



Australian Government

National Health and Medical Research Council

2025-26

ANNUAL QUAL REPORT



BUILDING
A HEALTHY
AUSTRALIA

Figure 1: Research on major health issues funded by NHMRC, 2025-26

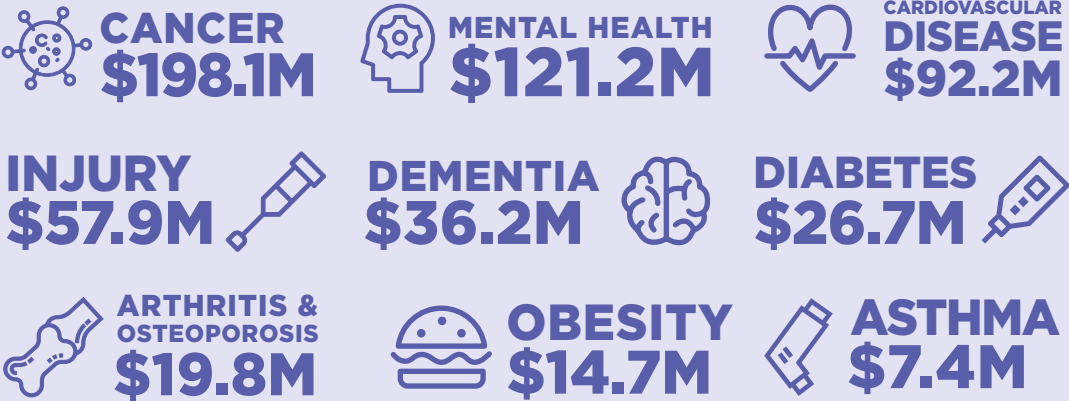


Figure 2: NHMRC Aboriginal and Torres Strait Islander health research funding, 2025-26

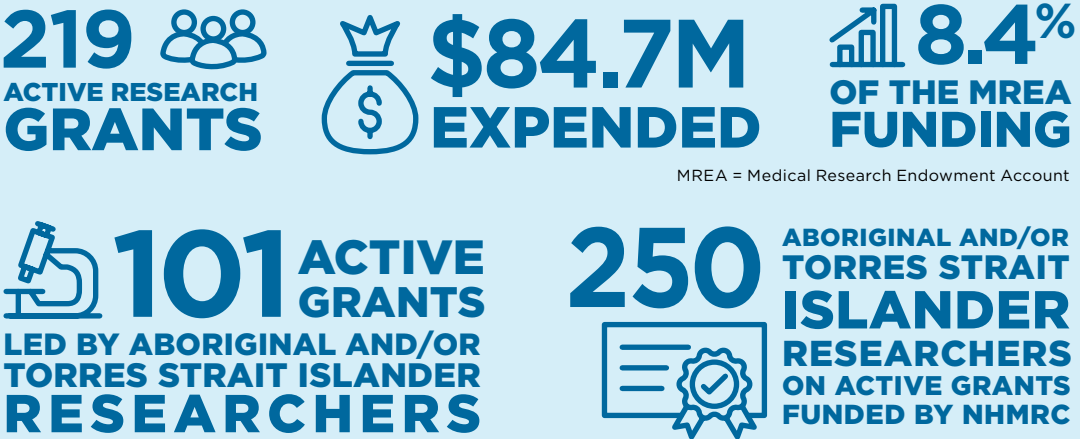
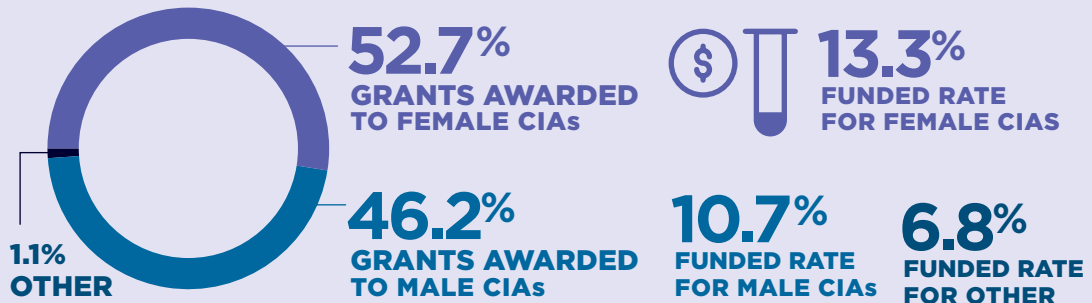


Figure 3: NHMRC grant metrics by gender, 2025-26



* 'Other' combines applicants who selected a gender of 'Not stated', 'Prefer not to answer', 'Non-binary' or 'I use a different term' in their profile or who did not complete the gender field (null).

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E: communications@nhmrc.gov.au
P: (02) 6217 9000

Contents

Publication details	3
Letter of transmittal	6
About the report	7
Acknowledgement of Country	7
Chief Executive Officer's review	8

Part 1: Overview 11

Role and functions	12
Outcome and program	13
Purposes	14
Strategy for health and medical research	15
Health priorities	16
Research investment in major health issues	17
Leadership	18
Research funding and expenditure	20

Part 2: Promoting excellence through NHMRC awards 27

2026 Commonwealth Health Minister's Award for Excellence in Health and Medical Research	28
2025 NHMRC Research Excellence Awards	29

Part 3: Annual performance statements 45

Statement by the accountable authority	46
Purposes	47
Analysis of performance	48
NHMRC impact case studies	62

Part 4: Operating environment 71

Legislative framework	72
Governance and accountability	73
Council and committees	74
Ministerial advisory committees	89
External scrutiny	89
Compliance and assurance	91
Child Safety Statement 2025–26	96
Research integrity	97
Accountability	99
Environmental management	102

Part 5: People management	105
Workforce management	106
Work health and safety	108
Diversity, inclusion and reconciliation	109
Employee statistics	110
Staff movements	113
Workplace agreements	113

Part 6: Financial performance	117
Financial performance summary	118
Agency resource statement	119
Financial statements	120
Independent Audit Report	121
Statement by the Accountable Authority and Chief Financial Officer	123
Overview	131

Part 7: Appendices	143
Appendix 1: Public consultations	144
Appendix 2: Additional information on employees under the <i>Public Service Act 1999</i>	145
Appendix 3: List of requirements	152
Appendix 4: Abbreviations and acronyms	160
Appendix 5: List of figures and tables	165

Part 8: Index	167
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Letter of transmittal



Australian Government
National Health and Medical Research Council



The Hon Mark Butler MP
Minister for Health and Ageing
Parliament House
Canberra ACT 2600

Dear Minister,

I am pleased to present to you the annual report of the National Health and Medical Research Council (NHMRC) for the 2025–26 financial year.

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

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

Throughout 2025–26, NHMRC has also continued to perform its functions under the NHMRC Act, the *Prohibition of Human Cloning for Reproduction Act 2002*, the *Research Involving Human Embryos Act 2002* and the *Medical Research Future Fund Act 2015*.

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

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

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

Yours sincerely,

Prue Torrance
Acting Chief Executive Officer
30 September 2026

+61 2 6217 9000
16 MARCUS CLARKE STREET, CANBERRA ACT 2601
GPO BOX 1421, CANBERRA ACT 2601

BUILDING
A HEALTHY
AUSTRALIA

About the report

This annual report is a summary of the performance and financial position of the National Health and Medical Research Council (NHMRC) for the 12-month period to 30 June 2026.

Unless otherwise stated, references to 'the organisation', 'us' and 'our' refer to NHMRC as a whole. In this report, 'this year' refers to the financial year that ended 30 June 2026, unless stated otherwise.

As a statutory authority in the Health, Disability and Ageing portfolio, we manage our performance through the outcome and program structure set out in NHMRC's chapter of the Health Portfolio Budget Statements (PBS). This is available at www.health.gov.au/resources/publications/budget-2025-26-portfolio-budget-statements.

This report reviews our performance against the purposes and performance targets in our corporate plan and our PBS, as required by the *Public Governance, Performance and Accountability Act 2013*. Our corporate plan is available at www.nhmrc.gov.au/about-us/publications/nhmrc-corporate-plan-2025-26.

Acknowledgement of Country

NHMRC acknowledges the Traditional Custodians of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.



Artwork: *Yulang*, meaning 'ripple' in Wiradjuri language. Artist: Amy Kilby

Chief Executive Officer's review

Annual Report 2025–26



Professor Steve Wesselingh,
Chief Executive Officer

It is my pleasure to present the 2025–26 Annual Report of the National Health and Medical Research Council (NHMRC). This report reflects another year of progress against our enduring mission of building a healthy Australia through investment in research, support for translation and innovation, and promotion of the highest standards of ethics and integrity in health and medical research. NHMRC's mission remains as important today as it was when it was established almost 90 years ago: supporting excellent research, translating evidence into better health outcomes, and maintaining the trust of the Australian community.

This year has been one of both achievement and challenge. NHMRC awarded 704 new grants valued at more than \$1.07 billion, supporting researchers across the full spectrum of health and medical research, from fundamental discovery through to clinical, public health and health services research. These investments help create new knowledge, build research capability and improve health outcomes for Australians.

Our investment continues to support research into many of Australia's most significant health challenges. During 2025–26, NHMRC invested almost \$200 million in cancer research, more than \$121 million in mental health research, nearly \$93 million in cardiovascular disease research and almost \$58 million in injury-related research. These figures demonstrate both the scale of Australia's health challenges and the critical role that sustained research investment plays in addressing them.

Research alone is not enough. The ultimate value of research lies in its ability to improve lives. NHMRC therefore maintains a strong focus on translation and implementation, ensuring discoveries are translated into policy, clinical practice and improved health care. Through our clinical practice, public health and environmental health guideline programs, we continue to ensure the best available evidence informs decision-making across the health system. These evidence-based guidelines, together with our advisory and translational activities, help bridge the gap between research discovery and real-world benefit for the Australian community.

This year also marked continued progress in shaping the future of Australia's health and medical research system. I am particularly proud of NHMRC's contribution to Australia's first National Health and Medical Research Strategy. The Strategy reflects the ambitions of an entire research ecosystem and recognises the importance of collaboration across governments, researchers, consumers, funders and health services. Throughout the year, NHMRC continued to work closely with the Medical Research Future Fund, the Australian Research Council and many other partners to identify opportunities for greater alignment and collective impact. Increasingly, the challenges facing the sector require coordinated solutions, and our experience has consistently shown that collaboration delivers outcomes greater than the sum of their parts.

A priority that has remained central to me throughout my tenure is equity. Research should benefit all Australians, and opportunities to participate in research should be available to all talented researchers, regardless of background or geography. In 2025-26, NHMRC supported 219 active Aboriginal and Torres Strait Islander health research grants and invested \$84.7 million in Aboriginal and Torres Strait Islander health research, representing 8.4% of Medical Research Endowment Account expenditure. Importantly, 101 active grants were led by Aboriginal and Torres Strait Islander researchers and 250 Aboriginal and Torres Strait Islander researchers participated in NHMRC-funded research projects. These outcomes reflect the progress that has been made, while reinforcing the importance of continuing to strengthen Aboriginal and Torres Strait Islander research leadership and capability.

We also continued to make encouraging progress in gender equity. Women received 52.7% of grants awarded and 52.2% of total funding awarded in 2025-26, and achieved a higher overall funding success rate than male applicants. While these outcomes are positive, more work remains to ensure that Australia's research workforce is diverse, inclusive and supported at every career stage. Similar attention must continue to be given to supporting researchers and communities in regional, rural and remote Australia, where research has an important role to play in improving health outcomes and equity of access.

I have long believed research is stronger when it is shaped by the people it seeks to serve. NHMRC has continued to champion meaningful consumer and community involvement across the research lifecycle, from priority setting through to research translation and implementation. This approach improves the relevance, quality and impact of research, and helps ensure public investment delivers benefits that matter to the community.

Just as important as the quality of the research we fund is the integrity with which it is conducted. Public trust in research and science cannot be taken for granted. It must be earned and maintained through rigorous methods, transparent processes, ethical conduct and an unwavering commitment to research integrity. NHMRC has a unique responsibility in maintaining this trust, but responsibility also rests with research institutions, researchers and partners across the sector. Excellence and integrity are inseparable, and both are essential if research is to continue delivering benefits for the Australian community.

At the same time, significant challenges remain. Demand for research funding continues to exceed available resources, placing pressure on funding success rates and research careers. Rapid advances in artificial intelligence present extraordinary opportunities to improve healthcare, accelerate scientific discovery and strengthen research capability. However, they also raise complex questions about research assessment, peer review, research integrity and public trust. AI has the potential to fundamentally reshape how research is conducted and evaluated, and represents one of the defining challenges facing research funders globally.

This annual report is also my final report as Chief Executive Officer, following the conclusion of my term in August 2026. It has been a privilege to serve the Australian community through NHMRC and to work alongside exceptional colleagues across the health and medical research sector. What has impressed me most throughout my time at NHMRC is the dedication of our staff and stakeholders, and their shared commitment to improving lives through evidence, innovation and collaboration.

I would like to sincerely thank NHMRC's Deputy CEO Prue Torrance, the Senior Executive team and all NHMRC staff for their professionalism, expertise and dedication. The quality of work delivered by our people, often amid increasing complexity and demand, continues to impress me. I also thank the Chairs and members of Council, the Research Committee, the Consumer Advisory Group, the Indigenous Advisory Group, the Industry, Philanthropy and Commercialisation Committee, and the Public Health and Health Systems Committee for their leadership, advice and service. My thanks also extend to Natasha Ploenges and colleagues in the Health and Medical Research Office (HMRO) for their ongoing partnership and support.

NHMRC enters its next chapter as a strong, trusted and highly respected institution. Significant opportunities lie ahead, including advances in artificial intelligence, precision medicine, data-enabled research, and stronger partnerships across the health and research sectors. At the same time, maintaining public trust, strengthening translation and implementation, supporting a sustainable research workforce, and ensuring the highest standards of excellence and integrity will require continued focus. As NHMRC approaches its 90th anniversary in 2027, we have an opportunity to reflect on our proud history while looking ahead to the challenges and opportunities that will shape the next decade of health and medical research.

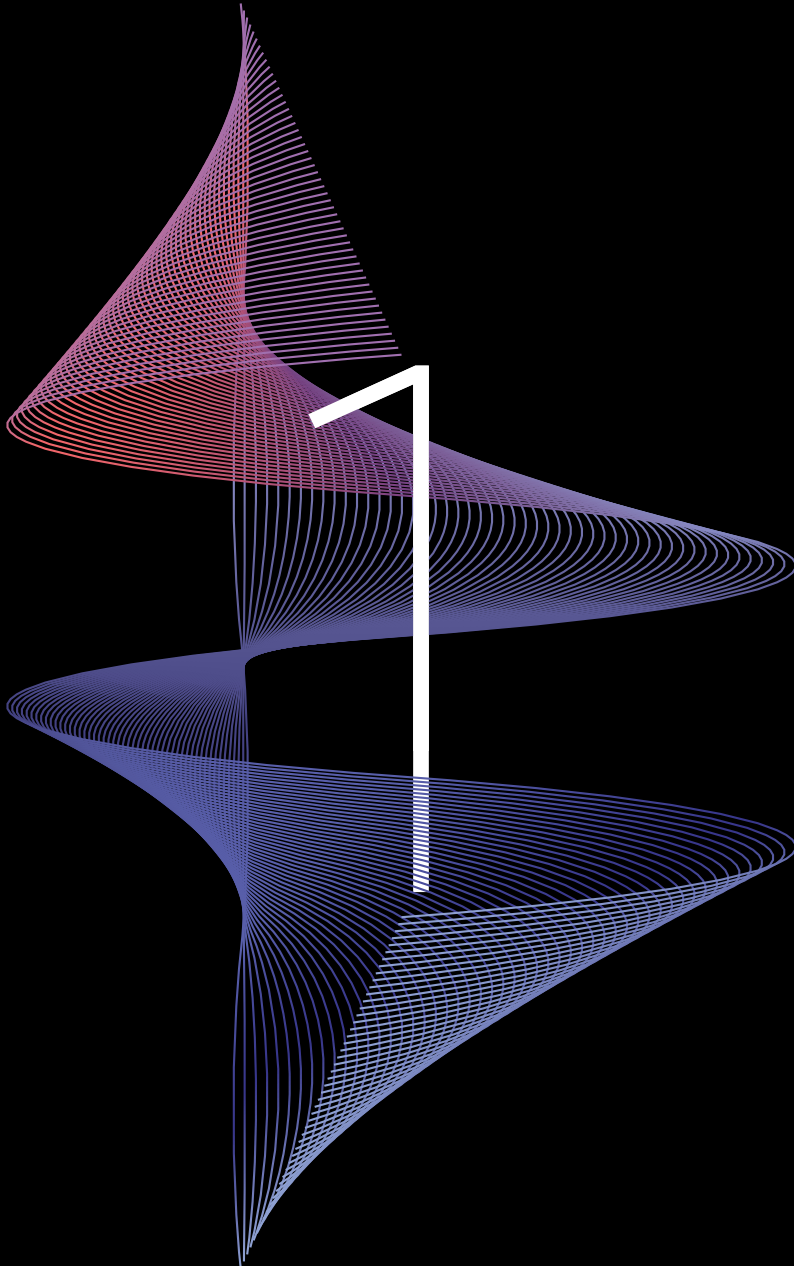
I remain confident that, through collaboration, innovation and a steadfast commitment to evidence, NHMRC will continue to play a vital role in improving the health and wellbeing of all Australians.



Ms Prue Torrance, Deputy Chief Executive Officer and Chief Operating Officer (left), and Professor Steve Wesselingh, Chief Executive Officer (right).

PART 1: OVERVIEW

NHMRC has been supporting health and medical research and translation to improve the health of all Australians since 1937. This section details NHMRC's role and organisational structure and presents our strategy for health and medical research.



Role and functions

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

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

Our functions under the NHMRC Act are to:

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

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

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

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

Outcome and program

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

NHMRC's budget allocation and performance measures are published in the 2025-26 Health and Aged Care Portfolio Budget Statements (PBS).

The PBS from the 2025-26 Budget set out our outcome and program as follows:

Outcome 1

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

Program 1.1 Health and Medical Research

The Australian Government, through NHMRC, aims to:

- create knowledge and build research capability through investment in the highest-quality health and medical research, and the best researchers (Investment)
- drive the translation of health and medical research into public policy, health systems and clinical practice, and support the commercialisation of research discoveries (Translation)
- maintain a strong integrity framework underpinning rigorous and ethical research, and ethical research promoting community trust (Integrity).

Purposes

We realise our mission of building a healthy Australia through our purposes, which reflect our legislated functions and align with our strategic themes of **investment**, **translation** and **integrity**. Our purposes, as published in our *Corporate Plan 2025-26*, are detailed in Figure 4.

Figure 4: NHMRC's mission and purposes

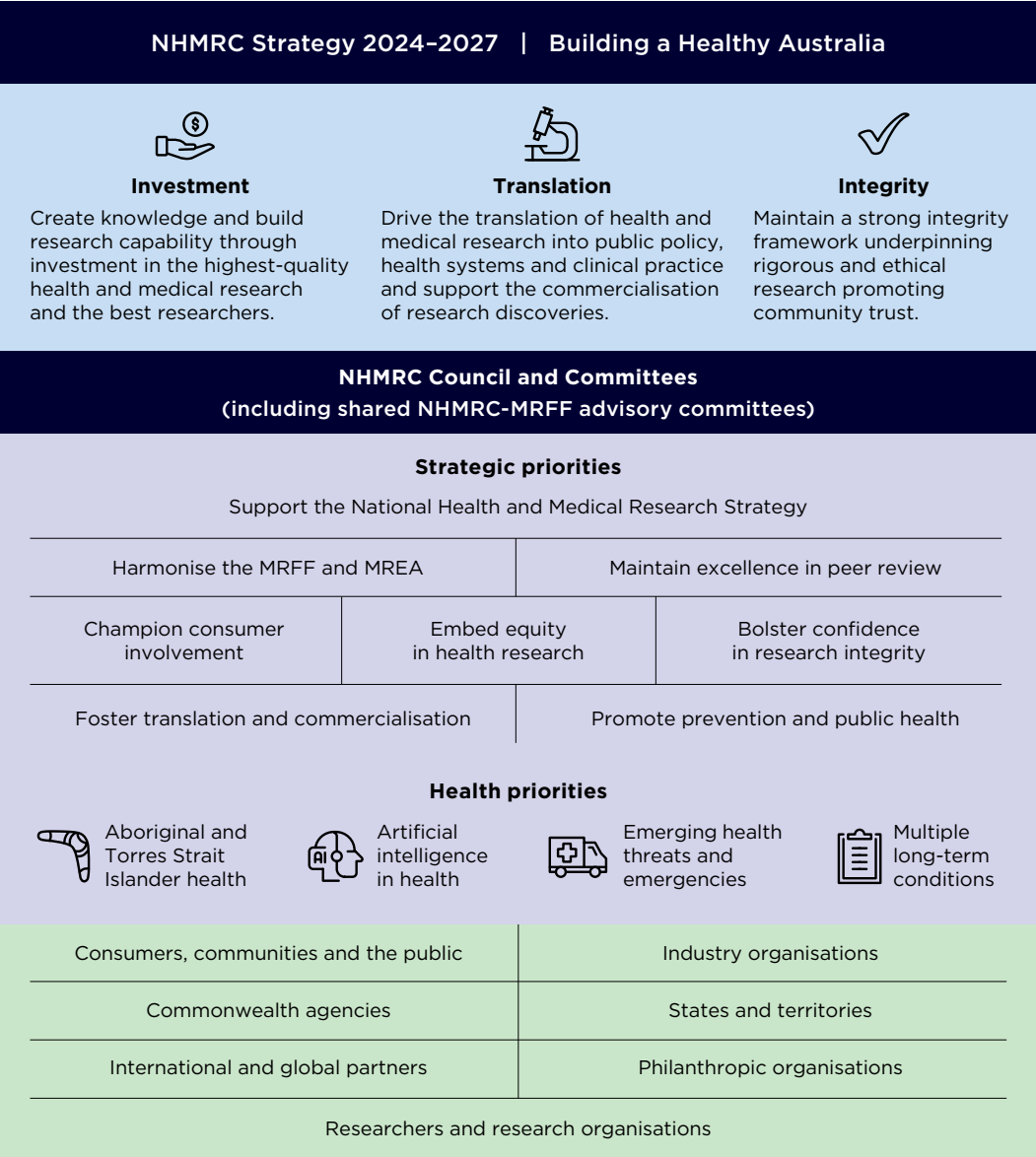


Strategy for health and medical research

Our *Corporate Plan 2025-26* sets out our strategy for health and medical research and identifies major national health issues for the planning period.

Our strategy for health and medical research, as depicted in Figure 5, addresses major health issues and other functions conferred on us by the NHMRC Act.

Figure 5: NHMRC’s strategy for 2024-2027



Health priorities

NHMRC’s health priorities (incorporating major national health issues) for the 2024–2027 triennium (1 July 2024 to 30 June 2027) are identified in our *Corporate Plan 2025–26* as shown in Table 1.

Table 1: NHMRC’s health priorities for the 2024–2027 triennium

Health priority	
	Aboriginal and Torres Strait Islander health Promoting wellness and health equity for Aboriginal and Torres Strait Islander people.
	Artificial intelligence in health Promoting the integration of artificial intelligence into health and medical research, and its safe, ethical, equitable and effective application in health care.
	Emerging health threats and emergencies Identifying and targeting emerging health threats and emergencies, including working with partners towards a One Health research approach to climate change, health and our environment, biodiversity, and antimicrobial resistance.
	Multiple long-term conditions Identifying, preventing and managing multiple chronic conditions and greater integration of living with multiple long-term conditions into research.

Research investment in major health issues

NHMRC reports investment in research on 9 major health issues that contribute significantly to the burden of disease in Australia. Our peer review processes ensure that we fund the most compelling and significant research proposals, as judged by independent experts. Table 2 shows NHMRC expenditure on research addressing 9 major health issues over the past 5 years.

Table 2: NHMRC expenditure on research on major health issues, 2021-22 to 2025-26^a

Major health issue ^b	2021-22 (\$)	2022-23 (\$)	2023-24 (\$)	2024-25 (\$)	2025-26 (\$)	Total (\$)
Arthritis and osteoporosis	16,910,232	16,362,152	18,227,215	19,641,681	19,771,447	90,912,727
Asthma	13,396,744	11,898,861	10,964,152	9,521,182	7,354,863	53,135,802
Cancer	155,707,098	160,928,277	173,095,185	184,616,636	198,105,716	872,452,912
Cardiovascular disease	100,328,529	94,669,853	96,950,317	91,027,702	92,227,905	475,204,306
Dementia	53,776,218	48,709,876	41,597,188	41,776,403	36,170,367	222,030,052
Diabetes	42,801,615	40,895,605	39,123,832	34,021,057	26,687,927	183,530,036
Injury	48,261,972	49,383,091	50,883,893	54,072,134	57,916,479	260,517,569
Mental health ^c	102,224,902	104,370,739	108,120,885	114,079,759	121,215,077	550,011,362
Obesity	21,320,779	19,109,901	18,037,990	16,879,169	14,671,160	90,018,999

^a Expenditure represents payments for active grants from the Medical Research Endowment Account (MREA) and excludes administered grant programs that were paid outside the MREA.

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

^c Includes research into addiction and substance abuse.

Leadership

Chief Executive Officer

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



Professor Steve Wesselingh FRACP FAHMS

Professor Wesselingh took up the position of CEO at the National Health and Medical Research Council (NHMRC) in August 2023, bringing with him a wealth of medical experience, clinical and research leadership, and national and international success.

An infectious diseases physician and researcher in HIV, vaccine development and the impact of the microbiome on human health, Professor Wesselingh undertook his undergraduate and doctoral training at Flinders University and the Flinders Medical Centre in South Australia and his postdoctoral training at Johns Hopkins University in the United States.

Until July 2023, Professor Wesselingh was inaugural Executive Director of the South Australian Health and Medical Research Institute (SAHMRI) and Research Director of Health Translation SA. He was also a member of NHMRC Council, Chair of the NHMRC Research Committee, and President of the Australian Academy of Health and Medical Sciences (AAHMS).

