user experience and accessibility including advising on personal data and privacy considerations; – shares experiences to inform product improvements; and – contributes to adverse event reporting.	– Contributes lived experience to intervention design and delivery; and – informs acceptability, accessibility and cultural safety; and – participates in evaluation, feedback loops and continuous improvement.	– Engages in priority setting and co design of policies, programs and services; – contributes lived experience to system reform; and – participates in consultation, monitoring and evaluation to support equity and accountability.

Table 2: Research translation stakeholders and their role in the pathways to impact

Stakeholder	Therapeutic products	Medical devices	Digital health	Clinician-delivered and procedural interventions	Public health and health system-level interventions
Tertiary Education Institution	– Ensures translational thinking is embedded in health science graduates and develops a workforce capable of progressing promising therapeutic research into clinical developments.	– Develops graduates and professionals who clearly understand how medical devices move from prototype to safe, evidence-supported clinical use, enabling smoother downstream adoption by health systems.	– Embeds skills such as digital literacy, data governance, AI ethics, and evaluation methods in relevant curricula such as health sciences, biomedical engineering, software engineering and computer science.	– Embeds implementation, clinical research and practice-based evidence generation in clinical and allied health curricula; – supports continuing professional development and workforce capability.	– Embeds public health, systems thinking, implementation science and evaluation in education and training programs; – supports leadership capability for system improvement and reform.
Research Organisation	– Provides translational research infrastructure and governance; – leads higher-risk foundational and early-stage research that underpins therapeutic discovery; – supports discovery-to-translation pathways; – manages intellectual property and technology transfer; – enables industry partnerships; – supports target validation, pre-clinical development and early-phase trials; and – contributes to priority setting aligned to unmet health needs and public benefit.	– Provides engineering, design and translational research capability; – supports early-stage innovation and novel device development; – supports prototyping, verification and validation; – manages intellectual property and regulatory-ready development; – enables partnerships with industry and health services; and – contributes to evidence generation to support regulatory, funding and adoption decisions.	– Provides data science, digital, AI and evaluation capability; – supports responsible data governance, privacy and cybersecurity frameworks; – enables co-development and testing with end-users and health services; – supports early-stage innovation and advanced analytics, including artificial intelligence; – supports regulatory readiness where required; and – generates evidence on effectiveness, safety, equity and system impact.	– Provides platforms for practice-based, implementation and health services research; – supports governance, ethics and data access; – enables evaluation of effectiveness, safety and value; – facilitates collaboration across disciplines and services; – support scale-up and sustainability of effective interventions; and – contributes foundational and translational evidence to inform new models of care.	– Supports priority setting, policy-relevant research and evidence synthesis; – undertakes foundational population and systems research that informs long-term reform; – provides implementation science and health economics expertise; – generates system-level evidence to inform policy, funding and reform; – supports partnerships with governments, communities and services; and – enables monitoring, evaluation and learning at scale.

Table 2: Research translation stakeholders and their role in the pathways to impact

Stakeholder	Therapeutic products	Medical devices	Digital health	Clinician-delivered and procedural interventions	Public health and health system-level interventions
Health Service	– Provides realworld settings for clinical trials and evaluation; – supports governance, ethics and site readiness; – enables recruitment and delivery of trials; contribute to implementation, adoption and postmarket monitoring within service delivery contexts; and – provides systemlevel feedback on feasibility, safety, value and integration into care pathways.	– Supports evaluation and validation of devices in realworld clinical settings; – enables procurement, governance and safe implementation; – integrates devices into clinical workflows; – provides infrastructure, workforce training and quality assurance; and – monitors performance, safety and value in routine care.	– Enables testing, evaluation and implementation of digital health technologies within clinical workflows and systems; – supports data governance, privacy and cybersecurity requirements; – integrates technologies into service delivery and information systems; – builds workforce capability; and – monitors safety, effectiveness, usability, equity and system impact in realworld use.	– Leads adoption and delivery of interventions in routine care; – supports embedded and practicebased research; – enables workforce training, capability and service redesign; – implements evidencebased models of care; and – generates realworld evidence on effectiveness, safety, value and sustainability.	– Leads implementation of systemlevel and service design changes; embed research in service delivery and quality improvement; – supports policy implementation and evaluation; – contributes data and insights to inform system performance, equity and sustainability; and – enables scaleup and sustained use of effective interventions across health systems.

Table 2: Research translation stakeholders and their role in the pathways to impact