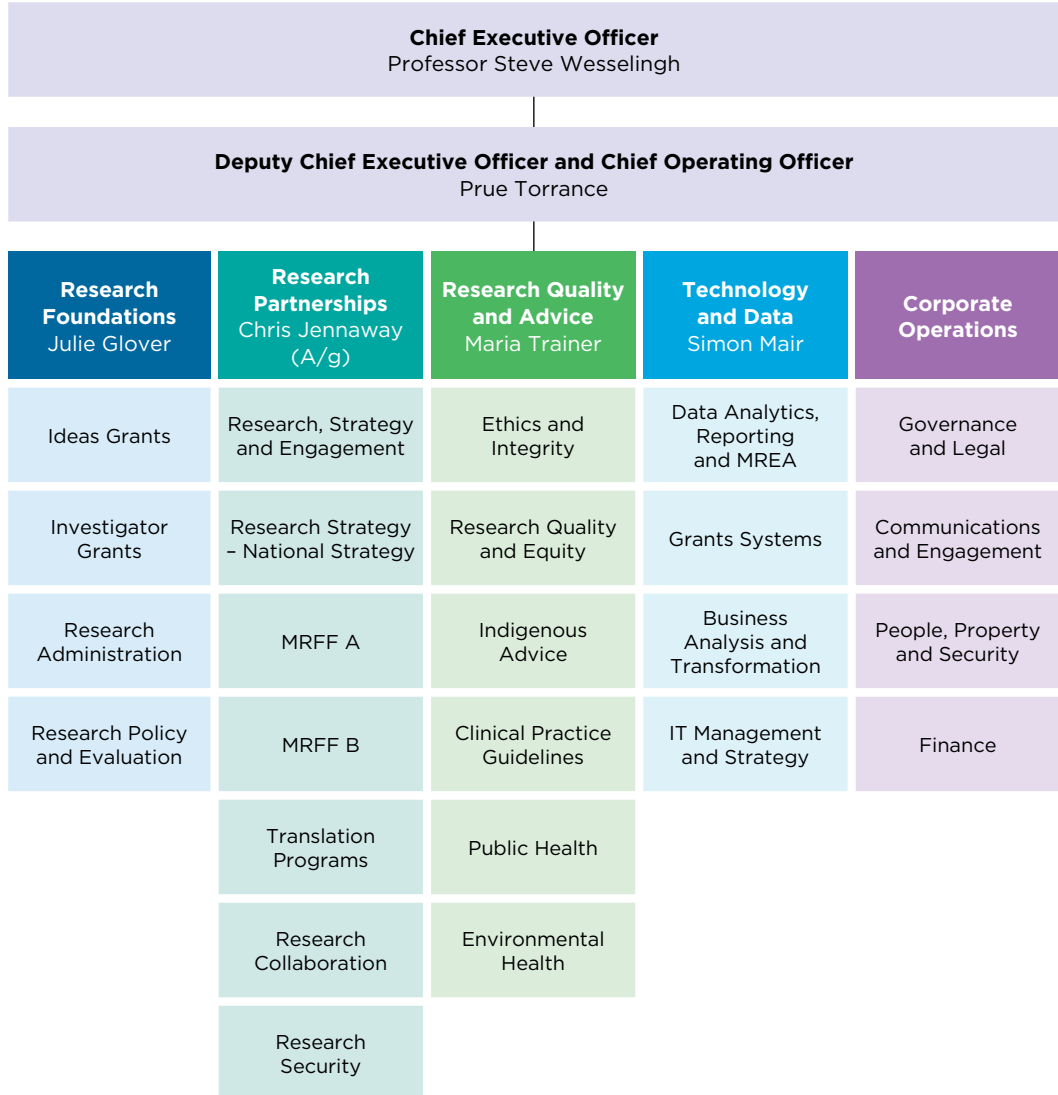
Between 2007 and 2011, he was Dean of the Faculty of Medicine, Nursing and Health Sciences at Monash University, and from 2002 to 2007 he was Director of the Burnet Institute, an independent medical research institute specialising in infectious diseases, immunology and global health.

Throughout his career, Professor Wesselingh has consistently worked towards integrating high-quality medical research with healthcare delivery, leading to improved health outcomes for Australia and the poorly resourced countries of the region.

Organisational structure

Figure 6 shows our organisational structure at 30 June 2026.

Figure 6: NHMRC organisational structure at 30 June 2026



Research funding and expenditure

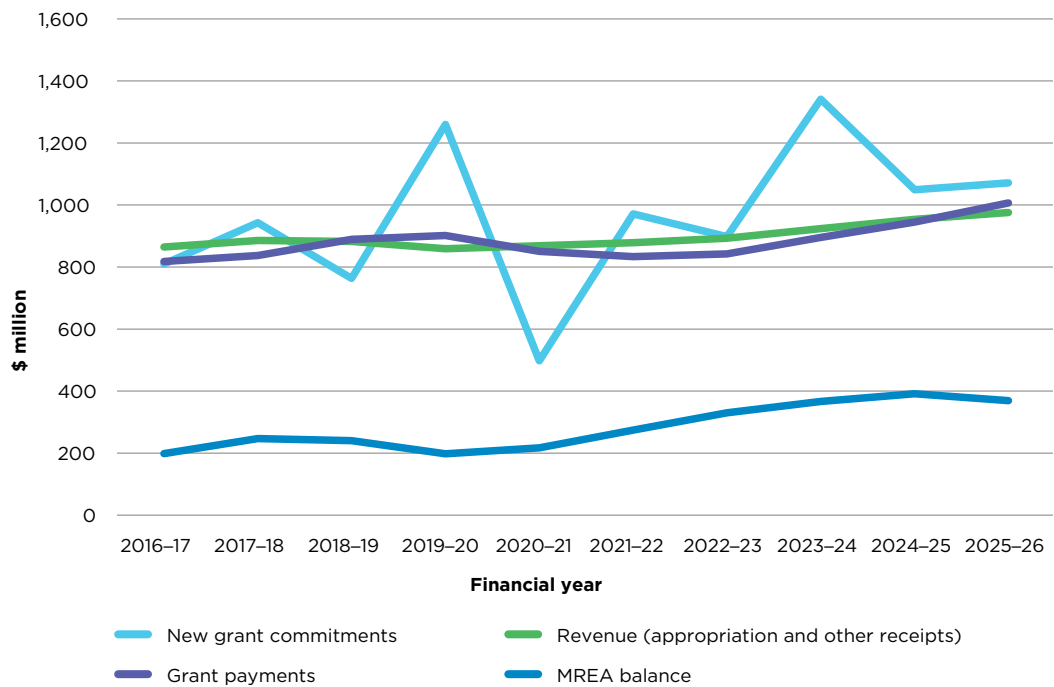
Medical Research Endowment Account

A total of \$1.07 billion in new grants was awarded during 2025–26 compared with \$1.05 billion in 2024–25. The amount awarded each financial year can vary because NHMRC operates most of its grant schemes on a calendar year basis.

Funding received for health and medical research from the Australian Government and other sources through the MREA amounted to \$975.8 million in 2025–26. Grant payments for health and medical research totalled \$1.01 billion in this year. During 2025–26, NHMRC was administering 3,326 active MREA grants totalling approximately \$4.9 billion.

Figure 7 shows the MREA financial position from 2016–17 to 2025–26.

Figure 7: Medical Research Endowment Account, 2016–17 to 2025–26



In 2025–26, NHMRC also administered \$1.6 million outside the MREA for the provision of research evidence for clinical practice and policy through the Cochrane Collaboration (\$1.5 million) and mitochondrial donation regulation (\$0.1 million).

NHMRC grant program

The NHMRC grant program supports outstanding health and medical research leading to significant improvements in individual and population health.

NHMRC's objectives when funding health and medical research are to:

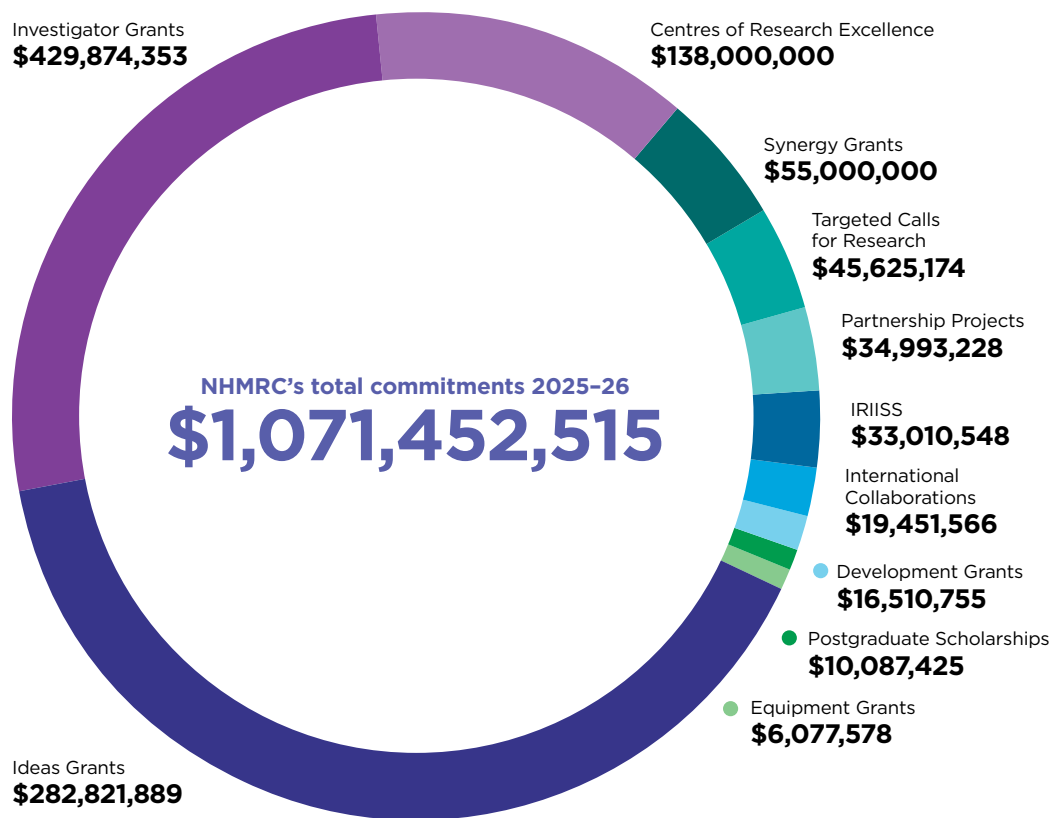
- ensure that Australia undertakes the research needed to meet current and future health challenges, equitably improving population health, patient outcomes, and the effectiveness and efficiency of the health system
- ensure that Australia has the research capability and capacity needed to underpin a world-class national health system
- support research of unique importance to Australia that is unlikely to be undertaken elsewhere.

The intended outcomes of this support are a national health system that is:

- increasingly effective and efficient in meeting current health challenges
- innovative and agile enough to respond to emerging and unforeseen health challenges
- able to support needs of unique importance to Australia and the public.

Figure 8: 2025–26 NHMRC grant program

New grants	Funding scheme
11	Synergy Grants Support outstanding multidisciplinary teams to work together to answer major questions that cannot be answered by a single investigator.
15	Development Grants Support proof-of-concept research with a feasible commercialisation pathway.
16	International Collaborative Grants Support Australian researchers to collaborate with international researchers through bilateral and multilateral arrangements.
18	Infrastructure Grants Independent Research Institute Infrastructure Support Scheme (IRIISS) funding for infrastructure costs to independent medical research institutes.
24	Targeted Calls for Research (TCR) Support grant applications that address a specific health issue where there is a significant knowledge gap or unmet need through a one-time call.
29	Partnership Projects Support collaborations to translate research evidence into policy and practice to improve health services and processes.
46	Centres of Research Excellence Support teams of researchers to conduct high-quality collaborative research, build capacity and promote translation.
52	Equipment Grants Support institutions to purchase and maintain items of equipment that will benefit health and medical research in Australia.
67	Postgraduate Scholarships Support outstanding graduates to attain a research-based postgraduate degree – Doctor of Philosophy (PhD) or a research master's degree.
192	Ideas Grants Support innovative research projects that address a specific research question or questions.
234	Investigator Grants Support the research program of outstanding investigators at all career stages.



Refer to Table 3 for further details.

Table 3 summarises the number and total value of new grants awarded across the NHMRC grant program in 2025–26. Further information on grants awarded by NHMRC during 2025–26 is available at www.nhmrc.gov.au/funding/data-research/outcomes-funding-round.

Table 3: Summary of NHMRC's new funding commitments, 2025–26

Funding scheme	New grants	Total commitments (\$)
Investigator Grants	234	429,874,353
Ideas Grants ^a	192	282,821,889
Centres of Research Excellence ^b	46	138,000,000
Synergy Grants	11	55,000,000
Targeted Calls for Research ^c	24	45,625,174
Partnership Projects ^d	29	34,993,228
Independent Research Institutes Infrastructure Support Scheme ^e	18	33,010,548
International Collaborations ^f	16	19,451,566
Development Grants	15	16,510,755
Postgraduate Scholarships	67	10,087,425
Equipment Grants ^g	52	6,077,578
Total^h	704	1,071,452,515

^a Includes 2 additional Ideas Grants (\$2,952,450) that were announced in March 2026.

^b Comprises the 2025 Centres of Research Excellence round (24 grants; \$72,000,000) and 2026 Centres of Research Excellence round (22 grants; \$66,000,000).

^c Comprises the 2024 Targeted Call for Research into Oral Health Care in Australia (5 grants; \$3,993,803), 2025 Targeted Call for Research into Anal Cancer (4 grants; \$6,640,753), 2025 Targeted Call for Research into Addressing the Needs of People with High Healthcare Service Utilisation (4 grants; \$9,605,539), 2025 Targeted Call for Research into Aboriginal and Torres Strait Islander Health – Addressing Violence for Safer Families and Communities (2 grants; \$6,699,069), 2025 Cancer Australia Research Initiative (CARI) Targeted Call for Research into Early-Onset Cancer (7 grants; \$14,851,653 including \$8,000,000 from Cancer Australia), and 2025 Targeted Call for Research into Homelessness and Health (2 grants; \$3,834,358).

^d Comprises the 2025 Peer Review Cycle 1 (3 grants; \$3,964,505), 2025 Peer Review Cycle 2 (10 grants; \$13,702,252) and 2025 Peer Review Cycle 3 (16 grants; \$17,326,471).

^e IRIISS grants are non-competitive. They are awarded to eligible institutions based on NHMRC grant payments in the previous financial year.

^f Comprises the 2025 NHMRC-NEURON Interdisciplinary Approaches to the Neuroscience of Pain (3 grants; \$3,549,194), 2025 e-ASIA Joint Research Program (6 grants; \$4,428,895), 2025 NHMRC-GACD Strengthening Health Systems (5 grants; \$10,473,774) and 2025 NHMRC-Horizon Europe single stage (2 grants; \$999,702).

^g Equipment grants are non-competitive. They are awarded pro rata with the value of NHMRC grants held by each eligible Administering Institution in the previous financial year.

^h All figures are exclusive of GST and have been rounded to the nearest whole dollar.

Medical Research Future Fund

NHMRC works with the Australian Government Department of Health, Disability and Ageing to support delivery of the Medical Research Future Fund (MRFF). MRFF initiatives are delivered by NHMRC as a grants hub, using NHMRC's expertise in managing grant application rounds and administering awarded grants. At 30 June 2026, NHMRC was administering 1,286 MRFF grants totalling \$2.480 billion.¹

In 2025–26, NHMRC conducted multiple MRFF grant opportunities across 4 key themes of the MRFF program, as summarised below.²

Patients

Clinical Trials Activity Initiative

- 2025 Clinical Trials Activity Grant Opportunity
- 2025 International Clinical Trial Collaborations Grant Opportunity (Rounds 25.1 and 25.2)
- 2026 International Clinical Trial Collaborations Grant Opportunity

Emerging Priorities and Consumer-Driven Research Initiative

- 2026 Post-Acute Sequelae of COVID-19 Grant Opportunity
- 2025 Incorporating Patient Data in Health Technology Assessment Decision Making Grant Opportunity
- 2025 Childhood Mental Health Research Grant Opportunity

Global Health Initiative

- 2025 Mental Health and Climate Change Grant Opportunity

Researchers

Early to Mid-Career Researchers Initiative

- 2025 Early to Mid-Career Researchers Grant Opportunity
- 2026 Early to Mid-Career Researchers Grant Opportunity

¹ Refers to grants that are active and paying at 30 June 2026.

² Refers to MRFF rounds that opened or closed from 1 July 2025 to 30 June 2026.

Research missions

Australian Brain Cancer Mission

- 2025 Brain Cancer Research Grant Opportunity

Cardiovascular Health Mission

- 2025 Cardiovascular Health Grant Opportunity

Dementia, Ageing and Aged Care Mission

- 2025 Dementia, Ageing and Aged Care Grant Opportunity

Genomics Health Futures Mission

- 2025 Genomics Health Futures Mission Grant Opportunity
- 2026 Genomics Health Futures Mission Grant Opportunity

Indigenous Health Research Fund

- 2026 Empowering Community-Controlled Research Grant Opportunity

Million Minds Mental Health Research Mission

- 2026 Mental Health Research Grant Opportunity

Stem Cell Therapies Mission

- 2025 Stem Cell Therapies Grant Opportunity

Traumatic Brain Injury Mission

- 2026 Traumatic Brain Injury Grant Opportunity

Research translation

Preventive and Public Health Research Initiative

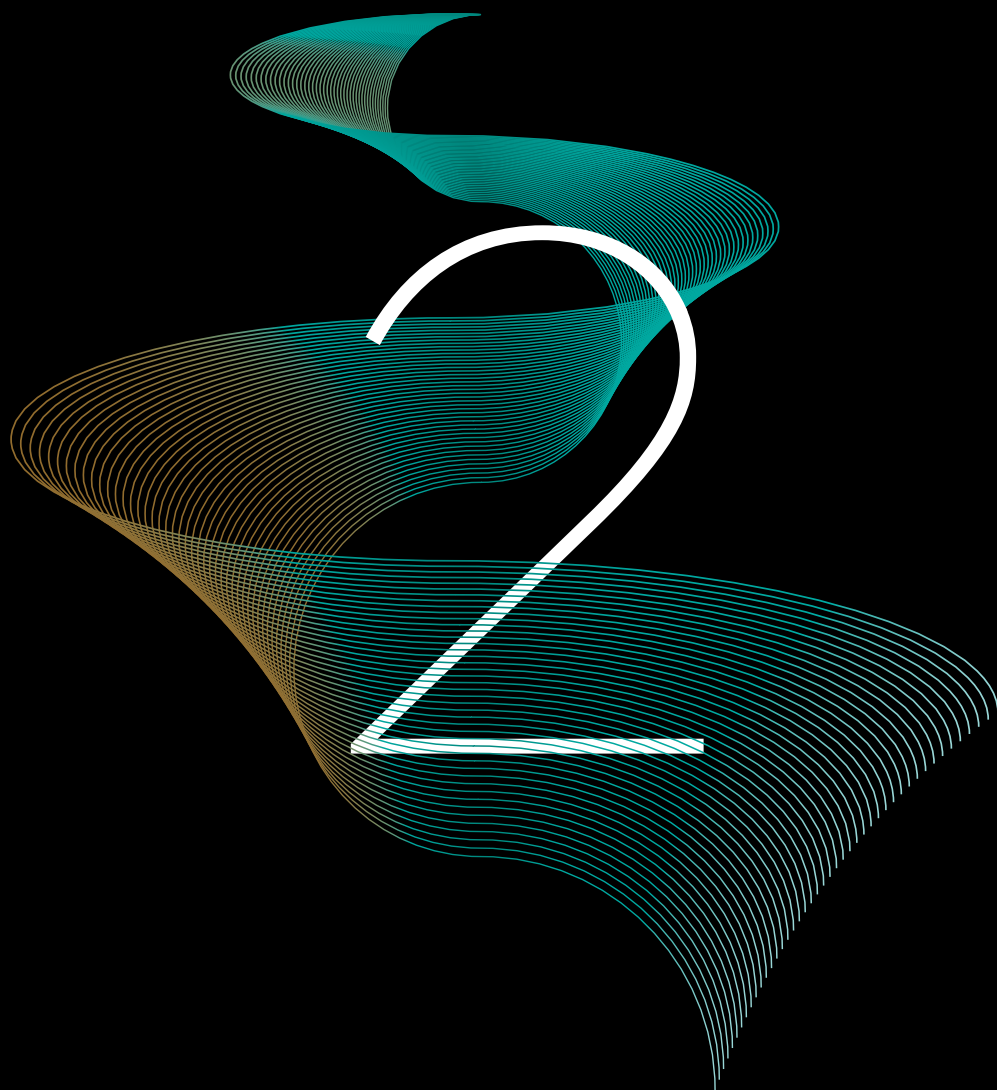
- 2025 Maternal Health and Healthy Lifestyles Grant Opportunity
- 2024 Enhancing Medical Device Surveillance Through Registries Grant Opportunity
- 2025 Incorporating Patient Data in Health Technology Assessment Decision Making Grant Opportunity
- 2025 Targeted Translation Research Accelerator – Cardiovascular Disease and Diabetes Models of Care Grant Opportunity
- 2025 Targeted Translation Research Accelerator – Cardiovascular Disease and Diabetes Risk Prediction and Data Solutions Grant Opportunity
- 2026 Consumer-Led Research Grant Opportunity

Primary Health Care Research Initiative

- 2026 Primary Health Care Research Grant Opportunity

PART 2: PROMOTING EXCELLENCE THROUGH NHMRC AWARDS

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



2026 Commonwealth Health Minister's Award for Excellence in Health and Medical Research

This award recognises the outstanding achievement and potential of an Australian medical researcher who has completed a Doctor of Philosophy (PhD) or Doctor of Medicine within the past 10 years. It is given to the highest-ranked applicant for an Emerging Leadership Level 2 (EL2) Investigator Grant. Associate Professor Alisa Glukhova received the 2026 award.

Associate Professor Glukhova is a laboratory head in the Structural Biology Division at the Walter and Eliza Hall Institute of Medical Research (WEHI) and at the Monash Institute of Pharmaceutical Sciences. Her research centres on the structural biology of key cell signalling pathways, with a particular focus on understanding how cells communicate and respond to their environment. Associate Professor Glukhova is a Snow Fellow, NHMRC Investigator (Emerging Leadership), and former CSL Centenary Fellow. Her contributions to biomedical science have been recognised with the Gottschalk Medal from the Australian Academy of Science, the Eureka Prize for Scientific Research, and the Lorne Proteins Sparrow Award.



Associate Professor Alisa Glukhova and The Hon Rebecca White MP, Assistant Minister for Health and Aged Care

2025 NHMRC Research Excellence Awards

The Research Excellence Awards recognise the top-ranked applicants to each of NHMRC's major funding schemes during the past year. NHMRC grants are awarded following critical assessment by independent peer reviewers, and all NHMRC grant schemes are highly competitive. Being ranked first in this rigorous process indicates the exceptional quality of the research proposals presented by individuals and team leaders – whether in laboratory science, clinical medicine or research to improve community health or the health system.

On 31 March 2026, NHMRC celebrated excellence in health and medical research by recognising 14 outstanding researchers at its annual Research Excellence Awards dinner and launching NHMRC's 90th anniversary celebrations. Held in conjunction with a session of Council, the event highlighted both the achievements of Australia's outstanding health and medical researchers and NHMRC's 9 decades of impact. The awardees listed below have all demonstrated exceptional achievement in their chosen research fields.



(L to R) Professor Arthur Christopoulos, Associate Professor Alisa Glukhova, Professor Karen Canfell AC, Dr Sue Chin Nang, Dr Tom Weber, Associate Professor BJ Newton, Professor Sarah Robertson AO, The Hon Rebecca White MP, Professor Mark Polizzotto, Professor Caroline Homer AO, Dr Craig Coorey, Professor Shyamali Dharmage, Dr Katie Lee (on behalf of Professor H. Peter Soyer), Professor Rebecca Bentley, Professor Bruce Neal and Professor Steve Wesselingh

NHMRC Michael Alpers Global Health Award

This award is named in honour of Emeritus Professor Michael Alpers AO CSM FAA FRS (1934–2024), whose pioneering work in tropical medicine and public health, particularly in Papua New Guinea, has had a lasting global impact. Professor Alpers is recognised for his outstanding contributions to global and Indigenous health.

This new award (in 2026) recognises excellence in global health research and is given annually to a leading NHMRC-funded researcher whose research focus is an area of global health, selected from the highest-ranked grant recipients across NHMRC's grant program.



2025 NHMRC Michael Alpers Global Health Award

Professor Bruce Neal, The George Institute for Global Health, University of New South Wales

Professor Bruce Neal is Executive Director of the George Institute for Global Health in Australia, Professor of Medicine at UNSW Sydney and Professor of Clinical Epidemiology at Imperial College London. He works primarily in the field of cardiovascular disease with a track record in the conduct of large-scale clinical trials. Professor Neal's work has supported the discovery and implementation of both novel drug therapies and dietary interventions. Central to the value of his research has

been a focus on resource-poor settings and early planning for the translation of research findings into policy and practice.

Grant title: Achieving global health gains from potassium-enriched salt

This project will focus on commencing new trials, testing innovative solutions to the practicalities of doing trials, and evaluating new ways of achieving policy and industry uptake of the findings in low and middle-income settings. Building on previous research for potassium-enriched salt, the goal of this project is to discover solutions applicable to a wide range of different disease areas. The focus will be on using broad, multisector collaboration to achieve translation. For example, globalising uptake of potassium-enriched salt will mean working with miners and refiners to scale production of base materials, while also engaging with guideline groups, allied health, the food industry and community to achieve end-user uptake.

NHMRC David Cooper Clinical Trials and Cohort Studies Award

This award is named to honour the achievements of Professor David Cooper AC FAA FAHMS (1949–2018). Professor Cooper was an Australian HIV/AIDS clinical researcher and immunologist whose leadership of clinical trials and work with affected communities made a lasting contribution to the treatment of HIV in Australia and around the world.

The award recognises the highest-ranked recipient in the Clinical Trials and Cohort Studies Grant scheme.



2024 NHMRC David Cooper Clinical Trials and Cohort Studies Award

Professor Mark Polizzotto, Australian National University

Professor Mark Polizzotto is a clinician scientist who serves as Clinical Director of Cancer Services at Canberra Health Service, where he is a practising haematologist, and Director of the Clinical Hub for Interventional Research at the Australian National University. He is internationally recognised for his leadership in developing new therapies to address the global challenge of cancer. Over 60% of cancers and 70% of cancer deaths occur in resource-limited settings – a health burden equal to HIV, malaria and tuberculosis combined. Professor Polizzotto has dedicated

his career to addressing this burden by developing simple therapies that can be delivered in these settings. His work led to the first new therapy for Kaposi sarcoma (KS) in over 20 years and has influenced treatment guidelines globally.

Grant title: Simple oral immunotherapy versus standard intravenous chemotherapy for Kaposi sarcoma in resource-limited settings: the IMPALA-KS randomised trial of pomalidomide versus liposomal doxorubicin in advanced Kaposi sarcoma

KS is a common and deadly cancer in Africa. Up to half of people with KS in Africa die within a year, and many survivors are left with long-term disability. In rich countries, chemotherapy is used as effective treatment. However, in Africa, this is too complex and costly. Previous research by the team demonstrated that a simple oral immune therapy is an effective treatment of Kaposi sarcoma. This has been approved for use in several countries but has not been evaluated in Africa where the need is greatest. The IMPALA-KS trial will compare this new oral therapy to standard chemotherapy in Africa. If effective, this simple oral immune therapy could redefine the care of this deadly disease, replacing inaccessible chemotherapy with a daily tablet.

Note: Grant rounds for this scheme run on financial rather than calendar years.

NHMRC Peter Doherty Investigator Grant Awards

Honouring Australian Nobel laureate Professor Peter Doherty AC FRS FAA FMedSci, the Peter Doherty Investigator Grant Awards recognise the highest-ranked applications in the Leadership and Emerging Leadership categories of the NHMRC Investigator Grant scheme.

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



2025 NHMRC Peter Doherty Investigator Grant Award – Leadership

Professor Arthur Christopoulos, Monash University

Professor Arthur Christopoulos is the Professor of Analytical Pharmacology and Dean of the Faculty of Pharmacy and Pharmaceutical Sciences at Monash University. He is a world leader in drug discovery of G protein coupled receptors (GPCRs), particularly through multidisciplinary studies of allosteric modulation and biased agonism as novel biological paradigms to treat a broad range of diseases. He is a Clarivate Highly Cited Researcher in multiple disciplines, the recipient of some of the most prestigious global pharmacological awards, academic

co-founder of 3 GPCR biotechnology startups, an elected fellow of multiple international pharmacological societies, and a fellow of the Australian Academy of Health and Medical Sciences and the Australian Academy of Science.

Grant title: Allosteric modulation of muscarinic receptors for the treatment of neurocognitive deficits

Cell surface proteins called GPCRs are the major conduits by which we sense our external environment to maintain optimal human health. Dysregulation of GPCRs can lead to major disease states, with GPCRs representing the largest target class for currently approved medicines. This research program will focus on a subset of GPCRs that have emerged as exciting targets for treating schizophrenia and Alzheimer's disease but that have remained resistant to standard drug targeting approaches. We will overcome this challenge through application of cutting-edge structural, computational, chemical, pharmacological and translational biology approaches pioneered by our lab exploiting alternative modes of targeting previously 'intractable' or 'undruggable' GPCRs.

NHMRC Peter Doherty Investigator Grant Awards



2025 NHMRC Peter Doherty Investigator Grant Award – Emerging Leadership

Associate Professor Alisa Glukhova, The Walter and Eliza Hall Institute of Medical Research (WEHI)

Associate Professor Alisa Glukhova is a laboratory head in the Structural Biology Division at WEHI and at the Monash Institute of Pharmaceutical Sciences. Her research centres on the structural biology of key cell signalling pathways, with a particular focus on understanding how cells communicate and respond to their environment. Associate Professor Glukhova is a Snow Fellow, NHMRC Investigator (Emerging Leadership), and former CSL Centenary Fellow. Her contributions to biomedical science

have been recognised with the Gottschalk Medal from the Australian Academy of Science, the Eureka Prize for Scientific Research, and the Lorne Proteins Sparrow Award.

Grant title: Decoding the mechanisms of signal propagation through the Wnt signalling pathway

Cells detect and respond to external signals by activating specific pathways that direct their behaviour. One of the most important is the Wnt signalling pathway, which plays a critical role during embryonic development by regulating cell growth, division and specialisation. When disrupted in adults, this same pathway can drive uncontrolled cell division and cancer. This research uses structural biology to reveal the molecular mechanisms that underlie Wnt signalling, including how receptors interact with lipids, co-receptors and intracellular partners. By developing antibody-based tools that selectively target Wnt receptors, the work aims to provide new insights into how the pathway functions in health and disease, and inform future therapeutic strategies for Wnt-driven cancers.

NHMRC Gustav Nossal Postgraduate Scholarship Award

This award is named to honour Sir Gustav Nossal AC CBE FRS FAA FTSE FAHMS(Hon) and his pioneering work in the field of immunology. Sir Gustav is a distinguished research biologist who is noted for his contributions to the fields of antibody formation and immunological tolerance. This award recognises the highest-ranked recipient of an NHMRC Postgraduate Scholarship in the Clinical Medicine and Science research category.



2025 NHMRC Gustav Nossal Postgraduate Scholarship Award

Dr Craig Coorey, University of Sydney, Westmead Hospital

Dr Craig Coorey is a nephrologist at Westmead Hospital and a PhD candidate at the University of Sydney within the Centre for Kidney Research. His research focuses on improving outcomes in kidney transplantation, including donor recipient matching and the prediction and management of complications after transplant. Dr Coorey is an active member of the Early Career Committee of the Transplantation Society of Australia and New Zealand, as well as the Transplant Working Group of the Australian and New Zealand Dialysis and Transplant Registry. In 2025, he received

an Early Career Researchers Award from the Transplantation Society of Australia and New Zealand in recognition of his growing contribution to the field.

Grant title: Improving post-kidney transplant outcomes with a patient-centred causal inference framework

Kidney transplantation offers people with kidney failure the best chance to return to normal life, but managing the balance between organ rejection and the side effects of strong immune-suppressing medications remains a major challenge. These medicines increase the risk of cancers and heart attacks, and organ shortages mean many patients face unequal access to transplantation. This project aims to better predict and address post-transplant complications and identify fairer approaches to donor matching. By analysing large registry datasets and strengthening national collaborations, the research will explore improved prevention and management strategies and develop approaches that support more equitable access to transplantation across Australia and New Zealand.

NHMRC Elizabeth Blackburn Investigator Grant Awards

Honouring Australian Nobel laureate Professor Elizabeth Blackburn AC FRS FAA FRSN, these awards seek to promote and foster the career development of female researchers. They are awarded to the highest-ranked female applicants in the Leadership category of the Investigator Grant scheme in the areas of basic science, clinical medicine and science, public health research and health services research. Professor Blackburn is a molecular biologist who received the Nobel Prize in Physiology or Medicine in 2009 jointly with Professor Jack Szostak and Professor Carol Greider for the discovery of how chromosomes are protected by telomeres and the enzyme telomerase.



2025 NHMRC Elizabeth Blackburn Investigator Grant Award – Basic Science (Leadership)

**Professor Sarah Robertson AO FAA FAHMS,
Adelaide University**

Professor Sarah Robertson AO is a reproductive immunologist and longstanding leader in fertility and pregnancy research at Adelaide University. Her internationally recognised work has transformed understanding of how immune signalling at conception influences embryo development, implantation, placental formation and pregnancy success. Professor Robertson has made major contributions to defining the immune pathways that regulate fertility, miscarriage risk, pre-eclampsia and preterm birth, and

has paved the way for new diagnostic tools and targeted therapies to support healthier pregnancies. Her research program spans fundamental biology through to translational innovation, with a career distinguished by sustained global impact.

Grant title: Periconception mechanisms impacting fertility and pregnancy health

Reproductive and pregnancy disorders affect more than 100,000 Australian families every year, representing a major burden on health and wellbeing. Professor Robertson's research program focuses on uncovering how the immune system at the moment of conception shapes fertility and pregnancy health. By defining the immune mechanisms that influence embryo development, maternal tolerance, placental function and inflammatory complications, her work seeks to understand – and ultimately prevent – conditions such as infertility, miscarriage, pre-eclampsia, preterm birth and stillbirth.

This program will deliver new biological insights into periconception immune signalling, while also driving the development of predictive biomarkers and precision therapies to improve diagnosis, prevention and treatment. Working across laboratory science, clinical cohorts and translational collaborations, Professor Robertson aims to improve reproductive outcomes for families in Australia and globally.

NHMRC Elizabeth Blackburn Investigator Grant Awards



2025 NHMRC Elizabeth Blackburn Investigator Grant Award – Clinical Medicine and Science (Leadership)

Professor Sherene Loi, Peter MacCallum Cancer Centre

Professor Sherene Loi MBBS (Hons) FRACP PhD FAAHMS is a breast medical oncologist and clinician scientist at the Peter MacCallum Cancer Centre, where she leads a research program integrating tumour immunology, genomics and clinical trials to improve breast cancer outcomes. Her internationally recognised work has defined how immune cells within breast tumours and normal breast tissue influence cancer risk, prognosis and treatment response. Professor Loi has led multiple practice-changing clinical

trials, is the inaugural National Breast Cancer Foundation Endowed Chair, and has been ranked among the top 1% of highly cited researchers globally since 2018. She is also the recipient of major honours including the Frank Fenner Prize for Science and the AAHMS Jian Zhou Medal.

Grant title: Innovating in breast cancer immunology treatment and prevention

Professor Loi's research aims to improve breast cancer prevention and treatment by understanding how the immune system protects breast tissue – and how it can be more effectively harnessed in therapy. Her team investigates immune cells that naturally reside in breast tissue and may help prevent cancer formation. They also study why some breast cancers respond to immunotherapy despite having few DNA mutations, and how to expand these benefits to more patients. By combining immunology, genomics and biomarker-driven clinical trials, Professor Loi's work focuses on developing new immune targets, designing rational treatment combinations and creating better biomarkers to guide precision therapy.

NHMRC Elizabeth Blackburn Investigator Grant Awards



2025 NHMRC Elizabeth Blackburn Investigator Grant Award – Public Health (Leadership)

Professor Shyamali Dharmage, University of Melbourne

Professor Shyamali Dharmage is a world-leading expert in life course epidemiology of chronic respiratory diseases and leads the Allergy and Lung Health Unit, Centre for Epidemiology and Biostatistics at the University of Melbourne. She is the principal investigator of the NHMRC-funded Melbourne Atopy Cohort Study and the Tasmanian Longitudinal Health Study. Ranked Australia's top obstructive lung disease epidemiologist and third globally (Expertscape), she has served on both international and national advisory boards, including the Lancet Chronic Obstructive

Pulmonary Disease (COPD) Commission and Australian COPD Blueprint. She is a Redmond Barry Distinguished Professor and holds 4 prestigious fellowship titles including from the European Respiratory Society and the Thoracic Society of Australia and New Zealand.

Grant title: A life course approach to early detection and interventions to stop pre-COPD

With pre-COPD now recognised as a global health priority and with calls for urgent preventive action, this proposed 5-year program targets the critical and 'silent' pre-COPD period as a crucial phase where detection and interventions can stop disease progression. The overarching aim of the program is to develop essential new evidence and strategies leading to routine detection of, and interventions to prevent and treat, pre-COPD. The outcomes generated and translated from this program will result in a step-change in thinking and transformations in health policy and practice for this huge and growing global health challenge.

NHMRC Elizabeth Blackburn Investigator Grant Awards



2025 NHMRC Elizabeth Blackburn Investigator Grant Award – Health Services (Leadership)

Professor Karen Canfell AC, University of Sydney

Professor Karen Canfell AC leads the Cancer Elimination Collaboration in the Sydney School of Public Health at the University of Sydney. Professor Canfell's work has influenced policy and implementation of cancer control strategies for multiple cancers. Her team's modelling and trial work on cervical screening in an HPV-vaccinated population was central to the 2017 transition of Australia's National Cervical Screening Program to primary Human Papillomavirus (HPV) screening. Professor Canfell's work has directly supported the development of Australian and World

Health Organization's (WHO) strategies to accelerate the elimination of cervical cancer and WHO global guidelines for cervical screening. With collaborators, she leads the Elimination Partnership for Cervical Cancer in the Indo-Pacific (EPICC), supported by the Australian Government and the Minderoo Foundation. In 2024, Professor Canfell was made Companion of the Order of Australia and has received multiple awards and accolades for her research.

Grant title: The elimination of cervical cancer: Effective implementation and scale-up of the World Health Organization strategy in Australia, the Indo-Pacific and globally

Cervical cancer can be eliminated by achieving the WHO '90-70-90' targets for HPV vaccination, screening with HPV testing, and providing access to cancer and precancer treatment services. This Investigator Grant will build on prior leadership of the Australian and global cervical cancer elimination agenda and on the work of the EPICC, which is a major regional health partnership. Critical new policy-focused and implementation research will build further evidence towards an Australian and global understanding of optimal approaches to the sustainable and equitable realisation of cervical cancer elimination.

NHMRC Fiona Stanley Synergy Grant Award

This award is named to honour Professor Fiona Stanley AC FAA FASSA, an epidemiologist known for her contributions to research on the causes of major childhood illnesses such as birth defects and her focus on Aboriginal child health and wellbeing. Professor Stanley was the founding Director, and is now Patron, of the The Kids Research Institute Australia (formerly known as the Telethon Kids Institute) and was named Australian of the Year in 2003. This award recognises the highest-ranked application in the Synergy Grant scheme.



2025 NHMRC Fiona Stanley Synergy Grant Award

Professor Rebecca Bentley, University of Melbourne

Professor Rebecca Bentley is a public health researcher at the University of Melbourne, Healthy Housing Research Lead at the Melbourne School of Population and Global Health, and Director of the Centre of Excellence in Healthy Housing. She is a Dame Kate Campbell Fellow, a mentee of the Australian Academy of Health and Medical Science, and a Global Indoor Healthy Air Commissioner. Professor Bentley is also a past recipient of an Australian Research Council Future Fellowship. Her research examines how housing affordability, security and suitability shape population health and health inequalities, with a focus on reducing the health burden associated with poor housing conditions.

Grant title: Addressing the public health challenge of mould in homes

Mould affects around one-third of Australian homes, posing a largely hidden risk to both building integrity and public health. This research program brings together leading experts in public health, epidemiology, clinical medicine, architectural science, engineering and behavioural psychology to address this complex challenge. The work includes a national survey to better understand mould prevalence across Australia's diverse climates, the development of targeted interventions through behavioural science and co-design, and trials to identify the most effective evidence-based solutions. By modelling the population-level health benefits of reducing mould exposure, the research aims to empower individuals, inform policy and drive systemic improvements in housing and health outcomes.

NHMRC Sandra Eades Investigator Grant Award

Honouring Professor Sandra Eades AO FASSA FAHMS FTSE, the first Indigenous Australian medical practitioner to be awarded a PhD, this award recognises the highest-ranked application by an Indigenous researcher in the Emerging Leadership category of the Investigator Grant scheme. Through her research on the epidemiology of Aboriginal child health, Professor Eades has made substantial contributions to the health of Aboriginal communities and provided national leadership in Indigenous health research.



2025 NHMRC Sandra Eades Investigator Grant Award – Emerging Leadership

**Associate Professor Belinda (BJ) Newton,
University of New South Wales**

Scientia Associate Professor BJ Newton is a proud Wiradjuri woman and one of Australia's leading researchers in child protection policy and outcomes for Aboriginal children. She leads the 'Bring Them Home, Keep Them Home' research program – the first international study examining restoration rates, outcomes and lived experiences of Aboriginal children in out-of-home care. Working in partnership with Aboriginal community-controlled organisations, her program drives sector-wide impact through

truth-telling, community-led practice reform and systems advocacy. Her NHMRC Investigator Grant extends this work to address the critical but largely overlooked issue of systems-level harm affecting Aboriginal children and families across the lifespan.

Grant title: Understanding systems abuse and Aboriginal resistance in child protection contexts

Strong family and cultural connection are essential to the health and wellbeing of Aboriginal children. Yet, child protection systems – and the broader human services landscape surrounding them – can cause harm through practices that disconnect children from family, Country and culture. This research casts a wider lens beyond child protection alone, investigating how intersecting systems (health, education, justice and social services) contribute to child removal, out-of-home care placement and reunification outcomes for Aboriginal families.

Working directly with Aboriginal families, communities and organisations, Associate Professor Newton will build an evidence base that exposes the nature and impacts of systems abuse – while also highlighting the ways Aboriginal people have resisted, survived and reshaped these systems. Her work will lead to practical, community-led reforms to advance self-determination, keep children connected to family and culture, and transform how Australia supports Aboriginal children across generations.

NHMRC Frank Fenner Investigator Grant Award

Honouring the achievements of Professor Professor Frank Fenner AC CMG MBE FRS FAA (1914–2010), a distinguished virologist who oversaw the global eradication of smallpox and the introduction of myxoma virus to control Australia's rabbit plague, this award recognises the highest-ranked applicant in the Emerging Leadership (Level 1) category of the Investigator Grant scheme within the basic science or public health research areas. The recipient's research focus will be in an area of international public health and will best reflect the qualities exemplified by Professor Fenner's career.



2025 NHMRC Frank Fenner Investigator Grant Award – Emerging Leadership

Dr Sue Chin Nang, Monash University

Dr Sue Chin Nang is a Senior Research Fellow and leads the bacteriophage (phage) therapy team in the Laboratory of Antimicrobial Systems Pharmacology at the Biomedicine Discovery Institute, Monash University. Her research tackles the global threat of antimicrobial resistance by combining traditional antibiotics with non-traditional phage approaches. Dr Nang's work provides essential mechanistic and pharmacological insights to guide how these antimicrobial agents can be safely and effectively deployed. Her research group aims to accelerate the development of

clinically adaptable phage-based therapies to treat life-threatening 'superbug' infections.

Grant title: Innovating bacteriophage diagnostics and therapy to combat antimicrobial resistance: A cell-free synthetic biology approach

Antibiotic-resistant bacteria are projected to cause 10 million deaths annually by 2050, underscoring the urgent need for new antimicrobial strategies. Bacteriophages – viruses that infect and kill bacteria – offer a promising alternative, but current phage therapies are limited by slow and inefficient phage production and significant gaps in pharmacological understanding.

Dr Nang's project addresses these challenges by developing a cell-free synthetic biology platform for high-efficiency phage production and therapeutic optimisation. This approach seeks to overcome the major bottlenecks holding phage therapy back, enabling scalable manufacturing and providing essential pharmacological data. The end goal is a clinically adaptable phage therapy system capable of treating the world's most dangerous superbug infections.

NHMRC Marshall and Warren Awards

Honouring Australian Nobel laureates Professor Barry Marshall AC FRACP FRS FAA and Professor Robin Warren AC FAA (1937–2024), these awards recognise the highest-ranked application and the most innovative and potentially transformative application in the Ideas Grant scheme. Professors Marshall and Warren received the 2005 Nobel Prize in Physiology or Medicine for their discovery of the bacterium *Helicobacter pylori* and its role in gastritis and peptic ulcer disease.



2025 NHMRC Marshall and Warren Ideas Grant Award

Professor H. Peter Soyer, Frazer Institute, University of Queensland

Professor H. Peter Soyer is a world leader in preventative dermato-oncology and pioneered the use of dermoscopy in pigmented skin lesions for early cancer detection. He now focuses on applications of artificial intelligence in dermatology. Professor Soyer was the inaugural Director of the University of Queensland (UQ) Dermatology Research Centre and Consultant Dermatologist at the Princess Alexandra Hospital Dermatology Department. He now leads the Australian Cancer

Research Foundation Australian Centre of Excellence in Melanoma Imaging and Diagnosis, a consortium of UQ, the University of Sydney and Monash University. He is also a Fellow of the Australian Academy of Health and Medical Sciences.

Grant title: Tracking melanoma at the pixel level: deep image analysis guided by spatial molecular profiling

Melanoma is Australia's third most common cancer and can usually be cured with surgery if it is detected early. Currently, melanoma screening focuses on moles, but 70% of melanomas appear on normal skin. Normal-appearing skin can carry melanoma-promoting changes independent of visible risk factors like chronic sun damage, so this project aims to identify these 'melanoma-prone' areas. The project will integrate molecular data and total body photography with deep image analysis and train an AI algorithm to detect melanoma-prone areas of skin. This will allow clinicians to focus their attention on problem areas and detect melanoma in its earliest stages.

NHMRC Marshall and Warren Awards



2025 NHMRC Marshall and Warren Innovation Award

Dr Tom Weber, The Walter and Eliza Hall Institute of Medical Research (WEHI)

Dr Tom Weber is a Senior Research Officer at WEHI specialising in synthetic biology and lineage tracing with applications across mammalian development, cancer and blood and immune cell formation. He has pioneered transformative in vivo lineage recording technologies – including LoxCode, a high-diversity cellular barcoding system now used internationally, and rePEat, a prime editing platform that encodes cellular histories directly into DNA. Dr Weber’s research uniquely combines genome

engineering, single-cell clonal biology and computational modelling, with publications in *Cell*, *Nature* and *Nature Communications*.

Grant title: A CCTV analog recorder for mouse embryogenesis

Understanding how a single fertilised cell gives rise to all tissues and organs has long been limited by the inability to track individual cells as they divide, differentiate and interact. Dr Weber is developing a molecular ‘analog CCTV’ – a DNA-based recorder that continuously logs lineage and developmental signals at a single genomic site during embryogenesis. These molecular recorders write information over time into DNA, creating a stable, heritable log that can be read using long-read sequencing and decoded through advanced computational modelling. Applied to mouse embryogenesis, this technology will generate an unprecedented, high-resolution, time-resolved ‘movie’ of development. By revealing how early cell decisions influence the formation of tissues and organs, this research will advance our fundamental understanding of development and open new avenues in regenerative medicine and disease modelling.

Part 2: Promoting excellence through NHMRC awards



Top right The Hon Rebecca White MP, Assistant Minister for Health and Aged Care,
Professor Steve Wesselingh, NHMRC Chief Executive Officer

PART 3: ANNUAL PERFORMANCE STATEMENTS

Our annual performance statements outline our activities and achievements against performance targets aligned with each of our purposes: investment, translation and integrity.



Statement by the accountable authority

I, as the accountable authority of the National Health and Medical Research Council (NHMRC), present the 2025-26 annual performance statements of NHMRC, as required under section 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). In my opinion, these annual performance statements are based on properly maintained records, accurately reflect the performance of NHMRC and comply with section 39(2) of the PGPA Act.



Professor Steve Wesselingh
Chief Executive Officer
National Health and Medical Research Council
27 August 2026

Purposes

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

NHMRC's purposes align with the 3 strategic themes of **investment**, **translation** and **integrity**. Our activities cover a wide range of health-related areas, from funding research to guideline development and advice. Across all 3 of our purposes, we aim to achieve efficiencies in the way we work and for our stakeholders by streamlining our processes and making effective use of digital technologies.

Our purposes, as published in our *Corporate Plan 2025-26*, are detailed in Figure 9.

Figure 9: NHMRC's mission and purposes



Analysis of performance

NHMRC achieves its purposes and mission of building a healthy Australia through delivery of activities. Achievement of NHMRC’s purposes is measured and assessed against the performance measures and targets outlined in our *Corporate Plan 2025-26* and Portfolio Budget Statements. NHMRC uses a mix of qualitative and quantitative targets to assess our performance. Table 4 outlines the criteria used to determine whether each target was met, partially met or not met in 2025-26.

Table 4: Criteria used to determine NHMRC performance

Criteria for result by target type		
Result	Quantified target	Qualitative or mixed target ^a
 Met	Measured result reaches or exceeds the quantified target	Assessment demonstrates achievement of the target as described
 Partially met	N/A	Assessment demonstrates some achievement and some non-achievement of the target as described
 Not met	Measured result is less than the quantified target	Assessment demonstrates significant non-achievement of the target as described, such as failure to achieve a critical part

N/A = not applicable

^a Includes targets where achievement is measured through qualitative assessment of quantifiable information, including where multiple quantifiable sub-targets comprise the overarching target.



Investment

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

Our key activities in 2025–26 to achieve our investment purpose are outlined in Figure 10.

Figure 10: Investment | Key activities in 2025–26

Research strategy and policy

- Work with the Department of Health, Disability and Ageing (the Department) to develop a National Health and Medical Research Strategy.
- Work with the Department to harmonise advisory structures, policies and operations across the 2 grant programs.
- Revise and promote the *Statement on consumer and community involvement in health and medical research* (2016), in collaboration with the Consumers Health Forum of Australia.
- Strengthen equity, diversity and inclusion in health and medical research through NHMRC and MRFF-funded research activities and initiatives.
- Commit to continuous evaluation and improvement of NHMRC grant program policies, processes and outcomes.

Grant opportunities

- Deliver funding schemes that invest in the best researchers and research to meet Australia's diverse health and medical research needs and invest in innovative and collaborative research projects.
- Deliver targeted calls for research that respond to unmet or emerging health needs and reflect national, state and territory, and consumer and community priorities.
- Deliver funding schemes that focus on translation into policy, practice and products, including encouraging partnerships with policymakers or industry engagement and the commercialisation of research outcomes, where appropriate.

Grant hub service delivery

- Work with the Department to deliver MRFF grant schemes effectively and efficiently, leveraging NHMRC's grant processes and capability to achieve program and policy outcomes and complement NHMRC funding schemes.
- Provide grant hub services to diverse partners (e.g. philanthropic trusts, foundations and other funders) who seek to deliver bespoke grant programs or leverage NHMRC's established grant program to support prioritised research.

Sapphire capability

- Refine and consolidate our grant management system (Sapphire) to improve the efficiency and effectiveness of grant application, peer assessment and post-award management processes.

Grant administration

- Manage and respond to inquiries from grant applicants and grantees, and manage active grants.
- Maintain and monitor compliance with NHMRC's policies and requirements.

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

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

Source	NHMRC <i>Corporate Plan 2025–26</i> and 2025–26 Portfolio Budget Statements
Methodology	Quantitative assessment of the distribution of the value of new grants awarded in the financial year by broad research area.
Result	 Met

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

All NHMRC’s grant schemes are highly competitive and grants are awarded following a rigorous assessment process by independent assessors. This process supports the exceptional quality of the research NHMRC funds across the full spectrum of health and medical research areas, including basic science research, clinical medicine and science research, public health research and health services research. NHMRC’s grant expenditure across these research areas for 2025–26 is reported in Table 5.

Table 5: NHMRC expenditure by broad research area, 2021–22 to 2025–26

Broad research area	2021–22 (\$)	2022–23 (\$)	2023–24 (\$)	2024–25 (\$)	2025–26 (\$)
Basic science research	316,257,135	314,607,017	344,847,632	366,861,979	389,672,106
Clinical medicine and science research	281,283,952	287,308,495	296,041,431	304,381,928	310,608,971
Public health research	130,383,524	132,651,513	143,211,278	149,572,613	164,097,705
Health services research	72,700,237	77,696,381	82,733,686	92,264,422	101,193,235
Other ^a	32,686,577	30,087,369	28,481,973	31,746,150	41,032,126
Total^b	833,311,425	842,350,774	895,316,000	944,827,092	1,006,604,143

^a Equipment Grants, Independent Research Institute Infrastructure Support Scheme Grants, Human Frontier Science Program

^b All figures are rounded to the nearest whole dollar

NHMRC uses a number of research classification systems to categorise research applications. For information on the classification systems, visit www.nhmrc.gov.au/about-us/resources/australian-standard-research-classifications-and-research-keywords.

For further data on grants awarded under NHMRC's grant program, including breakdowns by Administering Institution, state, gender, field of research, disease or health topic, and broad research area, visit www.nhmrc.gov.au/funding/data-research.

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

Source	NHMRC <i>Corporate Plan 2025-26</i>
Methodology	Qualitative assessment of how targeted and priority-driven funding meets a research gap and how the unmet need was identified.
Result	 Met

The Targeted Calls for Research (TCR) scheme addresses national, state and territory, and community priorities in addition to significant government priorities and urgent needs for research. In 2025-26, topics for the TCRs were proposed from the Australian Government, Commonwealth, States and Territories Joint (CSTJ) TCR Working Committee, the Community Research Priorities Portal, and NHMRC's Indigenous Advisory Group.

In 2025-26, a total of \$45.6 million was awarded for the following TCRs:

- **Aboriginal and Torres Strait Islander health – addressing violence for safer families and communities.** A total of \$6.7 million (2 grants) was awarded to address the health and wellbeing needs of families and communities to be safe through an Aboriginal and Torres Strait Islander-led and multidisciplinary approach. This TCR topic was identified as a priority by NHMRC's Principal Committee Indigenous Caucus (now Indigenous Advisory Group).
- **Anal cancer.** A total of \$6.6 million (4 grants) was awarded to improve awareness and provide further guidance for the prevention, diagnosis and treatment of anal cancer for both consumers and healthcare professionals. This TCR topic was submitted through NHMRC's Community Research Priorities Portal.
- **Addressing the needs of people with high healthcare service utilisation.** A total of \$9.6 million (4 grants) was awarded to improve understanding of where critical issues are for people to access timely and efficient healthcare services. This TCR was identified as a priority by the CSTJ TCR Working Committee.
- **Oral healthcare in Australia.** A total of \$4.0 million (5 grants) was awarded to support research into better understanding the apparent gap in the translation and implementation of effective population-level oral health (including health services) interventions. This TCR topic was submitted through NHMRC's Community Research Priorities Portal.
- **Cancer Australia Research Initiative: Early-onset cancer.** A total of \$14.9 million (7 grants) was awarded to support research that leveraged existing, multidisciplinary, collaborative programs that were designed to link to enduring and broad-based research infrastructure programs that would inform policy and large-scale, novel research initiatives for early-onset cancer in the future. Cancer Australia contributed \$8.0 million to this initiative.
- **Homelessness and health.** A total of \$3.8 million (2 grants) was awarded to support research that will investigate the short-term and long-term adverse health outcomes experienced by individuals living in unstable housing conditions. This TCR was identified as a priority by the CSTJ TCR Working Committee.