Stakeholder	Therapeutic products	Medical devices	Digital health	Clinician-delivered and procedural interventions	Public health and health system-level interventions
Industry	*Has a critical role across the research translation pathway, including early engagement in discovery research and development to inform commercial decision-making, co-development, and pathway design alongside researchers and health services. Invests and co-invests public and private funding across the research translation pathway, and in some cases receives public funding, to share risk and support development, evaluation, scale-up and sustained delivery of innovations with public value.*				
	– Partners in the development and translation of therapeutic products by contributing sponsorship, design, research and development, regulatory and manufacturing expertise; – co-designs and conducts clinical trials with researchers and clinicians; – ensures patient safety, quality systems, pharmacovigilance and ethical standards; – supports health economic evaluation, regulatory submissions and market access; and – undertakes post-market safety monitoring and continuous improvement.	– Leads and supports design, engineering and iterative prototyping of devices and diagnostics in partnership with clinicians, consumers and researchers; – undertakes analytical, technical and clinical validation; – ensures compliance with regulatory and quality standards; – supports health economic evidence generation; and – enables commercialisation, scale-up, distribution, training, reimbursement and post-market monitoring.	– Develops, tests and refines digital products using evidence-informed and user-centred approaches; – collaborates on evaluation of clinical effectiveness, safety, equity and system impact; – ensures data governance, cybersecurity and regulatory compliance where required; – supports integration with health system workflows; and – maintains products through ongoing monitoring and improvement.	– Supports development, dissemination and scaling of training, tools, technologies and service models; – partners with health services and professional bodies to support workforce capability, quality improvement and safe implementation; and – contributes to evaluation of effectiveness, value and sustainability.	– Partners with governments, health services and communities to support system-level innovation, infrastructure and workforce solutions; – contributes technical, operational and analytic expertise to implementation and evaluation; – supports health economic assessment; and – enables scaleup, learning and sustainability of reforms.

Table 2: Research translation stakeholders and their role in the pathways to impact

Stakeholder	Therapeutic products	Medical devices	Digital health	Clinician-delivered and procedural interventions	Public health and health system-level interventions
Funder	– Provides financial support for preclinical research and clinical trials; – invests in infrastructure and technology for therapeutics development; and – influences research priorities through funding allocation.	– Provides financial support for ongoing design, development and product iteration (including both hardware and software prototypes, verification and validation, testing and refinement), quality management systems, data set access, usability and clinical development (trials, pilots etc). – Enables collaborations between researchers, laboratories, industry and clinicians; and – invests in scaling, manufacturing, commercialisation and system capability.		– Funds clinical and practice-based research, workforce capability and implementation activities (including dissemination of clinical guidelines); and – supports evaluation of effectiveness and value in real world settings.	– Funds stakeholder engagement, prioritisation activities and policy relevant research, including implementation and evaluation; and – supports system reform, quality improvement and long-term monitoring to inform scale and sustainability.
Policymaker	– Sets local, jurisdictional and national health priorities for research focus; and – ensures equitable access and pricing policies.	– Enables appropriate regulatory, quality and reimbursement models; – supports integration into health services and digital systems; and – promotes equitable access and appropriate use across jurisdictions.		– Supports adoption through policy levers, funding and system incentives; and ensures alignment with workforce and service delivery priorities.	– Leads policy development, reform and system stewardship; – facilitates cross sector coordination; and – monitors implementation, impact and equity over time.
Regulator	– Sets quality standards and data expectations for research and development activities, reviews all safety and efficacy data throughout development, and safety monitoring.	– Establishes standards for safety, efficacy, quality, and interoperability; – approves devices for market entry; and – supports innovation through streamlined regulation.	– Establishes standards for safety, quality, and interoperability; – approves devices for market entry; and – supports innovation through streamlined regulation. Non-therapeutic regulators may also impose regulation with respect to data storage, cybersecurity and privacy.	– Supports safe and ethical delivery through professional standards, accreditation and oversight where relevant.	– Ensures policies, programs and system reforms align with legal and regulatory requirements; and – enforces accountability and transparency.

2. NHMRC's role in research translation

Achieving impact through research translation requires coordinated effort across the health and medical research system. Under its legislated functions,[6] NHMRC supports and enables this ecosystem by:

- Funding and accrediting health and medical research to ensure excellence and an evidence-based approach from discovery through to application.
- Issuing and endorsing evidence-based health advice and guidelines.
- Advising on strategies to improve health outcomes.
- Building long-term capacity and capability to support sustainable research translation and commercialisation.

NHMRC actively supports and provides guidance to those who implement health policy or practice and/or commercialise research discoveries, including researchers, consumers and communities, health services, policymakers, regulators, industry and other funders. This role complements those of other governments and non-government organisations involved in research translation and commercialisation.

NHMRC stewards public investment to maximise public benefit from research translation and commercialisation by supporting pathways with strong potential to improve health outcomes, enhance system efficiency and advance equity. While these pathways differ in risk, timeframe and type of return, all can deliver significant public benefit when aligned with health system and population needs.

NHMRC supports investigator-initiated and community-initiated research and capacity building through the full administration of the MREA.[11] It also administers selected programs funded through the MRFF,[12] which targets priority-driven, mission-oriented research. NHMRC will work closely with MRFF teams to identify and address gaps in the research translation and commercialisation pathways, reduce duplication, and support more integrated approaches to achieving impact.

Accordingly, the Strategy focuses on actions which are achievable within NHMRC's remit and capabilities.

3. NHMRC's current research translation activities

3.1 Partnerships between researchers and end-users

Research is embedded in the system when the research organisation/researcher and end-users are both part of the decision-making and implementation process.

NHMRC plays an important role in strengthening connections between the research and health sectors. Embedded research integrates research activities into routine care to generate and apply the best available evidence in a timely and efficient way. While strong links between researchers, health services, consumers and community, and industry partners are essential, embedded research also relies on fit-for-purpose study designs aligned to clinical workflows and supportive health system settings. By integrating research and care, embedded research increases translation and impact and reduces costly duplication between research and service delivery.