In 2025–26, a total of 4 TCRs were opened:

- **Cancer Australia Research Initiative: Early-onset cancer** (see above)
- **TCR into childhood dementia to accelerate research that transforms the diagnosis, care and therapeutic landscape for children with dementia and their families.** This TCR topic was submitted through NHMRC's Community Research Priorities Portal.
- **TCR into serving and ex-serving Australian Defence Force members' mental health and wellbeing.** This TCR aims to generate high-quality evidence and develop practical, implementable actions to improve mental and physical health and promote wellbeing among serving and ex-serving ADF members, with consideration given to the impact on their support networks, including family, dependants and carers. This TCR topic was part of the government response to the Royal Commission into Defence and Veteran Suicide final report.
- **TCR into reframing women's health.** This TCR aims to advance high-quality research that addresses critical gaps in women's health and transforms how health and medical research is conceptualised, conducted, analysed and translated. It seeks to strengthen the integration of sex-based and gender-based approaches, broaden the understanding of women's health beyond reproductive and sexual health, generating findings that can inform clinicians, policymakers, industry and the public. This TCR topic was in response to the government's National Women's Health Advisory Council (tenure ended 31 December 2025) recommendations.

Further information on TCR outcomes and current open calls is available at www.nhmrc.gov.au/funding/targeted-calls-research/.

NHMRC also participates in a range of international collaborative research schemes. In 2025–26, NHMRC funded research in national and global priority areas aligned with the NHMRC International Engagement Strategy 2023–2026, including:

- \$3.5 million for Australian participation in research on interdisciplinary approaches to the neuroscience of pain through the Network of European Funding for Neuroscience Research (NEURON)
- \$4.4 million for Australian participation in research on infectious diseases and immunology (including antimicrobial resistance) in the East Asian region through the e-ASIA Joint Research Program
- \$10.5 million for Australian participation with the Global Alliance for Chronic Diseases (GACD) for implementation research addressing strategies for strengthening health systems to improve equity in high-quality care and health outcomes, and to reduce the prevalence and impact of non-communicable diseases in disadvantaged populations globally
- \$1.0 million for leading international research through Horizon Europe.

For more information on international collaborative research funding and current open calls visit www.nhmrc.gov.au/funding/international-collaborative-health-research-funding/.

Research funding is invested effectively and efficiently through expert peer review against published assessment criteria, including an overall consideration of value with money

Target 3: Better matching of peer reviewers to applications, improving application-centric peer review in applicable schemes, and reduced burden on peer reviewers.

Source	NHMRC Corporate Plan 2025–26
Methodology	Analysis of the peer review process, including level of self-reported suitability matching of peer reviewers to applications, feedback from reviewers and measurement of time spent on peer review.
Result	 Partially met

NHMRC continues to employ both panel-based and application-centric peer review models to identify research of the highest quality and with the greatest potential impact, based on expert judgment. In June 2026, NHMRC’s peer review models paper was released, explaining the processes used and improvements underway.¹

NHMRC’s largest-scale schemes (Ideas and Investigator Grants) use the application-centric model, which enables easier reviews due to better expertise matching, efficient scalability and broader reach, flexible scheduling benefits and reduced time to outcomes.

About the result

As the application-centric peer review allocation process continues to be implemented, this target is assessed against the following sub-targets for the Ideas and Investigator Grants rounds.

For better matching of peer reviewers to applications:

- At least 90% of applications for both schemes are allocated to reviewers who declare the highest (‘Yes’) and the second highest (‘Moderate’) levels of suitability.
- At least 75% of peer reviewers who respond to the survey agree that the applications assigned to them for assessment matched their area of expertise for both Ideas and Investigator Grant schemes.

For reduced burden on peer reviewers:

- No more than 25 applications are initially allocated for assessment to each peer reviewer.
- Majority of peer reviewers (51%) responding to the survey take 3 hours or less to review each application.

The result is based on an analysis of the peer review process undertaken in the 2025–26 year, for 2026 Investigator Grants and 2025 Ideas Grants rounds, which were for grants commencing from 1 January 2027 and 1 January 2026, respectively. The result is partially met because one out of the 4 sub-targets was not met for the 2025 Ideas Grants round.

¹ www.nhmrc.gov.au/about-us/publications/nhmrcs-peer-review-models.

Peer reviewer suitability matching

In 2025–26, 98.9% of Ideas Grant applications and 100% of Investigator Grant applications were allocated to peer reviewers who indicated either the highest ('Yes') or second highest ('Moderate') level of suitability to assess the application, exceeding the 90% target.

To assess the quality of application allocation, NHMRC invites peer reviewers to complete a post-assessment survey. In 2025–26, 73.1% of Ideas Grant reviewer respondents and 82.3% of Investigator Grant reviewer respondents agreed that the applications assigned to them appropriately matched their expertise, against the established 75% target.

NHMRC continues to monitor and optimise allocation processes and balance them against conflicts of interests identified.

Managing peer reviewer burden

NHMRC remains committed to maintaining a suitable peer review system by reducing peer reviewer burden while preserving the integrity and quality of grant assessment processes.

In 2025–26, the maximum number of applications initially allocated to individual peer reviewers remained below NHMRC's benchmark of 25 applications per peer reviewer across both Ideas (20) and Investigator Grants (18).

Peer reviewer survey responses indicate that assessment workloads also remained manageable. In 2025–26, 62.2% of Ideas Grants reviewer respondents and 91.2% of Investigator Grants reviewer respondents reported spending less than 3 hours assessing each application allocated to them, against NHMRC's target of 51% of respondents.

Collectively, these results reflect that ongoing improvements to NHMRC's peer review processes, including to application-centric assessment, are resulting in managing peer reviewer burden, as well as improved allocation of assessors to applications that is required to support high-quality funding recommendations.

Research grants are awarded that aim to improve health outcomes for Aboriginal and Torres Strait Islander people

Target 4: More than 5% of NHMRC’s annual budget is awarded to research that will provide better health outcomes for Aboriginal and Torres Strait Islander people.

Source	NHMRC Corporate Plan 2025-26 and 2025-26 Portfolio Budget Statements
Methodology	Quantitative assessment of new grants awarded in the financial year. Funding is categorised as ‘Indigenous health research’ through a combination of Indigenous Research Excellence Criteria (IREC) assessment and reviewing each funded grant against a range of investigator-provided data classifications including fields of research, keywords, grant titles and media summaries.
Result	 Met

In 2025-26, 9.7% of new grant funding awarded was for research to improve health outcomes for Aboriginal and Torres Strait Islander people.

Capacity and capability are built and strengthened by supporting Aboriginal and Torres Strait Islander researchers

Target 5: 3.4% of NHMRC’s annual grants awarded to lead chief investigators of Aboriginal and/or Torres Strait Islander descent.

Source	NHMRC Corporate Plan 2025-26
Methodology	Quantitative assessment of the percentage of new grants awarded in the financial year to lead chief investigators of Aboriginal and/or Torres Strait Islander descent.
Result	 Met

In 2025-26, NHMRC met its target, with 24 of 704 new grants (3.4%) awarded to lead chief investigators who identified as being of Aboriginal and/or Torres Strait Islander descent. This is the second year the target has been met since it was introduced in 2023-24 (refer to Table 6).

Table 6: Number and percentage of new grants awarded to Indigenous CIAs, 2023-24, 2024-25 and 2025-26

Description	2023-24	2024-25	2025-26
Number of new grants awarded across all schemes in the financial year	924	767	704
Number of new grants awarded across all schemes in the financial year led by chief investigators who self-identified as Indigenous	21	34	24
Percentage of new grants awarded across all schemes in the financial year led by chief investigators who self-identified as Indigenous	2.3%	4.4%	3.4%

CIA = Chief Investigator A (or lead investigator)

Target 6: Report on the number of Aboriginal and/or Torres Strait Islander chief investigators.

Source	NHMRC Corporate Plan 2025-26
Methodology	Quantitative reporting on the number of chief investigators of Aboriginal and/or Torres Strait Islander descent currently funded (active grants) across all NHMRC schemes.
Result	 Met

In 2025-26, a total of 205 Aboriginal and/or Torres Strait Islander chief investigators were represented on active NHMRC-funded grants across all NHMRC schemes.² Of these researchers, 101 were engaged in research that also aimed to improve the health of Aboriginal and Torres Strait Islander peoples.

² Includes all researchers who self-identify as Aboriginal and/or Torres Strait Islander descent and are listed as a 'chief investigator' on a new NHMRC grant, including the lead (CIA) and other researchers on the team (e.g. CIB, CIC, CID, etc.). Excludes 'associate investigators'.

NHMRC grants support a gender inclusive health and medical research workforce

Target 7: Gender inequities in NHMRC funding outcomes are reduced.

Source NHMRC Corporate Plan 2025–26

Methodology Quantitative assessment of the number of grants, amount of funding awarded and funded rates by gender, and whether measures have been applied to reduce gender disparities. The assessment covers all NHMRC grant schemes (collectively) and key schemes (Investigator and Ideas Grants) separately and considers gender equity in grant distribution across career stages.

Result  Met

NHMRC's [Gender Equity Strategy](https://www.nhmrc.gov.au/research-policy/gender-equity/nhmrc-gender-equity-strategy) outlines our vision for a health and medical research sector that is equitable, gender inclusive and enriched by diversity – where research design, participation and workforce reflect and respond to the full spectrum of lived experiences and talents needed to build a healthy Australia. Further information on NHMRC's Gender Equity Strategy is available at www.nhmrc.gov.au/research-policy/gender-equity/nhmrc-gender-equity-strategy.

Across all schemes in 2025–26, the funded rate (grants as a proportion of applications) was higher for women (13.3%) than for men (10.7%). Women were awarded 334 grants totalling \$538.8 million, while men were awarded 293 grants totalling \$486.4 million. In addition, \$7.2 million was awarded to 7 Chief Investigator A (CIA) applicants who selected a gender of 'Not stated', 'Prefer not to answer', 'Non-binary' or 'I use a different term' in their profile or who did not complete the gender field (null). This cohort had a funded rate of 6.8%.

In 2025–26, structural priority funding was applied in the Investigator Grants (Emerging Leadership category only), Ideas Grants, Centres of Research Excellence, Synergy Grants and Partnership Projects schemes. Structural priority funding was introduced as a special measure in 2017 as a direct intervention to reduce disparities in the funded rates between women and men by awarding additional grants to high-quality applications led by women. Structural priority funding is also applied to fund grants led by Aboriginal and Torres Strait Islander health researchers, or for research to improve health outcomes for Aboriginal and Torres Strait Islander people and communities. Further information on structural priority funding is available at www.nhmrc.gov.au/research-policy/gender-equity/structural-priority-funding-and-gender-equity.

For the 2026 Investigator Grant round, the use of structural priority funding in the Emerging Leadership category increased women's overall funded rate from 8.5% to 11.7%. In the Leadership category, the special measures applied led to near-equal numbers of grants awarded to women (53) and men (51). A detailed breakdown of Investigator Grant funding outcomes by gender and career stage (Leadership level) is available to download from the NHMRC website: www.nhmrc.gov.au/funding/find-funding/investigator-grants/outcomes.

For the 2025 Ideas Grants round, the funded rate for women (8.3%) CIAs was equivalent to men CIAs (8.1%), following the application of structural priority funding. However, due to more applications being received from men CIAs than women CIAs, the proportion of Ideas Grants awarded to women CIAs was lower (44.2%) compared to men CIAs (54.2%).

Further information is available in the Gender Equity 2025–26 Report Card available at www.nhmrc.gov.au/research-policy/gender-equity/actions-and-reporting.



Translation

Drive the translation of health and medical research into public policy, health systems and clinical practice and support the commercialisation of research discoveries.

Our key activities in 2025–26 to achieve our Translation purpose are outlined in Figure 11.

Figure 11: Translation | Key activities in 2025–26

Research translation strategy

- Embed research in health-related systems by promoting successful collaborations between health services, researchers and end users, including through the accreditation of NHMRC Research Translation Centres.
- Consider opportunities to foster greater translation and commercialisation of Australian research to ensure local production and supply of treatments and devices that benefit the Australian community.

International engagement strategy

- Create opportunities for Australian researchers to collaborate internationally, facilitate international networks and collaborative research partnerships, and explore opportunities to work with international partners on policies and strategies to address shared health priorities, build regional capacity and promote international best practice in research.

Research impact reporting

- Promote, communicate and measure the impact of NHMRC-funded research.
- Explore the use of AI and LLMs (large language models) to provide new insights into NHMRC's data and support research impact reporting and evaluation.

Guidelines development

- Develop and update guidelines in public, clinical and environmental health to support consistent standards, promote prevention and public health, and inform clinical, policy and regulatory decisions.

Guidelines standards and approvals

- Promote best practice evidence review and standards, including support for rapidly updated and living guidelines, *Guidelines for Guidelines* and approval of third-party public health clinical practice guidelines.

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

Target 8: Develop and/or approve guidelines for public and environmental health and clinical practice.

Source	NHMRC <i>Corporate Plan 2025-26</i> and 2025-26 Portfolio Budget Statements
Methodology	Review of NHMRC records to identify all CEO approvals/issuances in the reporting period and NHMRC Council records that also demonstrate that guidelines are developed consistent with NHMRC standards for guidelines under subsection 7(1) of the NHMRC Act 1992, as well as records that demonstrate progress of guidelines under development.
Result	 Met

Under the *National Health and Medical Research Council Act 1992*, NHMRC has a legislative responsibility to raise the standard of individual and public health and foster the development of consistent health standards in Australia. NHMRC meets this obligation by developing and issuing health advice and guidelines, particularly in public and environmental health.

NHMRC may also approve guidelines developed by other organisations (third parties) that meet the *NHMRC standards for guidelines*. This may include approval of updates to guidelines that use the 'living evidence' approach, which combines rigorous, evidence-based methods and rapid updating as new research emerges; these are known as living guidelines.

NHMRC-developed guidelines

In 2025-26, NHMRC continued development or review of the following clinical practice, public and environmental health guidelines or advice:

- 2013 *Australian dietary guidelines*
- *Nutrient Reference Values (NRVs) for Australia and New Zealand* – priority rolling review 2006 NRVs (sodium, iodine and selenium upper level)
- *Guidelines for managing risks in recreational water*
- *Australian drinking water guidelines* – rolling review of chemical fact sheets on prioritised chemicals (currently ammonia, antimony, cadmium, copper, cyanide, nickel, nitrate and nitrite, sodium and uranium) and 5 by-products of disinfectants (bromate, chlorate, haloacetic acids, haloacetonitriles and trihalomethanes)
- Clinical practice guidelines for myalgic encephalomyelitis and chronic fatigue syndrome (ME/CFS)
- Clinical practice guidelines for the care of trans and gender diverse people under 18 with gender dysphoria.

In 2025-26 NHMRC commenced review of the following guidelines or advice:

- *NHMRC Statement on electronic cigarettes*
- *Nutrient Reference Values (NRVs) for Australia and New Zealand* – priority rolling review 2006 NRVs (vitamin B6 upper level).

Public consultation was held on the following public and environmental health guidelines or advice:

- *Nutrient Reference Values (NRVs) for Australia and New Zealand* – priority rolling review 2006 NRVs (iodine and selenium upper level)
- *Guidelines for managing risks in recreational water*
- *Australian drinking water guidelines* – chemical fact sheets for ammonia, nickel and chlorate.

NHMRC-approved guidelines

In 2025–26, NHMRC approved the following guidelines developed by third parties:

- *Australian Immunisation Handbook* – COVID-19 chapter
- *Australian Immunisation Handbook* – an update to one recommendation in the HPV chapter
- *Clinical Practice Guideline for the Appropriate Use of Methylenedioxymethamphetamine-assisted Psychotherapy for Post-traumatic Stress Disorder*
- *Clinical Practice Guidelines for the Management of Overweight and Obesity for Adults, Adolescents and Children in Australia*
- *Clinical Practice Guideline for the Management of Psychosocial Difficulties in Moderate-to-Severe Traumatic Brain Injury*
- *Guidelines for the Early Detection of Prostate Cancer in Australia.*

In addition, in 2025–26 NHMRC approved updates to the following living guidelines developed by third parties:

- *Australian and New Zealand Living Clinical Guidelines for Stroke Management*
- *Australian Postnatal Care Guidelines*
- *Australian Pregnancy Care Guidelines*
- *Australian Living Guideline for the Pharmacological Management of Inflammatory Arthritis*
- *Australian Living Guideline for the Management of Juvenile Idiopathic Arthritis.*

Report on the impact of the research funded by NHMRC

Target 9: Demonstrate and communicate how NHMRC-funded research is contributing to improvements in the health, society and economy of Australia.

Source	NHMRC Corporate Plan 2025–26
Methodology	Qualitative and in-depth assessment of the impact of NHMRC-funded research using a case study approach. Case studies are selected where beneficial impacts can be connected to NHMRC funding.
Result	 Met

Ten Impact Case Studies have been published on the NHMRC website and promoted via Tracker during 2025–26 (see www.nhmrc.gov.au/about-us/news-centre/). Each case study describes how NHMRC-funded research has led to improvements to the standard of individual and public health in Australia. Case studies can also describe research leading to positive economic, environmental and other impacts.

The case studies published during 2025–26 describe research leading to:

- new therapies for osteoporosis and other bone disorders
- reduced illness and deaths from childhood pneumonia
- improved skin health in remote communities
- safer contact lens wear with reduced avoidable eye injury
- increased access to trusted health evidence for clinicians
- reduced HIV transmission through effective prevention strategies
- expanded scope and effectiveness of reconstructive surgery
- stomach ulcers transformed into a curable disease
- improved treatment of anxiety in children and adolescents
- improved oral health through a new dental product.

Summaries of the case studies published in 2025–26 are detailed in Figure 12. The full case studies are available to read at www.nhmrc.gov.au/about-us/resources/impact-case-studies.

Target 10: Demonstrate the outputs, outcomes and impacts of a selection of NHMRC grants in a specific area.

Source	NHMRC Corporate Plan 2025–26
Methodology	Quantitative analysis such as economic, bibliometric and/or AI-enabled approaches (large language model) to provide comprehensive insights on the impact of NHMRC-funded research, including innovation metrics (e.g. patents, start-ups, etc.) and health interventions (e.g. drugs, public health policy, regulation, etc.). The area of focus and time period is identified by the NHMRC CEO and a complete list of relevant NHMRC grants is generated to match to external datasets.
Result	N/A – this target reports biennially and is next due in 2026–27

NHMRC impact case studies

NHMRC produces case studies to increase awareness of the role that health and medical research has played, and continues to play, in building a healthier Australia. Each case study is developed in partnership with Australian research organisations and other bodies.

These case studies demonstrate that generating outcomes and impact can take many years and require the combined work of many people and organisations. Through documenting research translation and implementation journeys, these case studies show that the creation of knowledge is vital and that many other activities are also necessary to generate impact. The following case studies were published during 2025–26.

Figure 12: Summaries of impact case studies published by NHMRC during 2025–26

Protecting children from pneumonia

Pneumonia is one of the leading causes of childhood death worldwide, particularly in low-income and middle-income countries. Although pneumococcal conjugate vaccines can prevent many of these deaths, their cost has limited access in some countries and created challenges for national immunisation programs. NHMRC-funded researchers at the University of Melbourne, Murdoch Children's Research Institute and their international partners worked to improve access to these life-saving vaccines.

The NHMRC-supported researchers investigated whether reduced-dose vaccine schedules could provide similar protection while reducing costs. Through clinical trials and population studies conducted across several low-income and middle-income countries, they demonstrated that fewer vaccine doses could still provide strong protection against pneumococcal disease. They also generated evidence on the indirect community benefits of vaccination.

The findings informed international policy and contributed to updates of World Health Organization guidance on pneumococcal conjugate vaccine use. By supporting lower-cost vaccination strategies, this research has helped improve access to not only pneumococcal vaccination, but also to other critical vaccines.

From bone biology to better treatments

Osteoporosis and other bone disorders affect millions of people worldwide and can lead to fractures, disability and reduced quality of life. Until the late 20th century, the biological processes that regulate bone growth and breakdown were poorly understood. NHMRC-funded researchers at the University of Melbourne and St Vincent's Institute of Medical Research helped transform knowledge of bone biology and establish the field as a major area of medical research.

Researchers identified how bone-forming and bone-resorbing cells communicate and discovered key pathways involved in bone loss. Their work led to the identification of RANK ligand, a critical regulator of bone breakdown, and provided the scientific foundation for new therapeutic approaches based upon this regulator.

These discoveries contributed directly to the development of denosumab, one of the world's most widely used treatments for osteoporosis and bone complications associated with cancer. More than 26 million people have received denosumab, improving bone health and reducing fracture risk around the world.

Healthy skin in remote communities

Skin infections such as scabies and impetigo are major health problems in many remote Aboriginal and Torres Strait Islander communities. These conditions can cause discomfort and stigma and may contribute to serious long-term health complications, including kidney disease and rheumatic heart disease. NHMRC-funded researchers at Menzies School of Health Research and The Kids Research Institute Australia worked with communities to improve skin health in Australia's tropical north.

Over several decades, NHMRC-supported researchers investigated the prevention, detection and treatment of skin infections in remote communities. Their work included community-wide treatment programs for scabies, long-running studies in the Northern Territory and Kimberley region, school-based skin surveillance, development of culturally appropriate health promotion activities, and evaluation of new approaches to diagnosis and treatment. Researchers also collaborated with communities and health services to develop the *National Healthy Skin Guideline*, providing evidence-based guidance for managing common skin conditions in both remote and urban settings.

In those communities where trials took place, the research led to substantial improvements in skin health and strengthened local capability through education, screening and improved access to effective treatments. Community-based programs achieved major reductions in skin infections, including a 50% reduction in skin sores through the SToP Trial. The *National Healthy Skin Guideline* continues to support best practice care and help improve health outcomes for Aboriginal and Torres Strait Islander communities across Australia.

Preventing HIV transmission

Human immunodeficiency virus (HIV) remains a major global public health challenge. Although effective treatments are available, preventing transmission remains critical to reducing new infections. NHMRC-funded researchers at the University of New South Wales' Kirby Institute and the Centre for Social Research in Health undertook a long-running program of NHMRC-supported research to improve HIV prevention in Australia.

The researchers investigated multiple approaches to HIV prevention, including treatment as prevention, HIV self-testing and pre-exposure prophylaxis (PrEP). Through the Opposites Attract study, they followed male couples with different HIV status and demonstrated that HIV is not sexually transmitted when a person living with HIV maintains an undetectable viral load through antiretroviral therapy. The researchers also showed that access to self-testing increased testing rates and generated evidence supporting the effectiveness of PrEP at reducing HIV transmission at a population level. Their modelling studies helped identify ways to increase uptake of prevention strategies and reduce barriers to access.

The findings informed policy and public health practice in Australia and internationally. They contributed to the global 'Undetectable = Untransmittable' campaign, expanded access to HIV prevention tools and helped establish Australia as a global leader in HIV prevention. Biomedical prevention methods are now central to HIV control strategies, contributing to substantial reductions in new HIV infections worldwide.



Curing stomach ulcers

For much of the 20th century, stomach ulcers were believed to be caused by stress, diet or excess stomach acid. As a result, treatment focused on managing symptoms rather than eliminating the underlying cause. NHMRC-supported researchers at the University of New South Wales contributed to a major shift in scientific understanding of ulcer disease.

Researchers investigated the microorganisms that inhabit the digestive tract and helped identify and characterise *Helicobacter pylori* (*H. pylori*), the bacterium responsible for most peptic ulcers. Their work supported the development of diagnostic tests and strengthened the evidence linking bacterial infection to ulcer disease.

The research also contributed to the development of antibiotic-based treatments that eradicate *H. pylori* infection and cure stomach ulcers. This breakthrough transformed clinical practice and has led to major reductions in ulcer-related illness, hospitalisation and death wherever treatment is available.



Providing access to the latest knowledge

The rapid growth of health and medical research during the 20th century created a new challenge: ensuring researchers and clinicians could find and use the latest evidence. As scientific publications expanded, traditional paper-based indexing systems became increasingly inadequate. NHMRC played an important role in bringing modern biomedical information systems to Australia.

Working with researchers and government partners, NHMRC supported the introduction of the Medical Literature Analysis and Retrieval System (MEDLARS). This pioneering computerised system transformed how medical literature could be searched, retrieved and shared, laying the foundations for systems that later evolved into MEDLINE and PubMed.

The introduction of these systems gave Australian researchers and health professionals faster access to the latest scientific evidence and connected them to global biomedical knowledge. The legacy of this work continues today through PubMed, one of the most widely used health research resources in the world.



Safer contact lenses

Contact lenses have improved vision for millions of people, but early soft contact lenses were associated with complications including infection, inflammation and damage to the cornea. Researchers at the University of New South Wales played a leading role in improving the safety and performance of contact lenses through decades of NHMRC-funded research.

The research team developed techniques to better understand how contact lenses interact with the eye and identified oxygen deprivation as a major cause of complications. They created new methods for testing lens materials and helped develop silicone hydrogel lenses, which allow substantially greater oxygen flow to the cornea.

These innovations transformed eye care globally. Silicone hydrogel lenses became the international standard for contact lens wear, improving safety and comfort for millions of users. The program also generated advances in antimicrobial technologies, clinical practice and commercial products that have influenced eye health worldwide.



Evolution of microsurgery

Microsurgery uses microscopes and specialised instruments to repair tiny blood vessels, nerves and other structures. Before these techniques were developed, reconstructive surgery for severe injuries often required multiple procedures over long time periods and could result in poor functional outcomes. NHMRC-funded researchers at what is now the O'Brien Department of St Vincent's Institute of Medical Research helped establish microsurgery as a transformative surgical discipline.

The researchers developed specialised microvascular instruments, surgical techniques and research models that enabled surgeons to reconnect very small blood vessels and transfer tissue from one part of the body to another. Their work included some of the world's earliest successful free tissue transfer procedures.

These advances transformed reconstructive surgery. Microsurgical techniques are now routinely used to treat trauma, cancer and congenital conditions, reducing amputations and improving quality of life for patients around the world.



Improving dental health

Oral diseases such as tooth decay and dental erosion are among the most common health conditions worldwide, affecting people of all ages and creating a substantial burden on individuals, health systems and economies. In Australia alone, oral diseases and disorders cost around \$10 billion each year to treat. While fluoride transformed dental health during the 20th century, researchers continued searching for additional ways to prevent, repair and reverse damage to tooth enamel. NHMRC-supported researchers at Melbourne Dental School and the University of Melbourne investigated new approaches to improving oral health.

NHMRC-funded research identified a milk-derived compound known as casein phosphopeptide-amorphous calcium phosphate (CPP-ACP). Researchers demonstrated that CPP-ACP could deliver calcium, phosphate and fluoride into damaged tooth enamel, helping to repair early decay and protect against future damage.

The technology was commercialised as Recaldent® and incorporated into a range of oral health products used around the world. Manufactured in Australia and exported internationally, these products have improved preventive dental care while generating significant economic benefits through Australian research, innovation and manufacturing.



Helping kids with anxiety

Anxiety disorders are among the most common mental health conditions affecting children and young people. When untreated, anxiety can affect learning, social development and long-term wellbeing. NHMRC-funded researchers at the University of Queensland and Macquarie University played a leading role in establishing childhood anxiety as an important area of clinical research and intervention.

Through a long-running NHMRC-supported research program, the team developed and tested cognitive behavioural approaches specifically designed for children and adolescents. This work evolved into the Cool Kids program, which provides practical strategies for managing anxiety and improving resilience.

Cool Kids has become one of the world's most widely used and extensively evaluated anxiety treatment programs for young people. The program is delivered internationally through trained clinicians and online platforms, improving access to evidence-based mental health support for children and families.



Integrity

Maintain a strong integrity framework underpinning rigorous and ethical research promoting community trust.

Our key activities in 2025–26 to achieve our Integrity purpose are outlined in Figure 13.

Figure 13: Integrity | Key activities in 2025–26

Research integrity framework

- Promote research integrity, including maintaining the *Australian Code for the Responsible Conduct of Research* (the Code) and other guidance, and supporting the work of the Australian Research Integrity Committee.

Research quality strategy

- Promote the highest standards of research practice, including engaging with the research sector on good practice and developing guidance in key areas.

Human and animal research ethics guidelines

- Maintain national standards, codes and guidelines that promote best practice in research governance and ethics review processes and provide guidance on ethical issues in health.

Embryo research regulation

- Administer the *Research Involving Human Embryos Act 2002* (RIHE Act) and the *Prohibition of Human Cloning for Reproduction Act 2002* (PHCR Act), through the work of the Embryo Research Licensing Committee.

Research is conducted responsibly, ethically and with integrity in Australia

Target 11: Research integrity matters are managed appropriately by Administering Institutions in line with the requirements of the *Australian Code for the Responsible Conduct of Research* (the Code).

Source	NHMRC Corporate Plan 2025–26 and 2025–26 Portfolio Budget Statements
Methodology	Quantitative assessment using NHMRC’s annual survey of Administering Institutions (Institutional Annual Compliance Report) to ensure that the Code and its supporting guides have been implemented in institutional processes and that required notifications of integrity matters are made in line with the NHMRC Research Integrity and Misconduct Policy 2019. Qualitative analysis of Australian Research Integrity Committee (ARIC) reviews of the processes used by Administering Institutions to conduct integrity investigations in line with the requirements of the Code.
Result	 Partially met

About the result

The target is considered met if available data indicates that:

- all institutions that administered NHMRC funds during the year have managed integrity matters in line with NHMRC requirements, including having appropriate institutional processes in place; notifying NHMRC as required; and taking action to address instances of poor management of actual or potential breaches of the Code
- ARIC reviews of the processes used by the Administering Institution to manage integrity matters identify no, or only minor, technical or administrative departures from the requirements of the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research* (Investigation Guide) and the Code.

The result has been assessed as partially met on the basis that a small number of Administering Institutions advised of incomplete reporting of notifications of research integrity matters to NHMRC during the period. NHMRC will engage with relevant institutions to confirm their responsibilities under the NHMRC Funding Agreement and Research Integrity and Misconduct Policy 2019.

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

Monitoring implementation of the Code and supporting guidance and the reporting of integrity notifications in line with the NHMRC Research Integrity and Misconduct Policy 2019 helps to ensure the highest standards of research integrity and promotes community trust. These are assessed annually through the Institutional Annual Compliance Report (IACR).

During 2026, administering institutions completed the IACR for the 2025 calendar year.

- 21% of administering institutions reported that they had received concerns about potential breaches of the Code in relation to NHMRC funding.
- 98% of institutions reported that they had either made all required notifications about integrity matters to NHMRC or had no concerns that required notification.
- Desktop review carried out as a recommendation from the previous IACR found that all Administering Institutions reviewed as part of this process had implemented the Code and guides.

In 2025–26, ARIC received 12 new matters for review. Of these, 4 were accepted for an ARIC review, 4 were not accepted for an ARIC review, one was closed due to the applicant not providing the requested information, and 3 remained under consideration as at 30 June 2026.

As of 30 June 2026, ARIC had 6 matters under active review, including 2 carried over from previous financial years. During 2025–26, ARIC finalised one review and made minor recommendations to the institution on improving processes, noting that these were generally consistent with the Code and the supporting Investigation Guide.

Research involving human embryos is conducted ethically and legally in accordance with appropriate licence conditions

Target 12: Compliance with regulatory requirements under the *Research Involving Human Embryos Act 2002* is demonstrated through outcomes from inspections and 6-monthly reports.

Source	NHMRC Corporate Plan 2025–26
Methodology	Qualitative assessment from inspections and 6-monthly reports is used to calculate the number and type of incidents of non-compliance with licence conditions by each licence holder in the period, as well as how quickly and effectively any actions to redress non-compliance (as required by the regulator) are actioned by the licence holder.
Result	 Met

The NHMRC Embryo Research Licensing Committee (ERLC) administers the *Research Involving Human Embryos Act 2002* (RIHE Act) and the *Prohibition of Human Cloning for Reproduction Act 2002* (PHCR Act). These Acts regulate the use of excess human embryos in research, and mitochondrial donation research, as well as prohibiting certain practices, such as human cloning for reproduction.

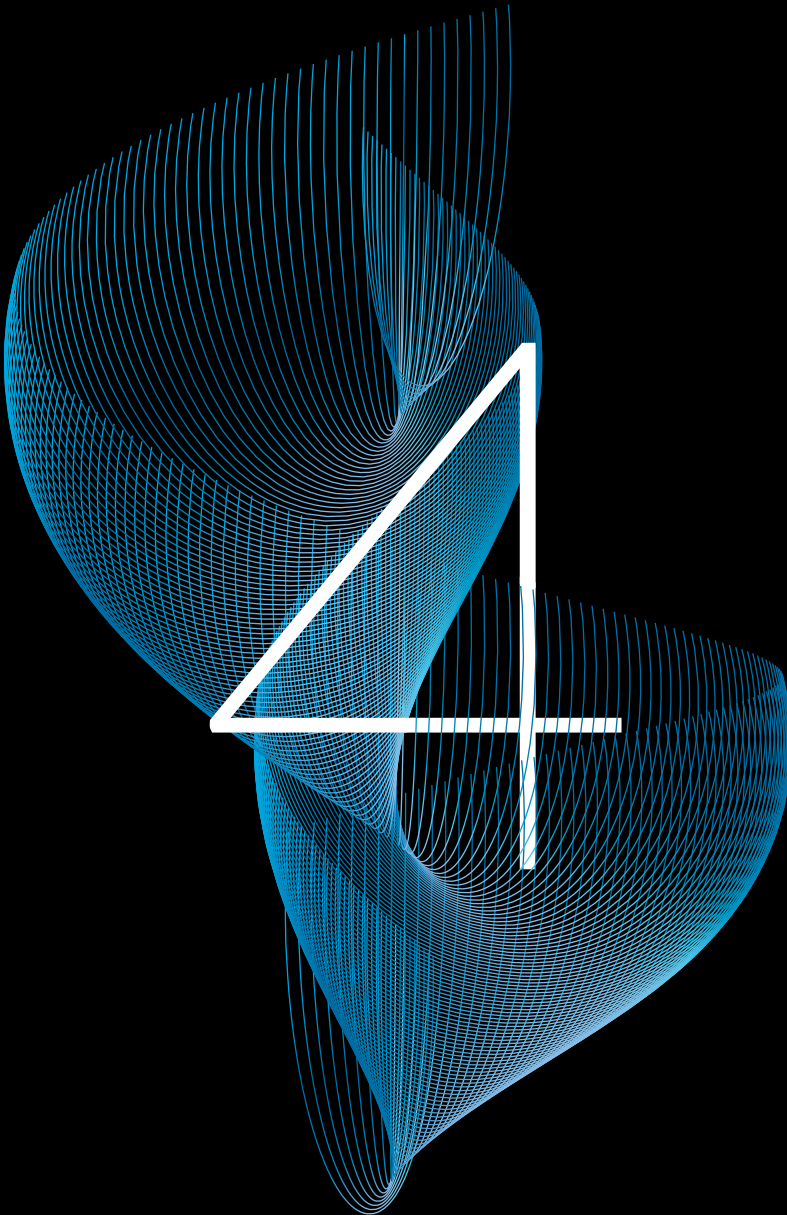
There were no instances of non-compliance in 2025–26, with licence holders continuing to demonstrate an understanding of their responsibilities under the licence conditions through 6-monthly reports and licence variation requests. In addition to reviewing biannual reports and providing general guidance to licence holders, NHMRC inspectors conducted one onsite licence inspection and one online monitoring discussion; no breaches of the legislation or licences were identified. ERLC issued 2 new licences during the reporting period.

Consistent with the Minister for Health and Ageing’s Statement of Expectations for this regulator and the responding Statement of Intent by the CEO of NHMRC, ERLC continued to monitor the regulatory environment to ensure that, as far as the legislation can facilitate, the regulatory approach kept pace with changes in technology and research innovation. Both ERLC and NHMRC inspectors continued to work with licence holders and applicants to ensure that the regulation of human embryo research continued to meet its legislated objective of protecting the health and safety of the community while enabling innovative research.

For more information, consult ERLC’s biannual report to the Parliament of Australia on the NHMRC website: www.nhmrc.gov.au/research-policy/embryo-research-licensing/embryo-research-licensing-committee-reports-parliament.

PART 4: OPERATING ENVIRONMENT

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



Legislative framework

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

The CEO, Council and Principal Committees (established under section 35 of the NHMRC Act) are appointed by the Minister for Health and Ageing. NHMRC operates on a triennial basis, with the Council and Principal Committees reappointed every 3 years. This reporting period is the second year of the 2024–2027 triennium, which commenced on 1 July 2024 and will finish on 30 June 2027.

The CEO has the powers and functions set out in the NHMRC Act and works within a broader legislative framework that includes the *Public Service Act 1999* and the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). The CEO's functions, as prescribed by section 7 of the NHMRC Act, include the following:

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

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

Governance and accountability

NHMRC operates within a strong governance framework that supports effective performance, integrity, efficiency and accountability. NHMRC’s Executive Board and the Audit and Risk Committee support the CEO in fulfilling their responsibilities as the accountable authority under the NHMRC Act and the PGPA Act, as well as other relevant legislation.

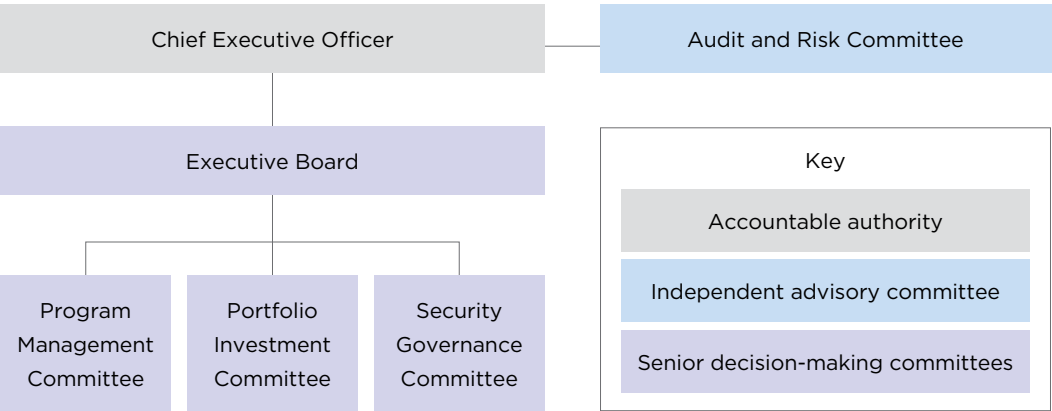
NHMRC’s Executive Board provides oversight, manages risk and monitors performance of the agency. It is the key management committee that supports the CEO in governing the agency and comprises the CEO as Chair and the Deputy CEO and Executive Directors as members. NHMRC’s Senior Lawyer also has a standing invitation to attend Executive Board meetings for any item or to raise a specific matter with the Executive Board, which supports a pro-integrity culture in the agency.

Executive Board is supported by 3 senior decision-making committees:

- the Program Management Committee oversees effective delivery of the NHMRC grant program and supporting systems
- the Portfolio Investment Committee oversees resource distribution and effective project management
- the Security Governance Committee oversees effective management of security operations, risks and issues.

An overview of NHMRC’s governance structure is shown in Figure 14.

Figure 14: Overview of NHMRC’s governance structure



Council and committees

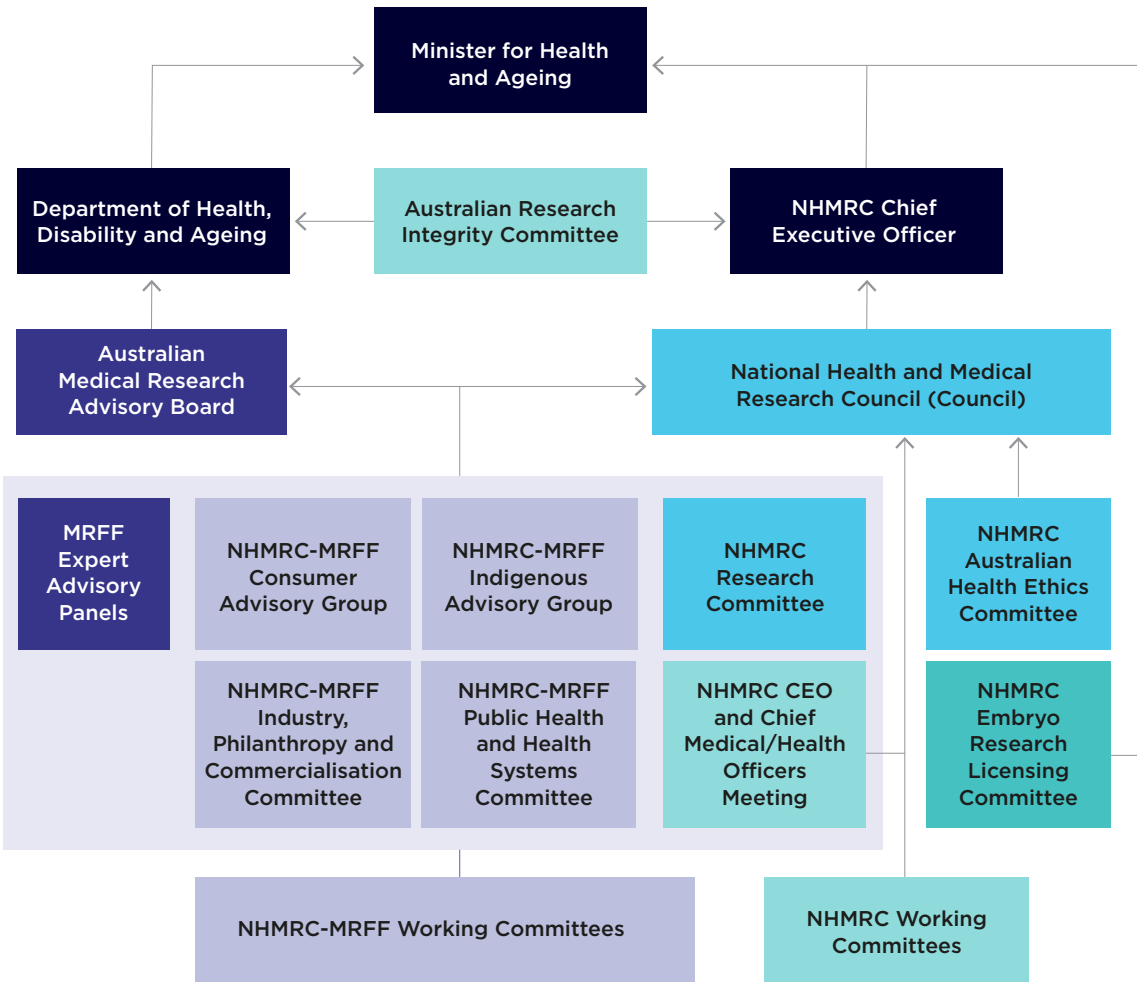
The CEO is supported in fulfilling the legislative functions under the NHMRC Act by the expert and independent advice of NHMRC Council, Principal Committees and other working committees established under the NHMRC Act.

NHMRC works closely with the Australian Government Department of Health, Disability and Ageing through the Health and Medical Research Office (HMRO) to improve strategic alignment and coordination between the Medical Research Future Fund (MRFF) and NHMRC's grant program, which is supported through the Medical Research Endowment Account (MREA).

Since 1 July 2024, NHMRC Council and the MRFF's Australian Medical Research Advisory Board (AMRAB) have worked closely together to provide strategic advice on Australia's health and medical research landscape, including the operation of the MRFF and MREA, supported by a range of shared and linked advisory committees. These joint advisory committees strengthen and broaden advice across key areas, including public health, health systems, commercialisation, and industry and philanthropic engagement. The structure also streamlines strategic advice to NHMRC and MRFF on Aboriginal and Torres Strait Islander health research, and consumer and community involvement in health and medical research.

The expertise, experience and perspectives of members of Council, Principal Committees, working committees and NHMRC-MRFF shared advisory committees are vital to shaping and advancing health and medical research and building a healthy Australia. The current NHMRC-MRFF advisory structure is shown in Figure 15. Further information on key committees follows.

Figure 15: NHMRC and MRFF advisory committee arrangements from 1 July 2024



Council

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

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

Membership

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

The Council consists of:

- the Chair
- the Chief Medical Officer for the Australian Government
- the Chief Medical Officer (or Chief Health Officer) for each state and territory
- an expert in Aboriginal and Torres Strait Islander health needs
- a person with expertise in consumer issues
- a person with expertise in business
- at least 6, but no more than 11, members with relevant expertise as outlined in section 20 of the NHMRC Act.

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

The members of the Council during 2025–26 are listed in Table 7.

Table 7: NHMRC Council Members, 2025–26

Name	Position Area of expertise as defined under the NHMRC Act
Professor Caroline Homer AO	Chair
Associate Professor Stephen Adelstein	Chair, Australian Health Ethics Committee Member with expertise in professional medical standards and ethics relating to research involving humans
Professor Anushka Patel	Chair, Research Committee Member with expertise in public health research and medical research issues
Ms Ainslie Cahill AM	Chair, NHMRC-MRFF Consumer Advisory Group Member with expertise in consumer issues
Ms Bronwyn Le Grice	Chair, NHMRC-MRFF Industry, Philanthropy and Commercialisation Committee Member with expertise in business

Name	Position Area of expertise as defined under the NHMRC Act
Adjunct Professor Darryl O'Donnell	Chair, NHMRC-MRFF Public Health and Health Systems Committee Member with expertise in public health
Professor Yvette Roe	Chair, NHMRC-MRFF Indigenous Advisory Group Member with expertise in the health needs of Aboriginal and Torres Strait Islander people
Professor Dinesh Arya	Chief Medical Officer, Tasmania
Professor Emily Banks AM	Member with expertise in public health
Dr Paul Burgess	Chief Health Officer, Northern Territory
Professor Jonathan Carapetis AM	Member with expertise in public health research and medical research issues
Dr Heidi Carroll	Chief Health Officer, Queensland
Professor Raymond Chan	Member with expertise in the nursing profession
Dr Kerry Chant AO PSM	Chief Health Officer, New South Wales
Dr Kerryn Coleman PSM	Chief Health Officer, Australian Capital Territory (August and November 2025 meeting)
Dr Michael Cusack	Chief Medical Officer, South Australia
Dr Marianne Gale	Chief Health Officer, Queensland
Professor Jane Gunn AO	Member with expertise in the medical profession and postgraduate medical training
Professor Elizabeth Hartland AM	Member with other appropriate expertise
Professor Susan Hillier	Member with expertise in healthcare training
Dr Clare Huppatz PSM	Chief Health Officer, Western Australia (March 2026 meeting)
Dr Catherine McDougall	Chief Health Officer (Acting), Queensland (August and November 2025 meeting)
Dr Caroline McElnay	Chief Health Officer, Victoria (November 2025 and March 2026 meeting)
Dr Scott McKeown	Representative for the Chief Health Officer, Tasmania (August 2025 meeting)
Professor Richard Murray	Member with expertise in the medical profession and postgraduate medical training
Dr Andrew Robertson CSC PSM	Chief Health Officer, Western Australia (August and November 2025 meeting)
Professor Steve Robson	Member with expertise in the medical profession and postgraduate medical training
Dr Sally Singleton	Chief Health Officer (Acting), Australian Capital Territory (March 2026 meeting)
Dr Evelyn Wong	Chief Health Officer (Acting), Victoria (August 2025 meeting)

Meetings

The Council held 3 sessions in 2025–26, all of which were convened jointly with AMRAB.

Council received regular updates from the NHMRC CEO and the HMRO CEO, and activity updates from NHMRC Principal Committees and joint NHMRC-MRFF Advisory Committees. Key additional matters discussed in each session are outlined below.

At its 235th session in August 2025, the Council considered:

- progress of the National Health and Medical Research Strategy
- Medical Research Endowment Account (MREA) budget
- Medical Research Future Fund (MRFF) evaluations update
- recommendations in the following third-party guidelines:
 - *Clinical Practice Guidelines for the Management of Psychosocial Difficulties in Moderate to Severe Traumatic Brain Injury*
 - *Clinical Practice Guidelines for PSA Testing and Early Management of Test-detected Prostate Cancer*
 - *Australian and New Zealand Living Clinical Guidelines for Stroke Management*
 - *Australian Pregnancy Care Guidelines*
 - *Australian Postnatal Care Guidelines*
 - *Clinical Practice Guidelines for the Management of Overweight and Obesity for Adults, Adolescents and Children in Australia*
- an update on the *Guidelines for managing risks in recreational water*
- NHMRC Evaluation Strategy
- evaluation of the Research Translation Centres
- NHMRC Rural, Regional and Remote Health Research Equity Plan and logic model
- NHMRC Gender Equity Strategy
- the *Statement on sex, gender, variations of sex characteristics and sexual orientation in health and medical research* in the NHMRC and MRFF grant programs.

At its 236th session in November 2025, the Council discussed and advised on:

- strategic discussion with Professor Lucy Chappell, Chief Scientific Adviser to the UK Department of Health and Social Care and Chief Executive Officer of the National Institute for Health and Care Research
- development of the National Health and Medical Research Strategy
- an update on MRFF's efforts towards translation
- an update on MRFF evaluations
- alignment of data and reporting for the MRFF and the MREA
- rural, regional and remote grant opportunity
- the benefit for Aboriginal and/or Torres Strait Islander health question
- global research developments and the international funding landscape
- evaluation of the Research Translation Centre Initiative
- NHMRC Research Translation Strategy 2026–2030 priorities, actions and targets
- review of the *Statement on consumer and community involvement in health and medical research*

- an update on the MREA budget and NHMRC grant funding decisions
- NHMRC Development Grant scheme
- draft joint NHMRC-MRFF Open Science Policy
- draft *Nutrient Reference Values for selenium* for public consultation
- recommendations in the following third-party guidelines:
 - *Australian Pregnancy Care Guidelines*
 - *Australian Postnatal Care Guidelines*
 - *Clinical Practice Guideline for the Appropriate Use of Methylenedioxymethamphetamine-assisted Psychotherapy for Post-traumatic Stress Disorder*
 - *Clinical Practice Guidelines for PSA Testing and Early Management of Test-detected Prostate Cancer*
- the draft *Australian recreational water quality guidelines* for public consultation.

At its 237th session in March 2026, the Council considered:

- an update from the Chair of the Embryo Research Licensing Committee
- development of the National Health and Medical Research Strategy
- key activities within the Department of Health, Disability and Ageing
- MRFF program activities and policy
- updates on MRFF evaluation and reporting activities
- matters proposed for inclusion in the *NHMRC Corporate Plan 2026–27*
- revised *Statement on Consumer and Community Involvement in Health and Medical Research*
- evaluation of the Research Translation Centre Initiative
- strategies to manage increasing application numbers and low funded rates
- draft NHMRC Research Translation Strategy 2026–2030
- productivity presentation from Professor Emily Lancsar, Chief Health Economist, Department of Health, Disability and Ageing
- Medical Research Endowment Account (MREA)
- recommendations in the following third-party guidelines:
 - *Australian Pregnancy Care Guidelines*
 - *Australian Postnatal Care Guidelines*
 - *Australian Immunisation Handbook – Human papillomavirus chapter*
- draft guidance material for the *Australian drinking water guidelines* for public consultation
- guidelines for the care of trans and gender diverse people under 18.

Principal Committees

For the 2024–2027 triennium, 2 Principal Committees were established under section 35 of the NHMRC Act. These committees, which report to NHMRC Council, are:

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

The Embryo Research Licensing Committee is also a Principal Committee of NHMRC, but it is established under the *Research Involving Human Embryos Act 2002* (RIHE Act) and operates under different arrangements from those governing the other Principal Committees.

Research Committee

Research Committee oversees NHMRC's activities to support health and medical research, including making recommendations about the operation of the NHMRC grant program. Since 1 July 2024, Research Committee also advises AMRAB on the operation of the MRFF, with briefings and support provided by the HMRO in the Department of Health, Disability and Ageing.

The functions of Research Committee, as conferred by the Minister for Health and Ageing for the 2024–2027 triennium and incorporating the requirements of section 35(2) of the NHMRC Act, are:

- to advise and make recommendations to the Council on the application of the MREA
- to monitor the use of assistance from the MREA
- to advise the Council on matters relating to medical research and public health research, including the quality and scope of such research in Australia
- to advise AMRAB, established under the *Medical Research Future Fund Act 2015*, on policy and other matters relating to the MRFF.

In 2025–26, Research Committee met twice and advised on:

- the development of the National Health and Medical Research Strategy
- NHMRC/MRFF initiatives that could support health and medical research within the National Disability Research Partnership Research Agenda
- alignment of data and reporting for the MRFF and the MREA
- the application of the MREA through the NHMRC grant program
- mechanisms to strengthen NHMRC's peer review policies and processes
- priorities for 2025–26 Targeted Calls for Research
- MRFF evaluation activities
- NHMRC Research Translation Strategy 2026–2030 priorities, actions and targets
- guidance around international collaborative research grant opportunities and NHMRC International Engagement Strategy
- future investment on dementia appropriation
- proposed design of a targeted rural, regional and remote grant opportunity
- advice on the benefit for Aboriginal and/or Torres Strait Islander health question
- NHMRC Development Grant scheme
- the draft joint NHMRC-MRFF Open Science Policy
- information on actions underway to bolster confidence in research integrity
- NHMRC Persistent Identifiers Action Plan

- presentation from Dr David Gruen AO, Australian Statistician, on the Australian Bureau of Statistics' evolving data capabilities and its application to measuring research impact and strengthening evidencebased decision-making
- presentation from Professor Emily Lancsar, Chief Health Economist, Department of Health, Disability and Ageing
- generative AI discussions
- strategies to manage increasing application numbers and low funded rates
- revised *Statement on consumer and community involvement in health and medical research*
- presentation from Professor Bruce Bonyhady, Director, Melbourne Disability Institute
- implementation of the *Statement on sex, gender, variations of sex characteristics and sexual orientation in health and medical research*.

Membership

Research Committee members bring expertise in a broad range of research areas, covering basic and biomedical sciences, clinical medicine, health services, public health, Aboriginal and Torres Strait Islander health, primary care, and rural and remote health research, as well as clinical experience, early to mid-career researchers and senior research leaders, and industry and consumer representatives.

Professor Anushka Patel (Chair)

Professor Adrian Barnett

Professor Alex Brown

Professor Anne Chang AM

Associate Professor Yee Lian Chew

Professor Alistair Forrest

Professor Julian Grant

Dr Doug Hilton AO

Professor Carol Hodgson

Professor Frances Kay

Ms Debra Langridge

Professor Sarah Larkins

Professor James McCluskey AO

Professor Odette Pearson

Professor Paul Scuffham

Professor Viet Tran

Professor Andrew Wilks

Australian Health Ethics Committee

The functions of Australian Health Ethics Committee (AHEC), as conferred by the Minister for Health and Ageing for the 2024–2027 triennium and as set out in section 35(3) of the NHMRC Act, are:

- to advise the Council on the ethical issues relating to health
- to develop and give the Council human research guidelines under subsection 10(2) of the NHMRC Act.

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

In 2025–26 AHEC met twice and advised on:

- proposed changes to the *National statement on ethical conduct in human research 2025*
- fact sheets to support the *Ethical guidelines for cell, tissue and organ donation and transplantation in Australia*
- Human Research Ethics Committees (HRECs) Annual Activity Report for 2024
- procedures to address non-compliance of HRECs with the National Statement
- guidance for the review of research involving the use of artificial intelligence
- considerations related to ethical use of sex selection in clinical assisted reproductive technology
- an external submission on policy recommendations addressing regulatory inequities in human genome sequencing for research
- Australian Law Reform Commission reviews of surrogacy laws and human tissue laws.