NHMRC undertakes a range of activities, in addition to funding translational research, to foster partnerships and ensure research is embedded in the health system, such as:

- Administering grant programs which support collaborations of health care, research and industry.[12]
- Supporting international research collaborations.[13]
- Recognising excellent collaborations between health and research organisations through the Research Translation Centre accreditation program.[14]
- Providing leadership and guidance on the involvement of consumers and the community in research, prioritising and identifying research needs through to implementation and translation of outcomes.[15]
- Promoting ethical, legal and social considerations in health and medical research collaborations and partnerships, including shared governance, respect for end-users and responsible research practices.[16]

It should be noted that NHMRC acknowledges the different ways of referring to the end-users of research, e.g., some distinguish between end- and next-users. Translation is a complex, non-linear process. In this Strategy, the term 'end-user' is used in a broad sense to include consumers, communities and Aboriginal and Torres Strait Islander people, as well as providers of healthcare and health-related systems, professionals and policymakers.

3.2 Building capacity and capability

To translate research into improved health outcomes for Australians, we need those responsible for translation to have the requisite knowledge and skills.

NHMRC encourages and builds capacity and capability in research translation, including in the science of implementation. Current capacity and capability building activities include:

- Providing funding to build the research, research translation and effective end-user involvement capability of researchers.
- Accrediting Research Translation Centres (RTCs), where a key criterion is the ability to build capability of health professionals in research and research translation.[4]
- Building capacity and capability of consumers and community in effective involvement in research and its translation, and peer review.[16]
- Encouraging researchers to consider translation by assessing research impact in applications across grant schemes.[17]

3.3 The use of high-quality research

Access to research outcomes drives stronger public policy, stronger health systems and a stronger knowledge economy. An important role for NHMRC is to encourage the use of high-quality research evidence in all areas of health and health-related policy and practice.

NHMRC funds translational research, including implementation science, to support the uptake of research evidence into practice, policy and products. High-quality research underpins high-quality evidence. When end-users apply that evidence to decision-making, it improves the quality of decisions and leads to better health outcomes.

In addition to funding high-quality research to produce the best available evidence, NHMRC also:

- Promotes strong research governance and quality through guidance such as the *NHMRC Good Institutional Practice Guide*, which supports institutions to create environments that enable high-quality, ethical and well-managed research.[18]
- Develops and approves high-quality evidence-based guidelines and advice for clinical practice and public and environmental health, which can be adopted by state and territory regulatory bodies.[19]
- Supports open access to the outputs of NHMRC-funded research, including publications and data, and promotes best practice in evidence development, synthesis and analysis.[20]
- Encourages the use of high-quality research by publishing impact case studies illustrating how research evidence has been developed and used.[21]
- Through various grant schemes, NHMRC requires applicants to identify the research evidence that has informed the design of their research proposal.

4. NHMRC's Research Translation Strategy 2026-2030

4.1 Principles and objectives

This Strategy outlines a focused approach to strengthening Australia's capacity to translate health and medical research into improved health outcomes, stronger public policy, and a thriving knowledge economy. It reflects NHMRC's leadership role in enabling research translation through targeted funding, capability building, and system-wide collaboration.

The Strategy is underpinned by **core principles** that guide NHMRC's approach to research translation.

Core principles

Evidence-based	High-quality policies and practices are informed through robust, up-to-date research.
Innovation	Enabling the development and commercialisation of new technologies, services and solutions has the potential to deliver meaningful benefits, support scalability, and drive long-term prosperity across the health and medical research system.
Collaboration	Fostering partnerships and end-user involvement across disciplines, sectors and communities, including place-based partnerships that reflect local priorities and contexts, ensures relevance and uptake of research.
Equity	Diverse voices, trustworthy and culturally safe research, and meaningful community involvement that embed shared authority and accountability to ensure these benefits are realised in practice, are essential to improving health for all.
Implementation	Research should efficiently progress through the translation process to deliver timely outcomes, with flexibility to adapt and scale for local and national needs, prioritising activation over ownership to mobilise knowledge and resources for impact.
Impact	Translating research should lead to real-world benefits, advancing health, wellbeing, productivity and prosperity.

To achieve this, NHMRC has defined the following **objectives** to guide its focused priorities, actions and targets:

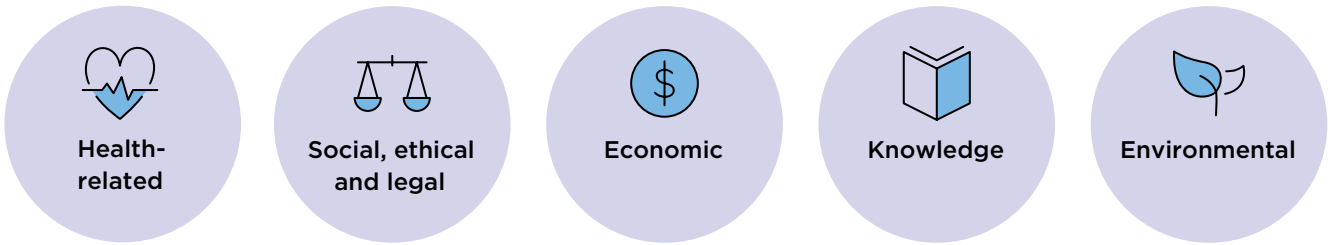
- **Deliver funding opportunities that enable translation**: Offering schemes and initiatives that support the translation of research, implementation science, and partnerships with industry, government, and community organisations.
- **Build workforce capacity and capability in research translation**: Supporting early- to mid-career researchers, clinicians, and those from non-traditional backgrounds, including rural, remote and regional researchers, to develop translation skills and deliver equitable impact across the health system.
- **Build a research culture that focuses on impact**: Ensuring translation and commercialisation are valued alongside discovery, and where researchers are supported to pursue outcomes that benefit communities and systems.
- **Foster genuine collaboration between researchers and end-users**: Recognising that co-designed research is more likely to be implemented and have real-world impact.
- **Promote translation of evidence into equitable, high-quality guidelines and advice**: Ensuring that research findings inform clinical practice, policy, and public health interventions.
- **Support research pathways to accelerate commercialisation of novel drugs, diagnostics, devices, and digital health technologies**: Driving research commercialisation by supporting research, innovation and development and fostering partnerships that enable timely, evidence-based adoption of innovations into healthcare.

Together, these objectives and principles position NHMRC to support a national effort in accelerating research translation and commercialisation, ensuring that Australia's investment in health and medical research delivers lasting impact.

4.2 Priorities, actions and targets

NHMRC developed research translation priorities to form a framework for the Strategy, with each contributing to ensure that Australian health and medical research delivers tangible benefits to the population. Together, the priorities aim to bridge the gap between research and real-world impact by fostering collaboration, building capability in translation, and ensuring equity in translation outcomes.

The priorities, actions and targets reflect NHMRC's commitment to improving health through effective, inclusive and sustainable research translation, and support a range of **impacts**:



1. Priority 1 – Strengthen partnerships between researchers, consumers and community, end users and industry

Goal	To accelerate research translation by embedding diverse expertise, resources, and perspectives from a range of sectors.

Collaborations are crucial for effective research translation, as they bring together complementary strengths, diverse perspectives and shared resources that enable the movement of research from theory into policy, practice and products. Priority 1 is important to:

- Improve relevance and likelihood of research to meet actual health needs when shaped by end-users from the design stage and informed by community priorities and local health challenges.
- Enable practical implementation by fostering early co-design and delivery planning, including place-based research approaches that align outputs with health system workflows, regulatory requirements, and end-user needs. This includes recognising that partnership models in Aboriginal Community Controlled Health Services and other community-controlled settings require distinct governance, consent and accountability arrangements compared with mainstream research–industry partnerships.
- Support shared understanding of local health system contexts, including infrastructure, data governance arrangements and service capacity, which can influence the feasibility, adoption and sustainability of research and innovation across different settings.
- Grow a culture of health service-led research embedded in everyday care, fostering continuous learning and innovation, and strengthening community involvement and regional capacity.
- Maintain excellence in scientific quality, while supporting the translation of discoveries and existing knowledge beyond the academic setting, including engagement with industry to enable scale, sustainability and adoption within local contexts and communities.
- Strengthen translation pathways by aligning research with realworld needs, regulatory requirements and commercial viability from the outset through early and sustained engagement with industry partners.
- Ensure ethical partnerships in health and medical research translation are built on transparency, integrity and accountability, with shared decision-making, fair benefit-sharing, and respect for the independence and contributions of researchers, health services, communities and industry.

Action 1.1	Strengthen the NHMRC Research Translation Centre Initiative, ensuring alignment with the National Health and Medical Research Strategy to build strategic partnerships, advance equity and promote long-term sustainability.

Strategic collaboration across research, health services, community and industry is essential to embed research into practice, foster equity, and achieve lasting impact. The NHMRC RTC Initiative will be strengthened through a review of its objectives, scope, and criteria, to empower RTCs to implement collaborative, end-user-driven, place-based research translation, supporting the translation of existing knowledge that responds to real-world health service needs.

Promoting mid-accreditation progress and impact reporting will enhance transparency and demonstrate how RTCs contribute to capability building, equity and improved health outcomes.

Targets:

- **1.1.1**. Implement revised objectives, scope, accreditation criteria, and support to strengthen partnerships, inspire research culture in health services, enhance end-user and community involvement and ensure sustainability.
- **1.1.2**. Assess progress and promote impact reporting by Research Translation Centres.

Action 1.2

Implement the 2026 *Statement on Consumer and Community Involvement in Health and Medical Research* and embed equity in consumer and community involvement in health and medical research.

Active and effective involvement of consumers and communities across all stages of health and medical research, from priority setting to translation, enhances the relevance, quality and impact of research outcomes, particularly for priority populations, and a social licence for research.

The Consumer Statement reinforces this by promoting inclusive, respectful and transparent partnerships between researchers and consumers, with the goal of effective involvement throughout the research lifecycle.[1]

Targets:

- **1.2.1.** Deliver an implementation and evaluation plan, identifying areas of unmet need and enabling measurable improvements in consumer and community involvement.
- **1.2.2.** Support involvement of diverse and representative consumers and communities across all stages of health and medical research.
- **1.2.3.** Increase effective consumer and community involvement in priority setting, designing funding schemes, and peer review across NHMRC grant schemes, supported by strengthened consumer and community involvement requirements.