Membership

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

Associate Professor Stephen Adelstein (Chair)

Senior Professor Annette Braunack-Mayer

Dr Laine Chilman

Dr Yvonne Ho AM

Professor Michelle Kennedy

Dr David Kirchhoffer

Professor Emma Kowal

Professor Jackie Leach Scully

Professor Erwin Loh

Professor Michael Martin

Professor Ainsley Newson

Associate Professor Mark Slee

Professor Michelle Taylor-Sands

Professor Viet Tran

Professor Steve Webb

Embryo Research Licensing Committee

The Embryo Research Licensing Committee (ERLC) regulates the licensing framework for human embryo research in Australia, which governs the use of excess embryos created through assisted reproductive technology, embryos created using mitochondrial donation techniques, and embryos created by means other than fertilisation. It is an offence to use human embryos in research unless the use is authorised by a licence issued by ERLC or the use is exempt under legislation.

ERLC assesses applications and issues licences to conduct research involving human embryos. The committee, supported by NHMRC licence inspectors, is also responsible for monitoring compliance and can take enforcement action, including cancelling or suspending licences. There are strong penalties for non-compliance.

In 2025–26, ERLC held 2 meetings and also considered 6 matters out of session. During the period, the committee issued one new general embryo research licence and also issued Australia's first pre-clinical research and training licence for a specified mitochondrial donation technique. NHMRC inspectors conducted one on-site licence inspection and held one monitoring discussion with a licence holder during the reporting period.

Activities conducted by ERLC and information on the research it regulates is reported to the Parliament of Australia every 6 months. In 2025–26, ERLC tabled the 46th report, covering the period from 1 March to 31 August 2025 (tabled on 4 February 2026), and the 47th report, covering the period from 1 September 2025 to 28 February 2026 (tabled on 22 June 2026). All reports are available on the NHMRC website.

Membership

Membership and functions of ERLC are prescribed in section 14 of the RIHE Act.

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

Ms Louise Johnson (Chair)

Professor Jackie Leach Scully

Professor Lynn Gillam AM

Professor Josephine Bowles (from 29 July 2025)

Professor Roger Hart

Professor Jane Nielsen

Ms Emma Turner

Professor Patrick Tam

Dr Cal Volks (to 27 January 2026)

Ms Narelle Dickinson (from 23 April 2026)

Working committees

Under section 39 of the NHMRC Act, the CEO may establish working committees to assist the CEO, Council or a Principal Committee to carry out their functions. The CEO determines the functions of the committees and appoints their members.

For the 2024–2027 triennium, the NHMRC CEO, jointly with the HMRO CEO, has established shared NHMRC-MRFF advisory committees focused on stronger engagement with industry and philanthropy, clinicians and policymakers across the health system, consumers and the community, and Aboriginal and Torres Strait Islander health researchers and communities. For practical purposes, these committees have been established as working committees of NHMRC under section 39 of the NHMRC Act. Each of these shared advisory committees is chaired by a member of NHMRC Council. An overview of each of the joint advisory committees is provided below.

More information on these and other working committees can be found on the NHMRC website at www.nhmrc.gov.au/about-us/leadership-and-governance/committees.

NHMRC-MRFF Indigenous Advisory Group

The NHMRC-MRFF Indigenous Advisory Group (IAG) advises on strengthening Aboriginal and Torres Strait Islander involvement in MREA and MRFF grant programs, including:

- strategies for improving Aboriginal and Torres Strait Islander health through research
- significant issues relevant to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and communities
- opportunities for Indigenous-led research practice and governance, including valuing and promoting Aboriginal and Torres Strait Islander knowledge and connections to community and Country
- support for Aboriginal and/or Torres Strait Islander health researchers, including capacity and capability building for early to mid-career researchers.

In 2025–26, IAG met twice, advising on:

- priorities for the IAG's work plan
- the development of the National Health and Medical Research Strategy
- the NHMRC grant program, including:
 - implementation of the refreshed Indigenous Research Excellence Criteria (IREC)
 - guidance on the circulation of the expression of interest (EOI) form for IREC assessors and/or peer reviewers, including IAG, Our Collaborations in Health Research (OCHRe), and other networks
 - the assessment criteria for research impact in Investigator and Synergy grants
 - priority areas of Aboriginal and Torres Strait Islander health for NHMRC's Targeted Calls for Research (TCR)
 - design of a targeted rural, regional and remote grant opportunity
 - advise on proposed updates to the Synergy Grants scheme from 2027
 - advise on the draft evaluation plan for the 2026 Investigator Grants Indigenous Research Excellence Criteria (IREC) process enhancement pilot
- review of updated data on Medical Research Future Fund (MRFF) investments into First Nations health research and researchers, and proposed key themes to feature in an upcoming report on progress and impact of MRFF support for First Nations health research and researchers

- the draft joint NHMRC-MRFF Open Science Policy
- design of a funding initiative in Aboriginal and Torres Strait Islander health
- NHMRC Research Translation Strategy 2026–2030 priorities, actions and targets
- equity in rural, regional and remote health research
- engaging Aboriginal and Torres Strait Islander populations with the review of the *Statement on consumer and community involvement in health and medical research*
- building the pipeline of researchers of Aboriginal and/or Torres Strait Islander descent.

Membership

The committee comprises Aboriginal and Torres Strait Islander representatives from the health and medical research sector and the community, and includes members in common with Research Committee and AHEC, and with each of the joint NHMRC-MRFF advisory committees.

Professor Yvette Roe (Chair)

Dr Sarah Bourke

Ms Cheryl Bridge (to 10 December 2025)

Dr Brooke Conley

Associate Professor Tuguy Esgin

Mr Adam Heterick

Professor Michelle Kennedy

Associate Professor Veronica Matthews

Dr Julee McDonagh

Mr Michael Newman

Professor Odette Pearson

Dr Jacob Prehn

Professor Maree Toombs

Professor James Ward

NHMRC-MRFF Consumer Advisory Group

The NHMRC-MRFF Consumer Advisory Group (CAG) advises on strengthening consumer involvement in MREA and MRFF grant programs, including:

- strategies to strengthen and promote consumer and community involvement in health and medical research in Australia
- significant issues relevant to the Australian community and consumers of health care, including strategies and priorities for health and medical research
- opportunities to involve consumers and community in NHMRC and HMRO activities, including (but not limited to) grant administration processes.

In 2025–26, CAG met 3 times, providing advice on:

- the CAG work plan and priorities
- the development of the National Health and Medical Research Strategy and opportunities to involve consumers in consultation to inform the development of the National Strategy

- presentation from Australian Institute of Health Innovation
- presentation from Knowledge Translation Fellow, CP-Achieve
- presentation from Health Technology Assessment Consumer Consultative Committee
- review of the *Statement on consumer and community involvement in health and medical research*
- equity activities within NHMRC grant programs
- consumer involvement in the revision of the *Australian dietary guidelines*
- the *Statement on sex, gender, variations of sex characteristics and sexual orientation in health and medical research* (SXG Statement) being embedded in NHMRC and MRFF granting processes
- NHMRC Research Translation Strategy 2026–2030 priorities, actions and targets
- measuring the impact of research funding
- presentation from Autism CRC
- the role of NHMRC and MRFF in disability research
- involving consumers in peer review, including in assessment of NHMRC Clinical Trials and Cohort Studies grants
- MRFF communication activities.

Membership

The committee comprises consumer representatives and other community leaders who can represent the views of health consumers or the community and includes members in common with Research Committee and with each of the joint NHMRC-MRFF advisory committees.

Ms Ainslie Cahill AM (Chair)

Mr Peter Button

Ms Cheryl Bridge (to 10 December 2025)

Ms Merryn Carter

Ms Christine Edwards

Mrs Imelda Gilmore

Mr Adam Heterick (from 1 January 2026)

Dr Yvonne Ho AM (to June 2025)

Mr Harry Iles-Mann

Mr Adam Johnston AM

Ms Debra Langridge

Mrs Lillian Leigh

Dr Jeanette Pritchard

Associate Professor Supriya Mathew

Ms Anne McKenzie AM

Dr Shyam Muthuramalingam

Dr Jack Nunn

Mr Jonathan Ward

NHMRC-MRFF Industry, Philanthropy and Commercialisation Committee

The NHMRC-MRFF Industry, Philanthropy and Commercialisation Committee (IPCC) advises on industry and philanthropic involvement in health and medical research, including:

- strategies to foster the translation of research into clinical and commercial outcomes to improve the health and wellbeing of the Australian community
- opportunities to connect to, build and coordinate financial support and co-investment for health and medical research, including through the participation of Australia's industry and philanthropic sectors
- strategies for fostering of an innovation and evidence-based culture within Australia's research workforce, including within industry and the health system.

In 2025–26, IPCC met 3 times, advising on:

- outcomes report of the NHMRC Research Translation Strategy 2022–2025
- development of the National Health and Medical Research Strategy
- NHMRC and MRFF approaches to funding commercialisation and options for improvement
- role of the Biomedical Translation Fund in the research pipeline and possible future options
- ways to enhance the NHMRC Evaluation Strategy
- National One Stop Shop for Clinical Trials and Health-related Human Research
- Strategic Examination of Research and Development
- NHMRC Development Grants proposal
- national medical research commercialisation trends, which forms part one of the evaluation of the Medical Research Future Fund's impact on commercialisation
- NHMRC Research Translation Strategy 2026–2030 priorities, actions and targets
- NHMRC support for philanthropic organisations
- NHMRC's international engagement activities
- NHMRC Partnership Project scheme.

Membership

Ms Bronwyn Le Grice (Chair)

Dr Noel Chambers

Ms Elizabeth de Somer

Mr Keith Drewery

Professor Matt Dun

Associate Professor Tuguy Esgin

Associate Professor Jiawen Li

Professor Fabienne Mackay

Dr Dharmica Mistry

Dr Dean Moss

Dr Chris Nave

Dr Jeanette Pritchard

Professor Karen Reynolds

Ms Kylie Sproston

Professor (Hon.) Mark Sullivan AO

Professor Andrew Wilks

NHMRC-MRFF Public Health and Health Systems Committee

The NHMRC-MRFF Public Health and Health Systems Committee (PHHSC) advises on strategies for improving individual and population health through research and research translation that strengthens prevention and public health, and primary care and other health services. PHHSC also advises on strategies for embedding research translation in the health system, such as facilitating and embedding an evidence-based culture, improving the uptake of evidence-based health care in the health system, and increasing the linkages between clinical practice and research practice.

In 2025–26, PHHSC met 3 times, advising on:

- Research Translation Centre accreditation initiative (RTC initiative)
- National Strategy for Health and Medical Research
- outcomes report of the NHMRC Research Translation Strategy 2022–2025
- NHMRC Research Translation Strategy 2026–2030 priorities, actions and targets
- equity in rural, regional and remote health research
- 2024 Collaborations in Health Services Research grant opportunity
- NHMRC Evaluation Strategy
- NHMRC/MRFF support for health services research
- rural, regional and remote grant opportunity
- Medical Research Future Fund support for regional, rural and remote research
- NHMRC's role in guidelines
- Partnership Project scheme updates
- measuring the impact of research funding
- evaluation of MRFF research infrastructure initiatives
- supporting evaluation and implementation science through the MRFF
- evaluating NHMRC-funded dementia and diabetes research
- *Statement on consumer and community involvement in health and medical research.*

Membership

Adjunct Professor Darryl O'Donnell (Chair)

Adjunct Professor Ginny Barbour
Professor Tracey Bucknall
Adjunct Professor Paul Burgess
Professor Karen Canfell
Mr Harry Iles-Mann
Professor Louise Maple-Brown
Associate Professor Veronica Matthews
Professor Danielle Mazza
Professor Caroline Miller
Professor Julie Redfern
Professor Chris Reid
Professor Paul Scuffham
Professor Christine Stirling
Professor Andrew Way
Emeritus Professor Paul Worley

Ministerial advisory committees

The CEO represented NHMRC on AMRAB, which determines the Australian Medical Research and Innovation Strategy and the Australian Medical Research and Innovation Priorities for the MRFF.

The Deputy CEO held an *ex officio* position on the National Women's Health Advisory Council, which provided advice to the Australian Government on priority health issues for women and girls in Australia. The council also provided advice and recommendations on implementing the [National Women's Health Strategy 2020-2030](#). The council's term ended on 31 December 2025.

External scrutiny

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

Judicial decisions, and decisions of the Administrative Review Tribunal and the Australian Information Commissioner

Three new requests for reviews of freedom of information (FOI) decisions were notified to NHMRC by the OAIC in 2025-26. At 30 June 2026, there were 2 active reviews relating to NHMRC FOI access requests being undertaken by the Information Commissioner (one of which was notified by the OAIC during the 2022-23 financial year) and 2 requests for review under consideration.

There are no NHMRC matters before the Administrative Review Tribunal.

Reports by the Commonwealth Ombudsman

During 2025-26, no reports were received from the Commonwealth Ombudsman about the NHMRC.

Reports by the Auditor-General

The ANAO conducts independent financial and performance audits of government entities and reports directly to the Australian Parliament.

NHMRC was not a designated entity in any ANAO performance audits in 2025-26.

The ANAO conducted an annual financial audit of NHMRC.

Reportable matters under section 83

Section 83 of the NHMRC Act requires NHMRC to report on certain matters in its annual report. Section 83 matters that are not addressed elsewhere in this report are disclosed below.

- The Minister did not refer any matters or give directions to the CEO, the Council or a Principal Committee under section 5D or section 5E of the NHMRC Act in 2025–26.
- The CEO made no regulatory recommendations under section 9 of the NHMRC Act and no interim regulatory recommendations under section 14 of the NHMRC Act in 2025–26.

Reports by parliamentary committees

The following parliamentary inquiries and other independent inquiries reported in 2025–26 and made recommendations relevant to NHMRC activities:

- The [Senate Select Committee on Information Integrity on Climate Change and Energy](#) delivered its [report](#) in March 2026, which made 21 recommendations including reference to NHMRC's role in funding research on the effects of wind energy on human health.
- The [Senate Select Committee on PFAS \(per and polyfluoroalkyl substances\)](#) delivered its [final report](#) in November 2025. This report made 47 recommendations, including recommendations that NHMRC establish guidelines and limits of PFAS chemicals in Australian drinking water, and that these guidelines be updated every 3 years to capture emerging scientific findings.
- The Senate Standing Committees on Community Affairs' Community Affairs Legislation Committee tabled its [final report](#) on the [Australian Centre for Disease Control Bill 2025 and a related bill](#) on 24 October 2025. This report notes that the Centre for Disease Control (CDC) will be able to develop national guidelines, but these will not be enforceable and may overlap with NHMRC's legislated responsibilities.

During 2025–26, the Australian Government responded to the following parliamentary inquiries or independent inquiries, which had made recommendations relevant to areas of NHMRC activity:

- The [Government Response](#) to the Senate Community Affairs References Committee [inquiry into Equitable access to diagnosis and treatment for individuals with rare and less common cancers, including neuroendocrine cancer](#) was tabled on 28 August 2025 and acknowledges NHMRC's existing commitments that support cancer research, including research grants relevant to rare and/or less common cancers, research to improving Aboriginal and Torres Strait Islander health, and support for biobanking using NHMRC grant funds.
- The [Government Response](#) to the House of Representatives Standing Committee on Health, Aged Care and Sport [Inquiry into Diabetes](#) was tabled on 12 May 2026 and notes that NHMRC is revising the *Australian dietary guidelines*, which provides advice on foods, food groups and dietary patterns to improve health and wellbeing and reduce the risk of chronic conditions. It was also noted, however, that advice on how to treat conditions such as diabetes should be provided by a healthcare provider as specific guidance for people with diabetes falls outside the scope of the revision.

Compliance and assurance

NHMRC's compliance and assurance activities encompass internal audit, identifying and managing risks, fraud and corruption control, and managing privacy and FOI requests.

Audit

The NHMRC Audit and Risk Committee, established in accordance with the PGPA Act, provides independent advice to the CEO on NHMRC's financial and performance reporting responsibilities, risk oversight and management, and system of internal control. The Audit and Risk Committee Charter is available on the NHMRC website: www.nhmrc.gov.au/about-us/leadership-and-governance/committees/nhmrc-audit-committee.

NHMRC's Chief Operating Officer and Chief Audit Executive are advisers to the NHMRC Audit and Risk Committee. Regular contributors at meetings include NHMRC's CEO and Senior Executive, the Chief Financial Officer and Internal Audit Manager, and representatives of the ANAO.

Table 8 lists NHMRC Audit and Risk Committee members, together with their qualifications, knowledge, skills or experience; meeting attendance; and remuneration in 2025–26.

Table 8: NHMRC Audit and Risk Committee, 2025–26

Name	Qualifications, knowledge, skills or experience	Attendance/ total meetings	Annual remuneration (GST inclusive)	Role
Mr Geoff Knuckey FCA	Independent professional accounting experience; Chartered Accountant and Graduate of the Australian Institute of Company Directors (GAICD)	4/4	\$8,000	Independent Chair
Professor Anthony Lawler GAICD	Understanding of entity's operating context, including healthcare and public policy, governance and regulation; GAICD	3/4	\$0 ^a	Member, full year
Professor Eleanor Milligan	Understanding of entity's operating context, including healthcare ethics, organisational culture and governance; GAICD	3/4	\$4,590 ^b	Member, full year
Ms Fran Raymond FCA FAICD MBA	Knowledge of financial and performance reporting, including accounting and audit standards; Chartered Accountant and GAICD	4/4	\$6,120 ^b	Member, full year
Ms Cathryn Ryan	Knowledge of funding, health information, audit and related analytics in both the public and private health sectors; GAICD	4/4	\$6,120 ^b	Member, full year

^a Member declined payment for services rendered as a member of the Audit and Risk Committee.

^b No GST was payable on this member's remuneration.

Internal audit arrangements

NHMRC's Chief Audit Executive is accountable to the CEO and the Audit and Risk Committee for the effective and efficient operation of the internal audit function.

The Chief Audit Executive is assisted by the Internal Audit Manager, who is responsible for coordinating audit planning and managing the delivery of internal audit services, including by contracting and supervising professional service providers.

NHMRC maintains an Internal Audit Charter approved by the CEO and an Internal Audit Work Plan approved by the CEO on the recommendation of the NHMRC Audit and Risk Committee. The Chief Audit Executive and Internal Audit Manager prepare the Internal Audit Work Plan with consideration of past internal audits, enterprise risk, and the strategic and operational environment of the agency. The Audit and Risk Committee advises on the relevance and necessity of the internal audits to be undertaken during the financial year, with consideration given to the agency's overall operational and financial risk contexts.

In 2025-26, the following internal audit work was conducted:

- assurance audit of access controls for users of the Sapphire platform
- assurance audit of the agency's procurement and contract management processes.

Compliance statement

Section 17AG of the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule) requires NHMRC to advise of any significant issues reported to the Minister that relate to non-compliance with the finance law. There were no significant instances of non-compliance with the finance law in the 2025-26 reporting year.

Risk management

The NHMRC Risk Management Policy and Framework provides the foundation and organisational arrangements for our integrated approach to designing, implementing, monitoring, reviewing and continually improving risk management behaviours.

In accordance with the Risk Framework:

- The CEO, Deputy CEO and Executive Directors are accountable for effectively implementing risk management and are responsible for fostering a culture of positive engagement with risk across the agency.
- All Directors are required to integrate risk management into activities for which they are accountable.
- All employees are required to maintain awareness of the risks that relate to their work and to support and contribute actively to managing these risks.
- The Audit and Risk Committee advises the CEO on the effectiveness of the agency's risk management activities and helps identify matters that could present an unacceptable risk for the agency.

The Risk Management Policy and Framework accords with current international standards on risk management and with the requirements of the PGPA Act. It considers controls and treatments to mitigate both emerging and shared risks within NHMRC's strategic and operating environment. It is underpinned by a dynamic Enterprise Risk Register that forms part of the agency's internal controls. The Enterprise Risk Register is reviewed regularly by the Executive Board to support strategic decision-making and ongoing detection, control and mitigation of risks. The Audit and Risk Committee also reviews and advises on the Enterprise Risk Register, providing an additional layer of risk management oversight.

Fraud and corruption control

In accordance with section 10 of the PGPA Act, NHMRC's fraud and corruption control environment is built around taking all reasonable measures to prevent, detect and respond to fraud and corruption. Fraud and corruption controls may include mechanisms such as staff awareness training, anonymous reporting, declarations of interest, post-award compliance monitoring, post-transaction reviews, internal and external audits, and reporting. NHMRC systematically reviews its internal processes and control systems to identify gaps and strengthen internal controls.

NHMRC's funding agreements with Administering Institutions require their financial management to accord with NHMRC policy, which holds Administering Institutions responsible for misuse of grant funds. Additionally, members of the public, peer reviewers and other stakeholders sometimes raise concerns with NHMRC about research integrity matters or make allegations of research misconduct. Some breaches may include behaviours that are potential fraud or corruption (for example, data falsification, misuse of grant funds, or provision of false or misleading information to NHMRC). If this occurs, it is also considered under the NHMRC Fraud and Corruption Control Framework.

In 2025–26, NHMRC reviewed its Fraud and Corruption Control Framework and developed its framework for 2026–28. In response to the ANAO's report in October 2024 on [Fraud control arrangements in the National Health and Medical Research Council](#), NHMRC is also revising its Research Integrity and Misconduct Policy and its Funding Agreement with grant recipients (Administering Institutions) to clarify their obligations in relation to fraud.

In 2025–26, NHMRC considered 36 new allegations or suspicions of fraud and/or corruption and took appropriate action in response. NHMRC reports fraud data annually to the Australian Institute of Criminology.

Privacy

We handle all documents containing personal information in accordance with the *Privacy Act 1988*, the Australian Government Agencies Privacy Code 2017 and NHMRC's Privacy Policy. Together, these set standards about how personal information is collected, stored, used and disclosed, and accessed and corrected.

NHMRC is reviewing progress against its 2025–26 Privacy Management Plan. The plan details activities to improve the quality of privacy-related matters to maintain an environment in which personal information is handled appropriately and managed securely and efficiently.

This year, no reports were served on NHMRC by the OAIC under section 30 of the *Privacy Act*. Similarly, no determinations were served on NHMRC by the OAIC under section 52 of the *Privacy Act*.

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

Freedom of information

Agencies subject to the *Freedom of Information Act 1982* (FOI Act) are required to publish information as part of the Information Publication Scheme.

Our Information Publication Scheme Plan details the type of information we publish and is available on the NHMRC website at www.nhmrc.gov.au/about-us/accountability-and-reporting/information-publication-scheme. Our FOI disclosure log lists the documents to which access has been granted under the FOI Act and is available on the NHMRC website at www.nhmrc.gov.au/about-us/freedom-information/foi-disclosure-log.

Table 9 summarises FOI requests and reviews in 2025–26.

Table 9: NHMRC freedom of information requests and reviews, 2025–26

Access applications	Number
Requests active at 1 July 2025	3
Requests received	27
Requests finalised by NHMRC or withdrawn by applicant	22
Requests transferred in whole to another agency	0
Requests active at 30 June 2026	8
Internal reviews of NHMRC FOI decisions	
Matters on hand at 1 July 2025	0
Requests received	6
Requests finalised	5
Matters on hand at 30 June 2026	1
OAIC reviews	
Matters on hand at 1 July 2025	2
Requests received	3
Requests finalised by OAIC	1
Matters on hand at 30 June 2026	4
FOI Administrative Review Tribunal matters	
Matters on hand at 30 June 2026	0

FOI freedom of information

OAIC Office of the Australian Information Commissioner

Child Safety Statement 2025–26

Our commitment

NHMRC is committed to implementing the National Principles for Child Safe Organisations and the Commonwealth Child Safe Framework (CCSF).

Interaction with children

NHMRC staff and contractors do not engage in child-related work as part of their standard duties. NHMRC funds third parties to undertake health and medical research, some of which involves children. NHMRC-funded research is conducted by universities, medical research institutes, hospitals and a range of other approved Administering Institutions.

Under clauses 4.1, 4.2, 5.5, 5.7 and 24 of the NHMRC Funding Agreement, Administering Institutions must comply with, and require their participating institutions, research activities and funding applications to comply with, any applicable Commonwealth, state, territory or local government requirements. This includes the National Principles for Child Safe Organisations and the National Redress Scheme Grant Connected Policy.

Additionally, in 2026, NHMRC consulted on the introduction of specific child safety clauses to its Funding Agreement, designed to strengthen Administering Institutions' obligations when conducting child-related research activities. The resultant changes will be released in 2026–27.

In addition, all NHMRC-funded researchers are required to be aware of and conform to the requirements of the *National statement on ethical conduct in human research 2025*, including the guidelines in Chapter 4.3 for research involving children and young people. These guidelines, which apply to recruitment into and conduct of research, address ethical issues in research, and focus on the imperative to show due respect to children and young people. Issues include children's decision-making capacity, consent, potential coercion by parents, peers or others, and conflicting values and interests of parents and children.

Compliance

NHMRC remained compliant with the requirements of the CCSF during 2025–26.

Activities to support compliance included:

- consulting with Administering Institutions on the inclusion in the Funding Agreement of specific clauses related to child safety and the National Principles for Child Safe Organisations in child-related research activities
- reviewing the NHMRC Child Safety Policy to ensure it remains fit for purpose
- mandating staff training on obligations under the CCSF, including in the staff induction process and biennially thereafter for all staff
- having questions for NHMRC-approved Administering Institutions in the 2025 Annual Institutional Compliance Report about the activities they have undertaken to adhere to child safety requirements.

Risk assessment

The risks to child safety resulting from NHMRC activity were assessed as ‘low’. Key sources of risk were:

- lack of awareness of child safety requirements by NHMRC staff, contractors or third parties
- non-compliance by a funded third party with its child safety obligations.

NHMRC mitigated these risks in 2025–26 by implementing the above compliance actions.

Research integrity

Notification of research integrity matters

In line with NHMRC policy, Administering Institutions must notify us of any investigation into an alleged breach of the *Australian Code for the Responsible Conduct of Research* (the Code) related to NHMRC-funded research. Administering Institutions must also report to NHMRC any subsequent finding that research misconduct or a breach occurred.

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

Australian Research Integrity Committee

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

ARIC reviews the processes by which an institution has managed and/or investigated a potential breach of the *Australian Code for the Responsible Conduct of Research*. At the end of a review, ARIC makes recommendations to the NHMRC CEO, who may adopt some or all of ARIC's advice and communicate it to relevant parties. In this way, ARIC contributes to public confidence in the integrity of Australia's research effort.

Membership

Emeritus Professor Michael Brooks (Chair)

Emeritus Professor Alan Lawson (Deputy Chair)

Professor Margaret Otlowski (Deputy Chair)

Mr Michael Chilcott

Emeritus Professor John Finlay-Jones

Professor Gerald Holtmann

Dr Jane Jacobs (until 15 July 2026)

Emeritus Professor Robyn Owens

Emeritus Professor Alan Pettigrew

All current members are appointed until 31 July 2026.

Activities

The information here relates to matters considered by ARIC on behalf of NHMRC during 2025–26. ARIC reports separately to the ARC on matters that relate to ARC funding.

In 2025–26, ARIC received 12 new matters for review. Of these, 4 were accepted for an ARIC review, 4 were not accepted for an ARIC review, one was closed due to the applicant not providing the requested information, and 3 remained under consideration as of 30 June 2026.

As of 30 June 2026, ARIC had 6 matters under active review, including 2 carried over from previous financial years. During 2025–26, ARIC finalised one review and made minor recommendations to the institution on improving processes, noting that these were generally consistent with the *Australian Code for the Responsible Conduct of Research, 2018*, and the supporting *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research*.