Action 1.3

Build awareness of NHMRC opportunities within industry and philanthropy to support a prosperous health and medical research sector.

Industry and philanthropy are important partners in research translation, contributing distinct and complementary roles across the translation pathway.

Industry partners support the movement of research into real-world use by contributing development expertise, regulatory capability, manufacturing and quality systems, intellectual property management, distribution pathways and long-term delivery models. Industry involvement is often essential where translation requires scale-up, regulatory approval, sustained supply or system-wide adoption, including for medicines, devices, diagnostics and digital health technologies. Industry also plays a role in later-stage development, post-market evaluation and ongoing improvement of products and services in real-world settings.

Philanthropy plays a different but equally important role, particularly in supporting early-stage and high-risk translation that may not yet be ready for commercial investment. Philanthropic contributions can support proof-of-concept and early implementation, help de-risk development, enable place-based or equity-focused translation, and bridge gaps between discovery funding and later-stage partners. These contributions may include traditional grant-making as well as investor-minded approaches that seek to reinvest returns to support future research and translation, strengthening system sustainability and public value over time. For many philanthropic organisations, a key outcome is enabling research to progress to a point where next-step partners, such as industry, health services or governments, can take innovations forward to deliver health benefit.

Together, engagement with industry and philanthropy helps ensure that promising research does not stall between discovery and real-world use, and that translation pathways are viable, sustainable and capable of delivering lasting health, social and system-level benefits.

Encouraging investment that is strategically coordinated across government, industry and philanthropic sectors is fundamental to achieving NHMRC's strategic goals. Building awareness of NHMRC opportunities within industry and philanthropy communities supports research translation partnerships that align expertise, resources and shared priorities, and deliver mutual benefit by enabling partners to invest in high-quality, peer-reviewed research aligned to their objectives. These partnerships strengthen collaboration, unlock new funding streams, reduce reliance on public funding, support long-term sustainability, and enhance the health and medical research sector's capacity for innovation and impact.

Targets:

- **1.3.1.** Increase philanthropic engagement and support for health and medical research.
- **1.3.2.** Increase industry engagement and support for health and medical research through strategic collaboration.
- **1.3.3.** Improve visibility and accessibility of information on research projects for industry and philanthropic organisations, including data on projects progressing proof-of-concept or early development.

Action 1.4

Engage strategically with international funding agencies to support high-quality collaborative international translation research through bilateral and multilateral arrangements.

To strengthen Australia's role in global health research translation, NHMRC will deepen its engagement with international funding agencies through targeted bilateral and multilateral collaborations. Increasing NHMRC's international collaborative reach is essential to ensure Australian research remains globally competitive and impactful, while strengthening Australia's sovereign research capability through participation in, and contribution to, global research systems.

This will be achieved by deepening strategic partnerships that prioritise translation outcomes, particularly with Europe and neighbouring regions across the Indo-Pacific. These collaborations will be guided by *NHMRC's International Engagement Strategy 2023-2026*,[22] continuing to support mutual benefit, knowledge exchange, and alignment with national health priorities.

International partnerships should also advance Indigenous health and wellbeing research by working with nations that have Indigenous populations to address chronic disease and the broader social, cultural, environmental, and commercial determinants of health, and by sharing successful global models to inform best-practice funding and support. This includes building on established tripartite agreements on international Indigenous health research with Canada and New Zealand to support Indigenous-led research, workforce development and shared policy learning.[23] By fostering strong international networks, NHMRC aims to accelerate the translation of research into health, economic and social benefits, while positioning Australia as a key contributor to global health research ecosystems.

Targets:

- **1.4.1.** Increase NHMRC's international collaborative reach through strategic partnerships that accelerate research and knowledge translation and strengthen Indigenous health and wellbeing research.

Action 1.5

Develop mechanisms that foster collaborative partnerships for inclusive and transparent priority setting in health and medical research.

Processes that bring researchers, communities and stakeholders together to openly and inclusively determine research priorities should use structured approaches that weigh burden of disease, feasibility, budget impact and equity alongside scientific merit. By facilitating priority setting workshops and engaging a diverse range of stakeholders, including consumers, health service providers, clinicians, policymakers and community representatives, NHMRC can ensure that research reflects real-world needs and values. This approach not only builds trust and relevance but also improves the likelihood that research outcomes will be adopted and have meaningful impact across the health system.

Targets:

- **1.5.1.** Ensure research agendas reflect what matters most to those directly affected through priority setting workshops.

2. Priority 2 – Increased capability for impactful research translation and commercialisation

Goal	To build systems and skilled, collaborative teams that can effectively transform research into realised health outcomes, products and technologies.

Australia has a strong base of research talent.[23] However, translating discoveries into real-world impact, whether through policy, practice, service redesign, technologies or products, requires specialised skills and support that extend beyond traditional research capability. Targeted capability building is needed to equip researchers, clinicians and institutions with the skills, experience and confidence to translate research into policy, practice, services and products. Workforce capability gaps remain a key barrier to research translation, including limited protected and funded research time for clinicians, shortages in specialised roles such as clinical research associates and trial coordinators, and limited expertise in areas such as commercialisation, regulatory pathways and clinical trial design. Addressing these structural barriers is critical to enabling sustained and effective translation. By investing in capability-building, such as skills development, translational frameworks, supportive structures and opportunities, and capability to access and navigate development and commercialisation pathways, researchers can be empowered to navigate the journey from discovery to real-world application. Collaborations with industry can also upskill researchers by exposing them to development, regulatory and scale-up expertise beyond traditional academic settings.

Crossing the "valley of death", where promising research often fails to be implemented or commercialised,[24] requires early consideration of health economics, including value, affordability, cost of delivery and service capacity, alongside implementation science and robust data systems that track outcomes and costs. In practice, this challenge occurs at multiple transition points across the research continuum, including early-stage translation from discovery to clinical development, and later-stage translation from clinical validation to adoption in policy, practice or commercial markets. Addressing these gaps requires coordinated support across funding, capability, regulatory readiness and implementation pathways. Data systems should be designed to capture high-quality, complete data at the point of collection, enabling effective evaluation and learning over time. Strengthening collaborative, organisational and system-level capability to facilitate and support research translation is therefore a critical enabler of sustained health impact. Priority 2 is important to:

- Empower researchers and their institutions to overcome the "valley of death" through improved understanding, knowledge and education that can build translational capability. This can reduce commercial failure and improve capacity to access capital, helping ensure promising research is implemented or commercialised.
- Support equitable and sustainable health systems, as translational capability helps health systems adapt and evolve by integrating evidence-based innovations into policy and practice.
- Build capacity and capability of Aboriginal and Torres Strait Islander and rural, regional and remote (RRR) researchers to ensure community-led and culturally responsive research translation through opportunities, exposure and practical support.
- Strengthen impact reporting and translation outcome data to inform future research and policy.
- Advance institutional capability, funding systems, assessment processes and governance structures to better support Indigenous-led and place-based translation.
- Develop early pipelines to attract and retain experts who guide and support successful translation pathways.

Action 2.1	**Create opportunities to foster greater translation and commercialisation of Australian research to ensure local practice, production and supply of services, treatments and devices that benefit the Australian community.**

Increasing capability for research translation into policy and practice requires funding models that incentivise and enable these activities. NHMRC will embed mechanisms within grant schemes that support collaboration between researchers, policymakers, and healthcare workers, and provide resources for skills development appropriate in the settings where they are applied, collaborative infrastructure and sustainable implementation pathways. NHMRC will also strengthen expectations for research translation planning, supporting the use of structured implementation plans, informed by established frameworks, in relevant funding applications to support adoption, scale-up, evaluation and sustainability. By aligning funding structures with translation objectives, we can strengthen the system's ability to move evidence into action and deliver measurable health and societal benefits. This includes supporting and facilitating where possible commercialisation, regulatory and product development expertise within relevant research funding approaches to improve the likelihood of scale-up and adoption.

For novel health and medical products, specialist skills are needed for the extensive development activities required to achieve regulatory approval according to regulatory-defined quality standards. In Australia, over 80% of biotech and medtech companies are small to medium enterprises (SMEs) operating in the early stages of development.[25] Strengthening the translation and commercialisation of Australian research will therefore not only support the local innovation pipeline but enhance domestic production and supply of treatments and medical devices.

A resilient health innovation system depends on both strong local capability and sustained engagement with international markets. International partnerships, including with multinational companies that have a local presence, play a critical role in Australian research translation through collaboration, investment and access to global supply chains. These partnerships deliver significant returns to the Australian economy and contribute to national health security by strengthening access, scale and system resilience.

Return on investment in research translation extends beyond financial outcomes. Achieving health, societal and system-level benefits requires a balanced approach that embeds health economic evaluation across the translation process. This depends on sustained investment to build the health economics workforce and ensure economic evidence is generated, interpreted and applied effectively across policy, practice and product development pathways.

Researchers can encounter administrative, eligibility and grant-design challenges when applying for and reporting on funding schemes, which may divert time and effort away from delivering high-impact outcomes. Features of grant design may affect researchers differently depending on their roles, settings and research pathways, particularly where access to administrative support is limited, with implications for equity and effectiveness. Addressing these challenges is important to support a more efficient, fair and outcome-focused research system that enables translation and innovation.

Although Australia has made significant investments in research translation, greater support is needed in its implementation within Aboriginal and Torres Strait Islander and RRR communities. Challenges for many communities include lack of critical mass, disproportionate workforce turnover, and navigating cultural expectations and other challenges while working with higher burden of disease. Strengthening capability among Aboriginal and Torres Strait Islander and RRR researchers, and ensuring that funding processes, assessment mechanisms and governance structures are ready to support Indigenous-led and community-controlled translation is essential. There is also a need to recognise that place-based research translation in RRR settings is often more resource-intensive to design and implement, requiring tailored funding approaches that ensure inclusive and equitable opportunity and participation in the innovation ecosystem.

Embedding place-based research approaches is critical to this effort, enabling solutions that are locally informed, culturally appropriate, and responsive to the unique needs and contexts of these communities.