ARIC reported to the NHMRC CEO on areas for improvement in the relevant institution's investigative processes. The CEO subsequently communicated with the relevant parties on these matters.

ARIC publishes an annual report to the sector on the NHMRC website that identifies common issues that are raised in its reviews. More information on the NHMRC website at www.nhmrc.gov.au/research-policy/research-integrity/australian-research-integrity-committee-aric.

Accountability

Purchasing and procurement

Procurement and purchasing activities are undertaken in accordance with the Commonwealth Financial Framework, specifically the Commonwealth Procurement Rules (CPRs), which are supported by NHMRC’s Accountable Authority Instructions and related policy and guidance. Our purchasing processes focus on the core principle of value for money.

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

Consultancy contracts

Where specialist skills are required that are not available in-house, or when an independent review or assessment is required, NHMRC engages consultants in accordance with the PGPA Act and related rules, including the CPRs.

Typical reasons for engaging consultancy services include the requirement for specialist expertise or professional skills and for independent review or assessment. When a consultant is engaged, the selection processes involve an open tender (including the use of an existing Australian Government panel arrangement) or limited tender.

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

Expenditure on reportable consultancy contracts

During the reporting period 1 July 2025 to 30 June 2026, 2 new reportable consultancy contracts were entered into involving total actual expenditure of \$0.07 million (Table 10). There was one ongoing consultancy contracts active during the period.

Table 10: Reportable consultancy contracts, 2025-26

Reportable consultancy contracts	Number of contracts	Total actual expenditure, including GST (\$)
New contracts entered into during the reporting period	2	72,939
Ongoing contracts entered into during a previous reporting period	1	3,690
Total	3	76,629

Table 11: Organisations receiving amounts under a reportable consultancy contract, 2025–26

Supplier	Expenditure, including GST (\$)
Sententia Consulting	23,977
BellChambers Barret	48,961
Kishwar Pty Ltd	3,690

Non-consultancy contracts

During the reporting period 1 July 2025 to 30 June 2026, 68 new reportable non-consultancy contracts were entered into involving total actual expenditure of \$4.3 million. In addition, 61 ongoing reportable non-consultancy contracts were active during the period, involving total actual expenditure of \$13.0 million (Table 12). Together, 5 organisations received 57% of the total expenditure (Table 13).

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

Table 12: Reportable non-consultancy contracts, 2025–26

Reportable non-consultancy contracts	Number of contracts	Total actual expenditure, including GST (\$)
New contracts entered into during the reporting period	68	4,317,394
Ongoing contracts entered into during a previous reporting period	61	12,964,524
Total	129	17,271,918

Table 13: Organisations receiving the 5 largest shares of reportable non-consultancy contract expenditure, 2025–26

Supplier	Expenditure, including GST (\$)	Proportion of total spend (%)
Evolve FM Pty Ltd	3,466,175	20%
F1 Solutions Pty Ltd	2,770,486	16%
Semantic Sciences Holdings Pty Ltd	2,609,589	15%
Digital61 Pty Ltd	663,626	4%
ServiceNow Australia Pty Ltd	414,277	2%
Total	9,924,154	57%

Procurement initiatives to support small business

NHMRC supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website.

By using the Commonwealth Contracting Suite for low-risk procurements valued at under \$200,000 and electronic systems to facilitate on-time payment, NHMRC is supporting small business.

NHMRC recognises the importance of ensuring that small businesses are paid on time. The results of the survey of Australian Government payments to small business are available on the Treasury's website. NHMRC supports e-invoicing through the Peppol Network and encourages small businesses, with this capability, to submit invoices electronically.

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

Advertising and market research

Under section 311A of the *Commonwealth Electoral Act 1918*, NHMRC is required to disclose payments of \$13,000 or more (inclusive of GST) for advertising and market research. There was no reportable expenditure and no advertising campaigns were conducted in 2025–26.

Complaints

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

Annual report from the Commissioner of Complaints

This report is provided pursuant to section 68 of the NHMRC Act. It covers the 12 months from 1 July 2025 to 30 June 2026.

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

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

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

In 2025–26, I received one reviewable complaint for investigation, relating to an Ideas Grants application. In that investigation I concluded that, on the balance of probabilities, a peer reviewer took into account an irrelevant consideration in relation to one of the criteria against which the application was scored. I recommended that the CEO reconsider the score which formed the basis of a recommendation to the minister, noting this might impact the outcome of this application.

Mr Chris Reid
Commissioner of Complaints

Environmental management

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

- building a strong environmental ethos by increasing awareness of, and commitment by, employees and key stakeholders
- integrating environmentally sustainable and innovative practices into day-to-day activities
- supporting the ACT Sustainable Energy Policy, including the 100% renewable energy target
- supporting the Australian Government's policy for the APS to reduce its greenhouse gas emissions to net zero by 2030.

NHMRC incorporates environmental considerations, such as energy and water conservation and waste and resource management, into our day-to-day business activities. We are committed to minimising our consumption of non-renewable resources and we seek to recycle both waste and equipment wherever possible. Our efforts include:

- composting food scraps via a dedicated disposal service
- ensuring office supply orders are reviewed to prevent waste, including through preferencing reuse of existing resources
- rehoming excess furniture through GovTree, and donating surplus supplies to local charities
- minimising paper use and ensuring all paper purchases are 100% recycled and carbon neutral
- recycling used print cartridges
- reducing the number of waste bins and office fridges to reflect actual usage patterns
- encouraging staff to close blinds during extreme weather and weekends to reduce energy use.

NHMRC has enhanced our commitment to the APS Net Zero 2030 target by commencing a review and update of its Emissions Reduction Plan to guide our short-term to long-term emissions reduction efforts. NHMRC has also incorporated environmental considerations into the agency's key corporate plans, including our Workforce Strategy 2025–2029 (supports digital and hybrid working models) and draft Property Strategy 2026–2031 (guides our work to substantially reduce our property footprint and secure new accommodation with appropriately high environmental ratings).

Emissions from operations

The greenhouse gas emissions inventory table (Table 14) and electricity greenhouse gas emissions table (Table 15) present greenhouse gas emissions over the 2025–26 financial year. The greenhouse gas emissions reported are calculated on the basis of carbon dioxide equivalent (CO₂-e) and in line with the Emissions Reporting Framework. This is consistent with a Whole-of-Australian-Government (WoAG) approach, outlined in the Net Zero in Government Operations Strategy, and Commonwealth Climate Disclosure requirements. Emissions from electricity consumption and solid waste decreased by 33.3% from 2024–25 to 2025–26, primarily due to flexible working arrangements and shared office arrangements in Melbourne.

Table 14: 2025–26 Greenhouse gas emissions inventory – location-based method

Emissions source	Scope 1 kg CO ₂ -e	Scope 2 kg CO ₂ -e	Scope 3 kg CO ₂ -e	Total kg CO ₂ -e
Electricity (location-based approach)	N/A	113.94	5.35	119.29
Natural gas	-	N/A	-	-
Solid waste ^a	-	N/A	4.84	4.84
Refrigerants	-	N/A	N/A	-
Fleet and other vehicles	-	N/A	-	-
Domestic flights	N/A	N/A	69.13	69.13
Domestic car hire	N/A	N/A	0.32	0.32
Domestic travel accommodation	N/A	N/A	12.94	12.94
Other energy	-	N/A	-	-
Total kg CO₂-e (carbon dioxide equivalent)	-	113.94	92.58	206.52

This table presents emissions related to electricity usage using the location-based accounting method.

CO₂-e = carbon dioxide equivalent

N/A = not applicable

^a A portion of solid waste data are estimates derived using staffing numbers, with benchmarks (kg of waste per work point) based on NHMRC's operational waste profiles, where waste data was available.

Table 15: 2025–26 Electricity greenhouse gas emissions

Emissions source	Scope 2 kg CO ₂ -e	Scope 3 kg CO ₂ -e	Total kg CO ₂ -e	Electricity kWh
Location-based electricity emissions	113.94	5.35	119.29	178,026.89
Market-based electricity emissions	3.45	0.47	3.92	4,254.85
Total renewable electricity consumed	N/A	N/A	N/A	173,772.05
Renewable Power Percentage ^a	N/A	N/A	N/A	30,780.85
Jurisdictional Renewable Power ^{b,c}	N/A	N/A	N/A	142,991.20
GreenPower ^b	N/A	N/A	N/A	-
Large-scale generation certificates ^b	N/A	N/A	N/A	-
Behind the meter solar ^d	N/A	N/A	N/A	-
Total renewable electricity produced	N/A	N/A	N/A	-
Large scale generation certificates ^b	N/A	N/A	N/A	-
Behind the meter solar ^d	N/A	N/A	N/A	-

This table presents emissions related to electricity usage using both the location-based and the market-based accounting methods.

CO₂-e = carbon dioxide equivalent

Electricity usage is measured in kilowatt hours (kWh)

^a Listed as Mandatory renewables in 2023–24 Annual Reports. The renewable power percentage (RPP) accounts for the portion of electricity used, from the grid, that falls within the Renewable Energy Target (RET).

^b Listed as Voluntary renewables in 2023–24 Annual Reports.

^c The Australian Capital Territory is currently the only state with a jurisdictional renewable power percentage (JRPP).

^d Reporting behind the meter solar consumption and/or production is optional. The quality of data is expected to improve over time as emissions reporting matures.

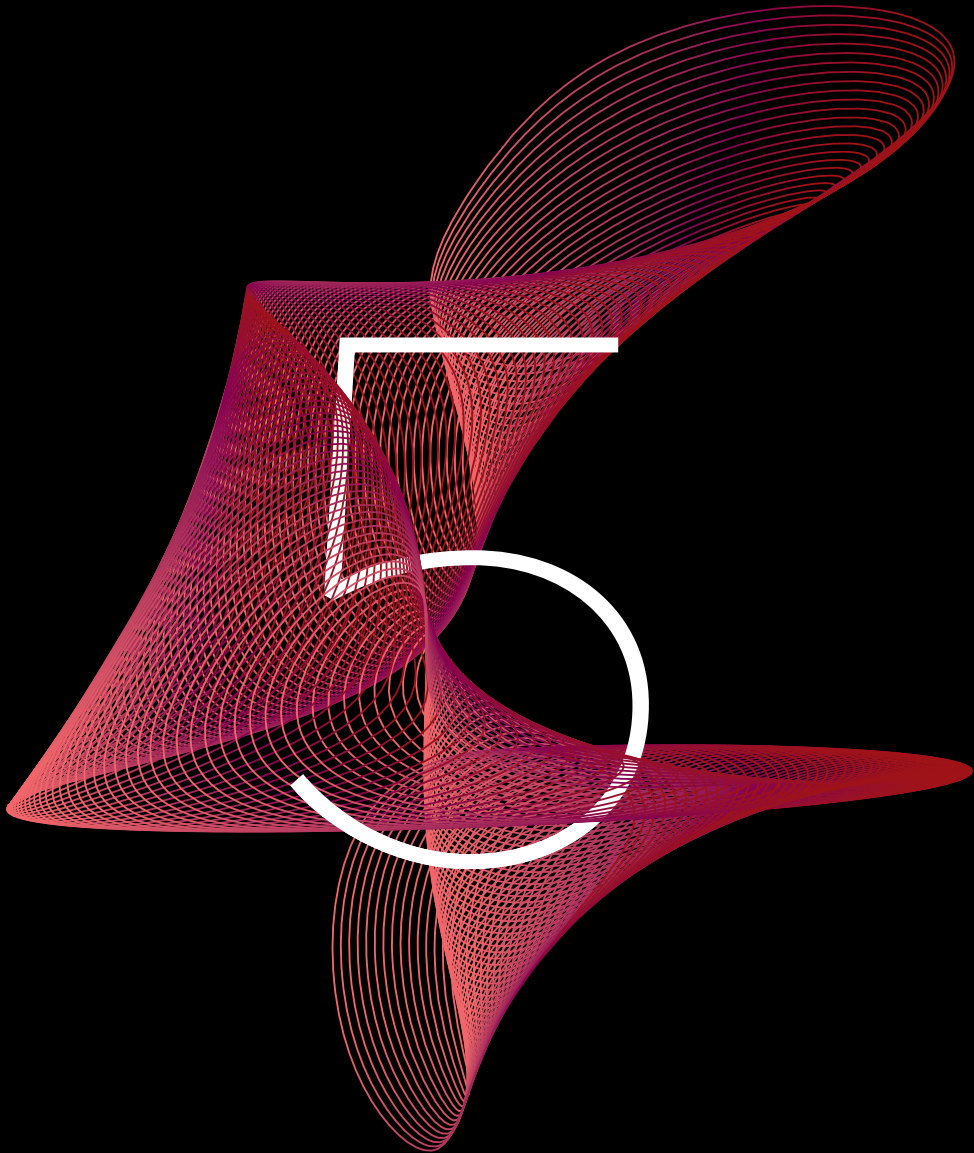
National Australian Built Environment Rating System energy rating

The National Australian Built Environment Rating System (NABERS) is a national rating system that measures the environmental performance of Australian buildings, tenancies and homes. NABERS measures the energy efficiency, water use, waste management and indoor environment quality of a building or tenancy and its impact on the environment.

NHMRC currently has a 5.5 star NABERS energy tenancy rating for the Canberra office. The Melbourne office tenancy does not meet the threshold requirement of 2,000 m² occupancy and is therefore exempt from having a NABERS rating.

PART 5: PEOPLE MANAGEMENT

This section presents information on workforce management, employee statistics, workplace agreements and remuneration, and work health and safety.



Workforce management

In 2025–26, NHMRC made further progress towards building a capable, adaptable and high-performing workforce, with a focus on integrity and maintaining a culture that is inclusive, value-led and psychologically safe.

Culture and workforce planning

This year, we continued to embed and promote NHMRC values and behaviours framework and the Australian Public Service (APS) values across the employee lifecycle, reinforcing a consistent values-based culture across NHMRC. These efforts contributed to a stronger speak-up culture, with increased employee willingness to raise concerns and identify opportunities for improvement, while formal recognition of employees who exemplify APS and NHMRC values also increased through NHMRC's annual awards program.

A major achievement during the year was the development of the NHMRC Workforce Strategy 2025–2029. The strategy establishes our long-term framework to build a more sustainable, adaptable and capable workforce. Early implementation of NHMRC's Workforce Strategy 2025–2029 focused on maturing workforce governance, deliberate workforce development, and an efficient and needs-driven approach to workforce resource allocation.

Benefits were realised through:

- a coordinated workforce planning approach to improve workforce forecasting, resource prioritisation and alignment with organisational and budget objectives
- strengthening recruitment governance to improve consistency and transparency in workforce investment decisions
- new position management arrangements aligning positions with work value and reducing dependency on external contractors
- role redesign, deployment of transferable skills, internal mobility and targeted use of contingent workforce to achieve workforce effectiveness
- progressing succession planning to advance leadership development and workforce resilience.

Strategic Commissioning Framework

During 2025–26, NHMRC took steps to bring core work in-house, in line with the APS Strategic Commissioning Framework, converting 2 contractor roles in core ICT functions to APS roles, in line with the target published in the *NHMRC Corporate Plan 2025–26*. NHMRC also transitioned its payroll services from a third-party provider to a government shared services hub, retaining capability and expertise within the APS.

Managing and developing employees

We launched our updated Senior Executive Service (SES) Performance Leadership Framework to strengthen executive accountability across delivery, integrity, culture competency, data stewardship and creating psychologically safe workplaces. It reinforces the critical role leaders play in shaping organisational performance and accountability.

Key refinements included integration of SES behavioural expectations and APS Values into performance assessments, regular participation in 360-degree feedback processes, and the implementation of multi-source feedback mechanisms. These measures are complemented by clear steps for managing unsatisfactory performance.

In 2025–26, NHMRC invested in leadership and capability development as a key enabler of high performance through the implementation of NHMRC Learning and Development Strategy 2025–2029. Initiatives included:

- introduction of our first structured capability programs for APS6 and EL1 employees, focused on essential public service, leadership and management skills
- expansion of enterprise learning opportunities through LinkedIn Learning and targeted workshops on priority capabilities
- ongoing support for professional development and study assistance
- monthly communications that promoted critical capability development and encouraged employees to take ownership of their learning and career growth
- strengthened learning governance and evaluation to better target initiatives to priority capability areas and demonstrate clearer return on investment.

During the year, NHMRC delivered 12 enterprise learning programs, attracting more than 230 participants across key capability areas including dealing with change, project management, effective writing, workload prioritisation, productive hybrid work practices and AI capability development.

These efforts have strengthened NHMRC's ability to maintain critical skills, reskill and develop emerging capabilities that support APS Reform priorities and ensure our people remain effective, adaptable and employable.

Work health and safety

NHMRC's core policy and procedures ensure employees are well supported to navigate both workplace and personal life challenges.

In 2025-26 NHMRC undertook a comprehensive review and uplift of its Work Health and Safety Management System to support our due diligence obligations and compliance with *Work Health and Safety Act 2011* (WHS Act), the Work Health and Safety Regulations 2011, and associated Codes of Practice. This followed an engagement inspection in partnership with Comcare which identified there was scope for NHMRC to improve risk management practices.

NHMRC continued the implementation of the Health and Wellbeing Strategy, achieving strong employee engagement through a year-round program of initiatives focused on proactive risk management, mental, physical and financial health. At the same time, psychosocial hazards were embedded within enterprise risk management and WHS processes.

These initiatives strengthened a culture of prevention, early intervention and shared responsibility for health, safety and wellbeing.

Employee Assistance Program use for personal matters increased from 24.6% to 31%, well above the industry average of 10.3%, reflecting employees' growing confidence in accessing support services and proactive management of their wellbeing.

Reported hazards, incidents and psychosocial matters progressing to formal case management declined. NHMRC also achieved increasing positive return-to-work outcomes, reduced workplace cases and resolved several long-running and costly Comcare claims, reflecting the effectiveness of its integrated approach to prevention, early intervention and effective injury management.

The WHS Act requires that we provide information about any investigations conducted during the year that relate to us, including details of all notices given to us during the year under Part 10 of the WHS Act.

There were 2 workplace incidents reported, with no notifiable incidents reported to Comcare under section 38 of the *Work Health and Safety Act 2011*.

Diversity, inclusion and reconciliation

To support a more coordinated approach to inclusion, NHMRC commenced the development of an overarching Diversity and Inclusion Strategy that will bring together actions across its diversity, inclusion and reconciliation plans into a cohesive framework.

Throughout the year, NHMRC celebrated days and weeks of significance that recognised the diversity of its workforce and the broader community. These activities helped foster a greater sense of belonging, awareness and inclusion across the organisation.

Through the first year of implementing its Disability Inclusion Action Plan, NHMRC strengthened accessibility and inclusion across the organisation, supporting a more positive employee experience for people with disability by:

- incorporating Disability Awareness training into our mandatory training program
- delivering recruitment capability workshops for managers and selection panel members, with a focus on inclusive recruitment practices and accessible job design
- establishing a centrally-funded reasonable adjustment budget, enabling timely workplace adjustments and reducing barriers to participation
- reviewing key workplace policies through an inclusion lens with enhancements made to car parking arrangements to improve equitable and accessible access
- embedding an intersectionality across health and wellbeing initiatives and leadership program design.

NHMRC continued to deliver its second Innovate Reconciliation Action Plan (RAP). Key activities included cultural competency training, facilitated yarning circles, use of affirmative measures for identified Aboriginal and Torres Strait Islander recruitment opportunities, participation in National Reconciliation Week and NAIDOC Week activities. NHMRC also recommenced its centrally-funded Indigenous Internship Program, welcoming 2 interns during the year, with one intern subsequently securing employment with the organisation.

Building on these achievements, NHMRC developed and worked towards seeking secure endorsement of its third Innovate Reconciliation Action Plan to continue advancing reconciliation outcomes. The number of employees who identified as Aboriginal and/or Torres Strait Islander increased from 3 to 5 during the reporting period, reflecting progress towards strengthening First Nations representation within NHMRC's workforce.

Disability reporting

Australia's Disability Strategy 2021–2031 is the country's overarching framework for disability reform. It ensures the principles underpinning the United Nations Convention on the Rights of Persons with Disabilities are incorporated into Australia's policies and programs that affect people with disability, their families and carers.

All levels of government have committed to deliver more comprehensive and visible reporting under the strategy. A range of reports on progress of its actions and outcome areas are available at www.disabilitygateway.gov.au/ads.

Disability reporting is included in the Australian Public Service Commission's State of the Service reports and the APS Statistical Bulletin. These reports are available at www.apsc.gov.au.

NHMRC is committed to building a diverse, inclusive and accessible workplace and supports the objectives of the Australian Public Service Disability Employment Strategy 2020–2025.

According to the 2026 APS Employee Census, 10% of NHMRC employees identified as living with an ongoing disability and 12% identified as neurodivergent.

Employee statistics

At 30 June 2026, NHMRC employed 281 APS employees. This included ongoing, non-ongoing and casual employment arrangements and excluded contractors. Of the 281 APS employees, 258 were employed on an ongoing basis, 21 were non-ongoing and 2 were casual.

Of our ongoing and non-ongoing employees, 233 worked full-time and 46 had part-time working arrangements.

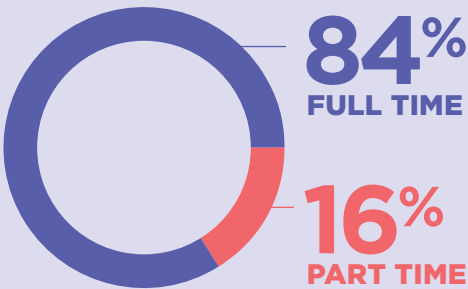
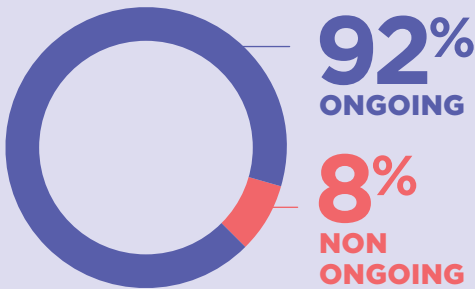
Of our APS workforce, 66% were based in our Canberra office, 26% were based in our Melbourne office and 8% were dispersed across the country through remote working arrangements.

NHMRC employee statistics from 2025–26 are shown in Figure 16.

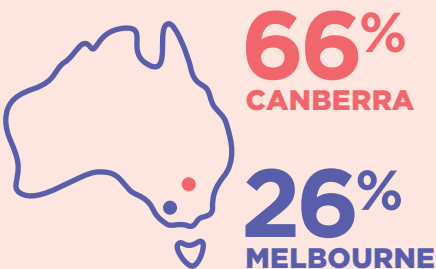
Additional information on employee statistics, including ongoing and non-ongoing *Public Service Act 1999* employees by gender, state and APS classification level, is provided in [Appendix 2](#).

The 2026 APS Employee Census results highlight NHMRC's continued position as a high-performing and engaged workplace.

Figure 16: NHMRC employee snapshot, 2025–26

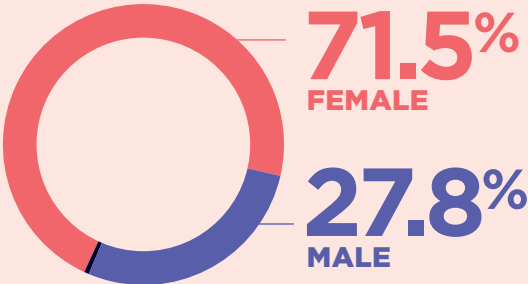


STAFF LOCATION^a



8% remote

GENDER^a



0.7% prefers a different term

STAFF DIVERSITY^b



^a Refer to [Appendix 2](#) for further details

^b Diversity results are sourced from the 2026 APS Employee Census conducted from 4 May to 5 June 2026.

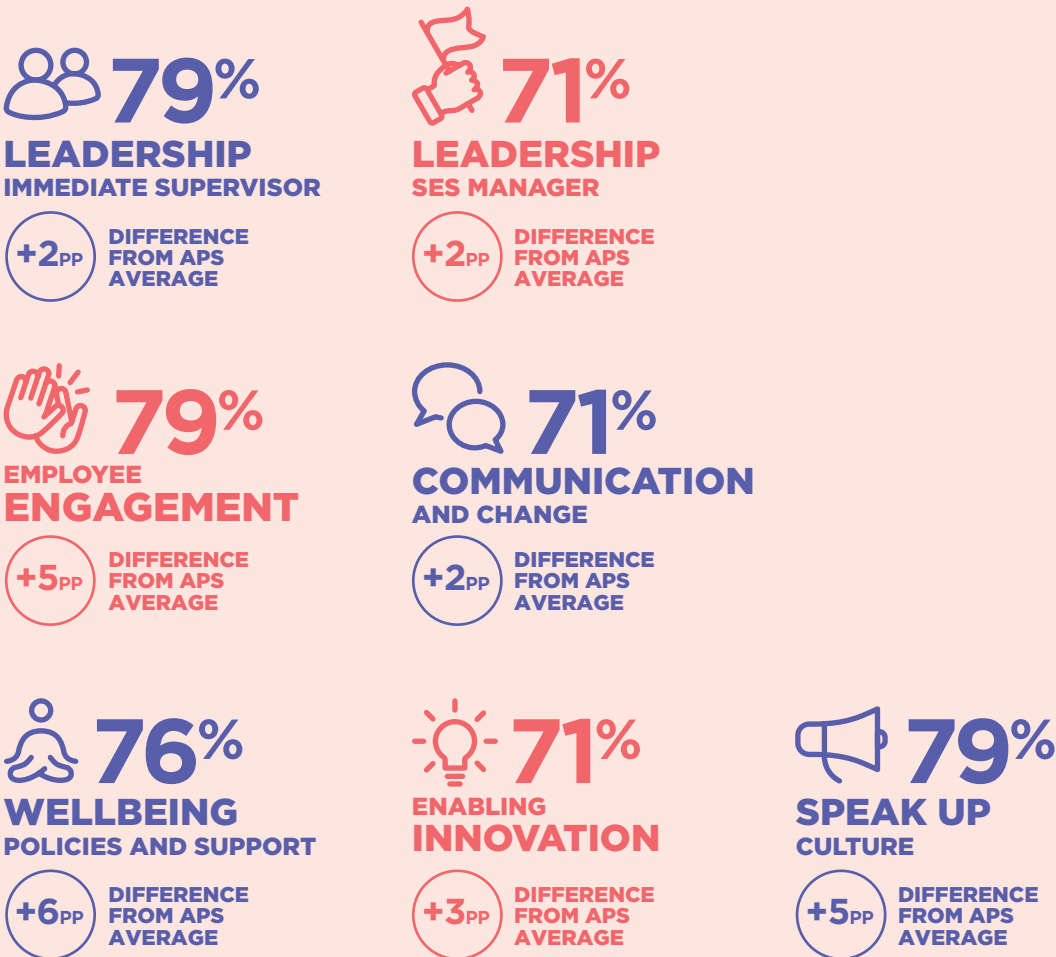
LGBTQIA+ = lesbian, gay, bisexual, transgender and/or gender diverse, queer and/or questioning, intersex and/or bisexual

Employee engagement remained strong with an index score of 79, ranking NHMRC 19th of 112 agencies and 5 points above the APS average. NHMRC also performed above the APS average across all headline employee experience indices, including the Immediate Supervisor Index (79), SES Manager Index (71), Communication Index (71), Enabling Innovation Index (71), Speak Up Culture Index (79) and Wellbeing Policies and Support Index (76).

These results demonstrate the positive impact of ongoing investment in our people, culture, wellbeing and organisational capability.

NHMRC employee perceptions from 2025–26 are shown in Figure 17.