Targets:

- **2.1.1.** Transform NHMRC funding models to drive research and knowledge translation into policy and practice, promote commercialisation and industry collaboration; align with MRFF and other government initiatives; and minimise duplication and gaps across the discovery to impact pathway.
- **2.1.2.** Ensure diverse research backgrounds and experiences are appropriately recognised in assessment criteria (e.g. clinicians and community-based researchers).
- **2.1.3.** Create targeted opportunities for workforce entry, and build and strengthen capacity and capability of Aboriginal and Torres Strait Islander health researchers, including through Aboriginal community-controlled health organisations.
- **2.1.4.** Implement initiatives that build capacity and capability in research translation in RRR settings.
- **2.1.5.** Ensure appropriate expertise in translational research (e.g. clinical, implementation, health economics, indigenous governance, commercialisation) across assessments of grant schemes.

Action 2.2	**Support for health service-led research translation that enhances productivity, delivers tangible outcomes for health services, and improves the Australian health system.**

Translational health services research, led by health care workers, is essential for improving the quality, efficiency, and equity of Australia's health system. Its value lies not only in driving productivity, but also in generating evidence that informs policy, enhances models of care, and strengthens system responsiveness. The Productivity Commission's *Advances in measuring healthcare productivity* report highlights that the greatest productivity gains in health care have been driven by the effective diffusion and uptake of new treatments and technologies, underscoring the importance of translation, commercialisation and distribution pathways that enable innovations to reach practice at scale.[26]

For research to be effectively translated, it must be embedded within health services and systems and supported by implementation science to ensure that implementation is evidence-aligned, structured and designed for relevance, uptake, and sustained impact. Place-based approaches further strengthen this by tailoring research translation to the unique needs and contexts of local communities and health settings.

Research Translation Centres (RTCs) play an enabling role in this ecosystem by bringing together health services, researchers and communities to build collaboration, strengthen capability, and support translational activities within health system settings. Through these functions, RTCs support place-based health service improvements, while broader national health, societal and economic benefits are realised through the collective efforts of the wider health and research system. Supporting the RTCs will foster locally led, health service-driven translation and the delivery of tangible benefits for many health services and their communities.

Health services operate in environments characterised by competing clinical, workforce and financial pressures, alongside internal constraints such as limited time, research translation capability and infrastructure. These factors can limit their ability to engage in research translation activities.[27] These realities can compound challenges faced by health service research (HSR), which may be less well suited to open funding rounds due to its interdisciplinary nature, non-traditional outputs and inherent uncertainty of outcomes. This is particularly evident in RRR Australia, where health care workers may not have a traditional academic background or established research track record. Addressing these challenges can be supported through tailored funding approaches and grant assessment frameworks that better recognise the unique contributions of health care workers and their understanding of local contexts.

Improving NHMRC's grant data systems to capture and track translation activities and outcomes will also help ensure that HSR is visible and supported.

Targets:

- **2.2.1.** Support NHMRC's Research Translation Centres through accreditation and funding to embed health service-led research and drive HSR culture, translation and impact.
- **2.2.2.** Consider funding models that build capacity in HSR, including clinicians, health economists and implementation scientists.
- **2.2.3.** Enhance grant assessment frameworks to ensure HSR is appropriately recognised and supported.
- **2.2.4.** Identify better ways for monitoring and measuring NHMRC and MRFF funding for HSR.

Action 2.3	**Embed robust and transparent impact reporting mechanisms across NHMRC-funded research to ensure measurable translation, commercialisation, and public value.**

Establishing robust, innovative and transparent impact reporting mechanisms across NHMRC-funded research is essential to ensure that outcomes are measurable and meaningful. Embedding consistent reporting practices will drive greater accountability and visibility in research translation, commercialisation, and the delivery of public value. This includes using diverse data sources to demonstrate how investments lead to tangible benefits for communities, industry and the health system, and ensuring that data collection and impact reporting is underpinned by strong governance, including the protection of Indigenous data sovereignty[28] and rights-holder-led decision-making.

Targets:

- **2.3.1.** Develop and operationalise NHMRC capability and/or capacity to monitor and evaluate research impact on health, productivity and the economy.
- **2.3.2.** Develop mechanisms to support consistent and transparent collection and reporting of key research outcomes across NHMRC/MRFF, strengthening public confidence, trust and understanding of the value and impact of health and medical research.
- **2.3.3.** Explore and analyse external datasets (e.g. patents, regulated products) to report on NHMRC's contribution to research translation and commercialisation.
- **2.3.4.** Ensure NHMRC's strategies, policies and practices uphold and protect the principles of Indigenous data sovereignty and governance, while ensuring the responsible management and sharing of research data to promote transparency, collaboration, and ethical use.

3. Priority 3 – Equitable, high-quality, outcomes-focused and accessible research for public benefit

Goal	To deliver research translation outcomes that are accessible to everyone and improve the health of all Australians.

Health equity is a cornerstone of public benefit. Research translation must consider diverse populations, including Aboriginal and Torres Strait Islander peoples, as well as rural, remote, and underserved communities. By prioritising inclusivity and accessibility, we ensure that the benefits of research are distributed fairly and that health outcomes improve across all segments of society, not just those with the greatest access or resources. Additionally, focusing on Australian public health priorities is essential for outcomes-focused research which provides the greatest benefit to Australians. Priority 3 is important to:

- Strive for a health and research system where every person, regardless of ancestry, ethnicity, gender, socioeconomic status, or location, can access high-quality, evidence-based care and benefit equally from research advancements.
- Ensure high-quality research which improves patient safety, clinical effectiveness and health system access and performance.
- Achieve measurable improvements in health, such as reduced disease burden, improved quality of life and improved treatment options, by aligning research focus with Australian public health goals and policy priorities and local needs and priorities. Acknowledging that measurable improvements in health for Aboriginal and Torres Strait Islander peoples may be reflected not only in reduced disease burden, but also in strengthened cultural continuity, community wellbeing, connection to Country and collective quality of life.
- Support responsible and timely adoption of evidence-based care by ensuring guidelines and advice incorporate cost-effectiveness and reduce low-value care.

Action 3.1	Develop guidelines and health advice that are supported by evidence-based research outcomes.

Improving the development and implementation of clinical guidelines is essential for ensuring high-quality, evidence-based care across Australia. By supporting targeted research to identify areas of low value care and address evidence-practice gaps, NHMRC can strengthen clinician capacity and improve patient outcomes. Publishing guidelines aligned with national health priorities further ensures consistency in prevention, diagnosis, treatment, and care. Additionally, promoting the integration of artificial intelligence into health and medical research, while prioritising its safe, ethical, and equitable use, enables innovation that can enhance clinical decision-making, streamline healthcare delivery, and improve system efficiency to lead to faster and higher-quality health outcomes for patients. These efficiency gains should not come at the expense of cultural safety, community control or Indigenous governance.

Targets:

- **3.1.1.** Establish a systematic approach that clearly outlines NHMRC's role and priorities in developing and disseminating evidence-based guidelines.
- **3.1.2.** Support the development, endorsement, and dissemination of clinical practice, public and environmental health guidelines and advice, to support evidence-based prevention, diagnosis, treatment and care for the populations they serve.
- **3.1.3.** Develop, publish and promote guidelines to support the responsible use of artificial intelligence in health and medical research, enhancing translation efficiency and public safety.
- **3.1.4.** Scope the expansion of NHMRC's capacity in evidence synthesis and guideline development, including more timely outcomes and the appropriate use of AI.
- **3.1.5.** Establish a mechanism to identify areas of low value care and evidence-practice gaps.

Action 3.2	**Ensure NHMRC's equity strategies promote research translation that supports health equity for all Australians.**

Embedding equity across NHMRC's funding and policy frameworks is essential to addressing systemic barriers that drive health inequity in underserved populations. Strengthening implementation of NHMRC's Road Map 3,[29] a 10-year strategic framework to improve the health of Australia's Aboriginal and Torres Strait Islander population, ensures that research is community-led and contributes meaningfully to Closing the Gap for Aboriginal and Torres Strait Islander peoples.[30] For example, rolling out the new grant application question about how the proposed research will benefit Aboriginal and Torres Strait Islander health and contribute to Closing the Gap targets will encourage researchers to carefully consider the translation pathways for their research and how this could promote health equity for Aboriginal and Torres Strait Islander peoples and communities.

NHMRC's activities to support health equity for those living in RRR Australia will also promote place-based research translation, reflecting the realities of underserved and high-risk communities.[31]

Continued delivery of NHMRC's gender equity activities reinforces fair participation and representation in health and medical research. For example, NHMRC's *Statement on Sex, Gender, Variations of Sex Characteristics and Sexual Orientation in Health and Medical Research* aims to ensure that the evidence base that informs our health care incorporates these important variables and thus supports health equity for all Australians.[32] NHMRC is implementing the Statement in the grant program so that all applicants must consider these variables at all stages of every research project, including translation and implementation. In addition, NHMRC will support the development and publication of guidance for considering sex and gender when developing clinical practice guidelines, which will help promote translation of research into policy and practice in a way that supports health equity for all population groups.

Targets:

- **3.2.1.** Implement activities aligned with NHMRC's equity priorities and monitor subsequent translation outcomes by priority population group.

Action 3.3	**Amplify awareness of NHMRC's role in enabling impactful research translation.**

Promotion of NHMRC's support for research translation helps build researcher awareness of available support, and public awareness and trust in the value of health and medical research. By publishing outcomes and developing targeted, engaging promotional materials, NHMRC can demonstrate the real-world impact of its investments, foster community support and trust, and encourage greater collaboration across sectors.

Targets:

- **3.3.1.** Publish communications and case studies on online public platforms showcasing the support for, and outcomes of, NHMRC-funded health and medical research and highlighting NHMRC and MRFF collaboration to align funding mechanisms and maximise impact.

Action 3.4	**Improve access to research outputs from NHMRC-funded research for researchers, clinicians and the broader community.**

Reducing barriers to open access is essential for ensuring that research findings are available to everyone who can benefit from them. NHMRC first introduced its Open Access Policy in 2012, requiring that publications arising from NHMRC-funded research be openly accessible online. In 2026 NHMRC refreshed this policy to include the MRFF, broaden to other research outputs and permit free preprint posting of research papers, aiming to further minimise financial barriers and enable broader, earlier access to new knowledge.[21] This action supports timely, equitable, and unrestricted availability of research outputs to researchers, practitioners, and the wider community, helping accelerate the translation of evidence into improved health outcomes.

Targets:

- **3.4.1.** Continue to support the NHMRC and MRFF Open Science Policy through communicating policy requirements and assessing compliance, enabling measurable improvements in accessible research outputs.

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