Figure 17: NHMRC employee perceptions and agency position in the Australian Public Service



Source: 2026 APS Employee Census conducted from 4 May to 5 June 2026
pp = percentage point

Staff movements

NHMRC's separation rate for 2025-26 was 6.4%. This compares to 15% last year. Of the employees who separated from NHMRC in 2025-26, 44% remained in the APS, enabling skills and capabilities developed within the NHMRC to be leveraged by other APS agencies.

Workplace agreements

The NHMRC Enterprise Agreement 2024-2027 applies to all non-SES employees. The agreement commenced on 28 March 2024 and operates for 3 years.

Five SES employment agreements (common law contracts) were in place.

In 2025-26, salaries for our employees ranged from \$57,497 (APS1) to \$346,807 (SES Band 2).

Additional information is provided in [Appendix 2](#).

Executive remuneration

The CEO's remuneration is determined by the Remuneration Tribunal (Remuneration and Allowances for Holders of Full-time Public Office) Determination.

All other SES staff are covered by agency determinations, which are determined by the CEO under subsection 24(1) of the *Public Service Act* through a common law contract, considering the:

- APS Executive Remuneration Management Policy
- Public Sector Workplace Relations Policy 2026
- Australian Public Service Enterprise Award 2015.

To maintain comparability with other APS entities, remuneration for SES officers is aligned with the annual remuneration survey conducted by the Australian Public Service Commission. SES base salaries are set and adjusted according to the CEO's assessment of the:

- Public Sector Workplace Relations Policy 2026
- performance and conduct of the employee
- SES Work Level Standards
- SES Integrated Leadership System profiles
- SES Performance Leadership Framework
- complexity, responsibility and nature of the employee's role
- agency's capacity to pay.

Non-salary benefits

Non-salary benefits available to NHMRC employees in 2025–26 included:

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

Performance pay

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

Executive remuneration

Further information on the remuneration of key management personnel and other senior executives is provided in Table 16 and Table 17. There were no other reportable highly paid staff in 2025–26. There were 2 key management personnel in 2025–26.

Table 16: Remuneration for key management personnel, 2025–26

Name, position title	Term	Short-term benefits (\$)			Post-employment benefits (\$)	Other long-term benefits (\$)		Termination benefits (\$)	Total remuneration (\$)
		Base salary ^b	Bonuses	Other benefits and allowances ^c		Long service leave ^e	Other long-term benefits		
Professor Steve Wesselingh	Full year	564,718	-	5,869	36,662	9,895	-	-	617,144
Chief Executive Officer ^a									
Prue Torrance	Full year	313,657	-	27,606	42,265	15,872	-	-	399,400
Deputy Chief Executive Officer and Chief Operating Officer									
Total		878,375	-	33,475	78,927	25,767	-	-	1,016,544

^a The CEO is paid in accordance with the Remuneration Tribunal (Remuneration and Allowances for Holders of Full-time Public Office) Determination 2026.

^b Base salary includes salary paid and accrued, salary paid while on annual leave, salary paid while on personal leave, annual leave accrued and higher duties allowances. The Deputy Chief Executive Officer's base salary includes periods of acting as CEO.

^c Other benefits and allowances include monetary benefits such as car allowances and non-monetary benefits such as provision of a car park.

^d For individuals in a defined contribution scheme, superannuation includes superannuation contribution amounts. For individuals in a defined benefit scheme, superannuation includes the relevant Notional Employer Contribution Rate and Employer Productivity Superannuation Contribution.

^e Long service leave comprises the amount of leave accrued and taken for the period.

^f Total remuneration is calculated on an accrual basis in accordance with Australian Accounting Standards Board Standard AASB 119 Employee Benefits.

Table 17: Remuneration for senior executives, 2025-26

Total remuneration bands	Number of SES	Short-term benefits (\$)			Post-employment benefits (\$)	Other long-term benefits (\$)		Termination benefits (\$)	Total remuneration (\$)
		Average base salary ^a	Average bonuses	Average other benefits and allowances ^b		Average long service leave ^d	Average other long-term benefits		
\$0-\$220,000	3	80,781	-	13,297	11,065	4,267	-	-	109,411
\$220,001-\$245,000	1	190,098	-	24,644	44,175	(19,808)	-	-	239,108
\$370,001-\$395,000	2	271,360	-	39,195	46,853	14,217	-	-	371,625
Total	6	542,239	-	77,137	102,092	(1,324)	-	-	720,145

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

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

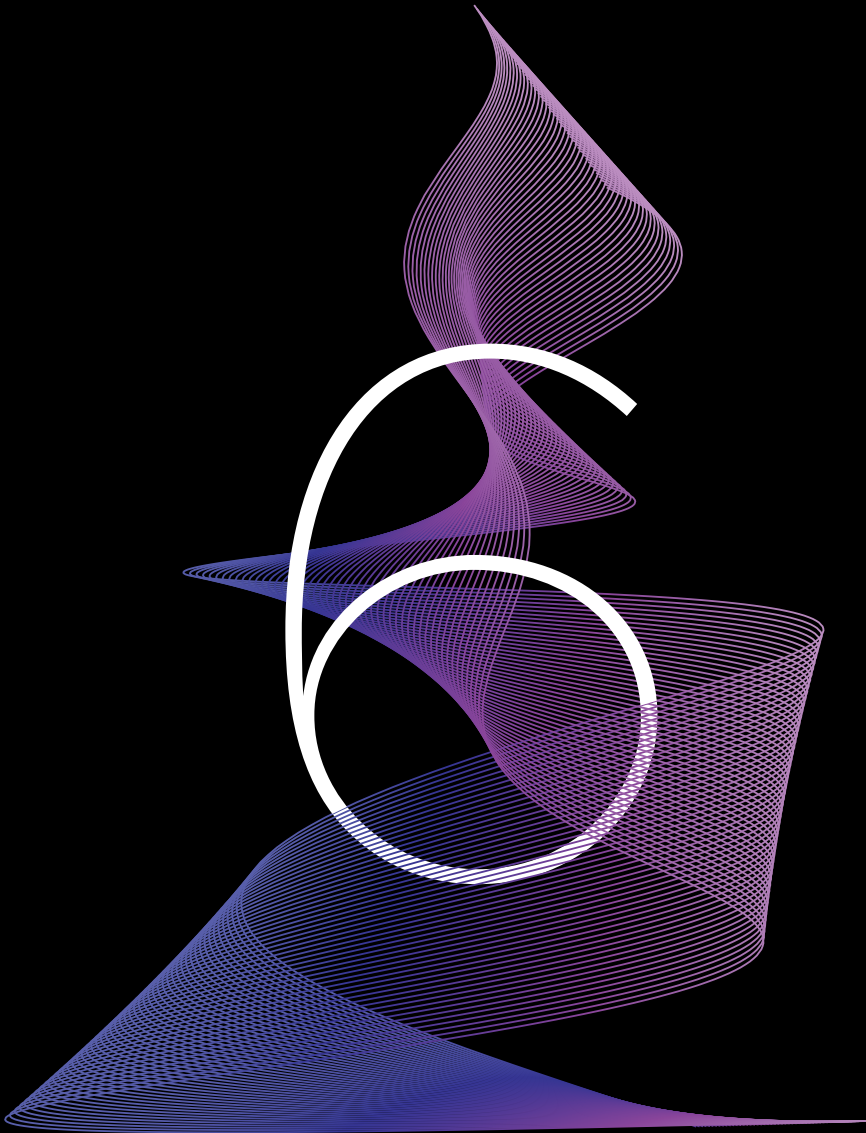
^c For individuals in a defined contribution scheme, superannuation includes superannuation contribution amounts. For individuals in a defined benefit scheme, superannuation includes the relevant Notional Employer Contribution Rate and Employer Productivity Superannuation Contribution.

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

^e Total remuneration is calculated on an accrual basis in accordance with Australian Accounting Standards Board Standard AASB 119 Employee Benefits. Total remuneration also includes senior executives who were engaged for part of the reporting period (less than 12 months).

PART 6: FINANCIAL PERFORMANCE

This section details NHMRC's financial performance for the financial year, including the agency resource statement and annual financial statements.



Financial performance summary

Our operations are funded through annual departmental appropriations with supplementation for services provided to other entities, primarily the Department of Health, Disability and Ageing in respect of administration services for the Medical Research Future Fund (MRFF) grant program.

Expense impacts

Higher expenses were incurred during the year due to the delivery of projects delayed from the previous year, salary increases under the Enterprise Agreement, and the recruitment of employees.

Revenue impacts

During the year, increased revenue from government of \$9.874 million was received as supplementation to the base appropriation of \$38.248 million to support the activities of NHMRC.

Other revenue received during the year included \$10.835 million from the Department of Health, Disability and Ageing to undertake grant administration services in relation to MRFF activities on their behalf.

Unearned revenue balance is \$3.160 million, representing agreements to undertake grant administration and guidelines work on behalf of other Commonwealth agencies in future periods.

Financial position

In 2025–26, NHMRC undertook a review of the recognition of computer software. A correction to the application of an Australian Accounting Standard resulted in a prior year error, reducing the balance reported to \$0.136 million (1 July 2024 \$21.394 million).

The impact of the prior period error reduced our net worth position to negative \$2.223 million, which includes the Total Comprehensive income of \$4.345 million achieved during the year.

NHMRC continues to monitor its cash balance and ongoing careful management of the cash position is required to ensure NHMRC delivers intended outcomes into the future.

Agency resource statement

Table 18: NHMRC resource statement

This table provides the total resourcing available by funding type and the total payments made in cash terms. The balance remaining for ordinary annual services is held for liabilities, predominately employee leave entitlements. The Special Account balance is held to pay grants that meet the purpose of the Medical Research Endowment Account (MREA).

Outcome 1: Improved health and medical knowledge, including through funding research, translating research findings into evidence-based clinical practice, administering legislation governing research, issuing guidelines and advice for ethics in health and the promotion of public health	Actual available appropriation for 2025-26	Payments made 2025-26	Balance remaining 2025-26
	\$'000	\$'000	\$'000
ORDINARY ANNUAL SERVICES	(a)	(b)	(a) - (b)
Ordinary annual services ¹	55,069	(56,231)	(1,162)
Prior year appropriations available	12,654	(12,654)	0
Departmental total	67,723	(68,885)	(1,162)
Ordinary annual services	973,172	(973,096)	76
Administered total	973,172	(973,096)	76
OTHER SERVICES			
Equity injections	192	(192)	0
Total available annual appropriations and payments (A)	1,041,087	(1,042,173)	(1,086)
SPECIAL ACCOUNT - MREA			
Opening balance	391,319		
Plus Administered annual appropriation and other receipts credited to the Special Account	982,841		
Less Payments made		(1,004,800)	
Closing balance (B)	1,374,160	(1,004,800)	369,360
Total resourcing and payments A+B	2,415,247	(2,046,973)	368,274
Less Appropriations drawn from annual appropriations and credited to Special Account	(982,841)	982,841	
Total net resourcing and payments	1,432,406	(1,064,132)	368,274

MREA = Medical Research Endowment Account

¹ *Appropriation Act (No.1) 2024-25*. This may also include *Public Governance, Performance and Accountability Act 2013* section 74 retained revenue receipts and amounts withheld under section 51 of the PGPA Act or quarantined for administrative purposes in relation to departmental appropriations.

National Health and Medical Research Council

Financial statements

For the period ended 30 June 2026

Independent Audit Report



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Ageing

Opinion

In my opinion, the financial statements of the National Health and Medical Research Council (the Entity) for the year ended 30 June 2026:

- (a) comply with Australian Accounting Standards – Simplified Disclosures and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of the Entity as at 30 June 2026 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2026 and for the year then ended:

- Statement by the Accountable Authority and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement; and
- Notes to the financial statements, comprising material accounting policy information and other explanatory information.

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and their delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the Chief Executive Officer is responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Simplified Disclosures and the rules made under the Act. The Chief Executive Officer is also responsible for such internal control as the Chief

GPO Box 707, Canberra ACT 2601
38 Sydney Avenue, Forrest ACT 2603
Phone (02) 6203 7300

Executive Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Executive Officer is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an administrative restructure or for any other reason. The Chief Executive Officer is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless the assessment indicates that it is not appropriate.

Auditor's responsibilities for the audit of the financial statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office



Anne Rainger

Delegate of the Auditor-General

Canberra

27 August 2026

Statement by the Accountable Authority and Chief Financial Officer

In our opinion, the attached financial statements for the year ended 30 June 2026 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the National Health and Medical Research Council will be able to pay its debts as and when they fall due.



Professor Steve Wesselingh
Chief Executive Officer
Accountable Authority

25 August 2026



Jennifer Jacobs FCPA
Chief Financial Officer

25 August 2026

Statement of comprehensive income

for the year ended 30 June 2026

	Notes	2026 \$'000	2025 \$'000	Original budget \$'000
NET COST OF SERVICES				
Expenses				
Employee benefits	1.1A	37,202	33,784	35,147
Suppliers	1.1B	17,111	16,770	13,802
Depreciation and amortisation	3.1A 3.1C	3,430	3,456	5,896
Finance costs		118	140	123
Write-down and impairment of other assets		1	65	-
Total expenses		57,862	54,215	54,968
Own-source income				
Revenue from contracts	1.2A	13,833	12,205	12,847
Contributions		67	296	-
Total own-source revenue		13,900	12,501	12,847
Gains				
Resources received free of charge – ANAO audit and Comcare		120	100	100
Other gains		119	-	-
Total gains		239	100	100
Total own-source income		14,139	12,601	12,947
Net cost of services		(43,723)	(41,614)	(42,021)
Revenue from government		48,122	39,139	39,091
Surplus/(Deficit) attributable to the Australian Government		4,399	(2,475)	(2,930)
OTHER COMPREHENSIVE INCOME				
Items not subject to subsequent reclassification to net cost of service				
Changes in asset revaluation reserve	3.1A	(54)	-	-
Total comprehensive gain / (loss)		4,345	(2,475)	(2,930)

The above statement should be read in conjunction with the accompanying notes with a restatement of comparatives outlined in note 3.1C.

Statement of financial position

as at 30 June 2026

	Notes	2026 \$'000	2025 \$'000	Original budget \$'000
ASSETS				
Financial assets				
Cash and cash equivalents		1,856	-	1,705
Appropriation receivable		9,651	12,654	4,373
Trade and GST receivable		562	553	-
Total financial assets		12,069	13,207	6,078
Non-financial assets				
Buildings	3.1A	6,434	9,145	1,703
Plant and equipment	3.1A	1,116	1,864	6,167
Computer software	3.1A 3.1 C	136	250	16,503
Prepayments		1,070	1,210	863
Total non-financial assets		8,756	12,469	25,236
Total assets		20,825	25,676	31,314
LIABILITIES				
Payables				
Trade creditors		1,544	1,576	1,583
Employee payables		1,324	1,182	-
Unearned revenue		3,160	10,528	3,598
Total payables		6,028	13,286	5,181
Interest bearing liabilities - leases	3.2A	7,439	10,488	7,089
Employee leave provisions		9,581	8,662	7,744
Total liabilities		23,048	32,436	20,014
Net assets		(2,223)	(6,760)	11,300
EQUITY				
Contributed equity		17,768	17,576	17,768
Asset revaluation reserve		1,313	1,367	1,367
Retained earnings	3.1C	(21,304)	(25,703)	(7,835)
Total equity		(2,223)	(6,760)	11,300

The above statement should be read in conjunction with the accompanying notes with a restatement of comparatives outlined in note 3.1C.

Statement of changes in equity

for the year ended 30 June 2026

	Notes	2026 \$'000	2025 \$'000	Original budget \$'000
CONTRIBUTED EQUITY				
Opening balance				
Balance carried forward from previous period		17,576	17,386	17,576
Contributions / Transactions with owners				
Departmental capital budget		192	190	192
Closing balance as at 30 June		17,768	17,576	17,768
RETAINED EARNINGS				
Opening balance				
Balance carried forward from previous period		(25,703)	(1,834)	(4,905)
Opening balance adjustments	3.1C	-	(21,394)	-
Adjusted opening balance		(25,703)	(23,228)	(4,905)
Comprehensive income				
(Deficit) / surplus for the period		4,399	(2,475)	(2,930)
Closing balance as at 30 June		(21,304)	(25,703)	(7,835)
ASSET REVALUATION RESERVE				
Opening balance				
Balance carried forward from previous period		1,367	1,367	1,367
Asset revaluation movements		(54)	-	-
Closing balance as at 30 June		1,313	1,367	1,367
TOTAL EQUITY				
Opening balance				
Balance carried forward from previous period		(6,760)	16,919	14,038
Opening balance adjustments		-	(21,394)	-
Adjusted opening balance		(6,760)	(4,475)	14,038
Comprehensive income				
(Deficit) / surplus for the period		4,399	(2,475)	(2,930)
Asset revaluation movement		(54)	-	-
		4,345	(2,475)	(2,930)
Contributions / Transactions with owners				
Departmental capital budget		192	190	192
Closing balance as at 30 June		(2,223)	(6,760)	11,300

The above statement should be read in conjunction with the accompanying notes with a restatement of comparatives outlined in note 3.1C.

Cash flow statement

for the year ended 30 June 2026

	Notes	2026 \$'000	2025 \$'000	Original budget \$'000
OPERATING ACTIVITIES				
Cash received				
Rendering of services		6,660	20,639	12,847
Appropriations		58,072	51,805	39,091
GST received		1,587	1,625	-
Other s74 receipts		67	296	-
Total cash received		66,386	74,365	51,938
Cash used				
Employees		(36,004)	(32,633)	(35,147)
Suppliers		(18,692)	(18,680)	(13,702)
Interest payments on lease liabilities		(118)	(140)	(123)
Section 74 receipts transferred to OPA		(6,947)	(21,679)	-
Total cash used		(61,761)	(73,132)	(48,972)
Net cash from operating activities		4,625	1,233	2,966
INVESTING ACTIVITIES				
Cash used				
Purchase of non-financial assets	3.1A	(45)	(192)	(192)
Total cash used		(45)	(192)	(192)
Net cash from investing activities				
FINANCING ACTIVITIES				
Cash received				
Contributed equity		192	190	192
Total cash received		192	190	192
Cash used				
Principle payments of lease liabilities	3.2A	(2,916)	(2,936)	(2,966)
Total cash used		(2,916)	(2,936)	(2,966)
Net cash from financing activities		(2,724)	(2,746)	(2,774)
Net (decrease) / increase in cash held		1,856	(1,705)	-
Cash and cash equivalents at the beginning of the reporting period		-	1,705	1,705
Cash and cash equivalents at the end of the reporting period		1,856	-	1,705

The above statement should be read in conjunction with the accompanying notes.

Administered Schedule of comprehensive income

for the year ended 30 June 2026

	Notes	2026 \$'000	2025 \$'000	Original budget \$'000
NET COST OF SERVICES				
Expenses				
Grants	2.1A	1,006,604	944,225	999,615
Other expenses		872	976	13,966
Total expenses		1,007,476	945,201	1,013,581
Income				
Non-taxation revenue				
MREA receipts	2.2A	2,600	12,063	5,000
Grant recoveries		10,538	2,706	5,000
Other gains		-	309	-
Total income		13,138	15,078	10,000
Net cost of services		(994,338)	(930,123)	(1,003,581)

Administered Schedule of assets and liabilities

as at 30 June 2026

	Notes	2026 \$'000	2025 \$'000	Original budget \$'000
ASSETS				
Financial assets				
Cash		369,360	391,413	302,176
Receivable		2,093	262	5,386
Prepayments		-	762	-
Total financial assets		371,453	392,437	307,562
Total assets administered on behalf of government				
LIABILITIES				
Payables				
Grants payable	4.1A	8,005	7,747	8,296
GST payable		-	-	2,163
Other payables		-	-	294
Total liabilities administered on behalf of government		8,005	7,747	10,753
Net assets		363,448	384,690	296,809

The above statements should be read in conjunction with the accompanying notes.

Administered Reconciliation schedule

for the year ended 30 June 2026

	2026 \$'000	2025 \$'000
Opening assets less liabilities as at 1 July	384,690	361,043
Net contribution by service		
Income	13,138	15,078
Expenses	(1,007,476)	(945,201)
Transfers from the Australian Government		
Annual appropriations	973,096	953,770
Closing assets less liabilities as at 30 June	363,448	384,690

Administered Cash flow statement

for the year ended 30 June 2026

	2026 \$'000	2025 \$'000
OPERATING ACTIVITIES		
Cash received		
MREA receipts	2,600	12,063
Grant recoveries	8,874	5,577
GST received	14,701	13,596
Total cash received	26,175	31,236
Cash used		
Grants	(1,006,452)	(944,978)
Suppliers	(110)	(1,738)
GST paid	(14,762)	(13,287)
Total cash used	(1,021,324)	(960,003)
Net cash used by operating activities	(995,149)	(928,767)
Cash and cash equivalents at the beginning of the reporting period	391,413	366,410
Cash from Official Public Account (OPA)		
Appropriations	973,096	953,770
Cash at the end of the reporting period	369,360	391,413

The above statements should be read in conjunction with the accompanying notes.

Overview

Objectives of the National Health and Medical Research Council

The National Health and Medical Research Council's (NHMRC) core functions are to:

- fund health and medical research and training through the application of the Medical Research Endowment Account
- issue guidelines on improving health and ethical issues, including prevention, diagnosis and treatment of disease
- advise on health-related issues to the community, the Australian Government, states and territories.

The basis of preparation

The NHMRC is an Australian Government controlled entity. It is a not-for-profit entity and general-purpose financial statements are required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

The financial statements have been prepared in accordance with:

- (a) Public Governance, Performance and Accountability (Financial reporting) Rule 2015
- (b) Australian Accounting Standards and Interpretations – including simplified disclosures for Tier 2 Entities under AASB 1060 issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are presented in Australian dollars, rounded to the nearest thousand.

New Australian Accounting Standards

Adoption of new Australian Accounting Standard requirements

No new accounting standards were adopted during the period.

Significant accounting judgements and estimates

In the process of applying the accounting policies, NHMRC has made the following judgements that have a significant impact on the amounts recorded in the financial statements.

Employee leave provisions

The Department of Finance shorthand method is used to estimate the provision for long service leave. This method calculates the provision by estimating the salary rates that will be applied at the time the leave is taken and discounted using the 10-year government bond rate.

Additional costs are applied for superannuation and leave, based on the percentage of leave taken while in service. Additionally, the Department of Finance probability factor (based on length of service) is applied to the long service leave balances. Historical data is used to calculate the average additional cost for superannuation and to calculate the percentage of leave taken in service.

Non-financial assets

When estimating the fair value of non-financial assets (excluding prepayments), judgements are made regarding estimated useful life.

Events after the reporting period

There were no significant events following the reporting period that impact on the NHMRC's financial statements.

Note 1.1 Expenses

Note 1.1A Employee benefits

	2026 \$'000	2025 \$'000
Wages and salaries	26,664	23,894
Superannuation		
Defined contribution plans	4,109	3,514
Defined benefit plans	814	898
Leave and other entitlements	5,486	5,162
Separation and redundancies	129	316
Total employee benefits	37,202	33,784

Note 1.1B Suppliers

	2026 \$'000	2025 \$'000
Goods and services		
Committees	2,261	1,899
Contractors and consultants	6,364	4,583
IT services	6,102	8,151
Property services	706	950
Other	1,528	1,058
Total goods and services	16,961	16,641
Goods supplied	109	116
Services rendered	16,852	16,525
Total goods and services	16,961	16,641
Other suppliers		
Workers compensation expenses	150	129
Total suppliers	17,111	16,770

Note 1.2 Own-source revenue

Note 1.2A Revenue from contracts

	2026 \$'000	2025 \$'000
Revenue from contracts with Australian Government entities	13,833	12,205
Total revenue from contracts	13,833	12,205

Disaggregation of revenue from contracts with customers

Major product / service line		
Grant administration	11,121	11,398
Translation services	2,712	807
	13,833	12,205

Timing of transfer of services

Over time	286	564
Point in time	13,547	11,641
	13,833	12,205

Performance obligations provided for in the service delivery contracts between Australian Government entities are satisfied when services are delivered in accordance with the agreements and payments are received.

Note 2.1 Administered expenses

Note 2.1A Grants

	2026 \$'000	2025 \$'000
Public sector		
Australian Government entities	15,066	15,353
State and territory governments	820,211	769,991
Private sector		
Medical research institutes	165,657	154,869
Private universities	5,670	4,012
Total grants	1,006,604	944,225

Note 2.2 Administered revenue

Note 2.2A MREA receipts

	2026 \$'000	2025 \$'000
Appropriation receipts	2,000	12,063
Non-appropriation receipts	600	-
Total MREA receipts	2,600	12,063

Note 3.1 Non-financial assets

Note 3.1A Reconciliation of the opening and closing balances of property, plant and equipment and intangible assets

	Buildings ¹ \$'000	Plant and equipment ¹ \$'000	Computer software ² \$'000	Total \$'000
As at 1 July 2025				
Gross book value	23,830	5,046	343	29,219
Accumulated depreciation, amortisation and impairment	(14,685)	(3,182)	(93)	(17,960)
Total as at 1 July 2025	9,145	1,864	250	11,259
Additions				
Purchased or internally developed	-	45	-	45
Revaluations recognised in other comprehensive income	-	(54)	-	(54)
Depreciation and amortisation	-	(585)	(114)	(699)
Depreciation on right-of-use assets	(2,711)	(20)	-	(2,731)
Other movements of right-of-use assets	-	(133)	-	(133)
Disposals	-	(1)	-	(1)
Total as at 30 June 2026	6,434	1,116	136	7,686
Total as at 30 June 2026 represented by				
Gross book value	23,830	1,189	343	25,362
Accumulated depreciation, impairment, and amortisation	(17,396)	(73)	(207)	(17,676)
Total as at 30 June 2026	6,434	1,116	136	7,686
Carrying amount of right-of-use assets	6,434	-	-	6,434

¹ Right-of-use assets are included in these asset classes and are carried at cost.

² Opening balance has been restated, refer to Note 3.1C.

Note 3.1B: Contractual commitments for the acquisition of property, plant and equipment assets

	2026 \$'000	2025 \$'000
Contractual commitments for the acquisition of plant and equipment assets are payable as follows:		
Within 1 year	54	-
Between 1 to 5 years	-	-
Total plant and equipment assets commitments	54	-

Capital commitments relate to contractual payments for new assets. Commitments are GST exclusive.

Asset recognition threshold

The NHMRC applies recognition thresholds for each asset class. Buildings and computer software are recognised with cost value greater than \$100,000 and plant and equipment with cost value greater than \$5,000. Purchases below these thresholds are expensed in the year of acquisition (other than where they form part of a group of similar items that are significant in total).

Leased right-of-use (ROU) assets

Leased ROU assets reflect the benefit to NHMRC in entering lease agreements. Leased ROU assets are capitalised at the commencement date of the lease and comprise the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received.

Fair value measurement

All property, plant and equipment non-financial assets are measured at fair value using the cost approach (depreciated replacement cost). Level 2 fair value hierarchy inputs used to determine the fair value include observable quoted prices for similar assets. The unobservable inputs (Level 3 fair value hierarchy) used to determine the fair value, include historical actual cost information and costing guides to estimate the current replacement cost. Appropriate useful life profiles have been adopted to depreciate the replacement cost to reflect the expected life.

Revaluations

Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not differ materially from the assets' fair values as at the reporting date. All asset classes were revalued by independent valuers PP&E Valuations Pty Ltd at 30 April 2026 by conducting a desktop review. Revaluation movements are disclosed in the Statement of changes in equity.

Depreciation and amortisation

Buildings, plant and equipment and computer software assets are written off to their estimated residual values over their estimated useful lives to the NHMRC using, in all cases, the straight-line method. Useful lives are between 3 and 10 years for buildings, plant and equipment and between 2 and 5 years for computer software.

Note 3.1C: Correction of prior period error

In 2025–26 the NHMRC undertook a review of the recognition of computer software. It was identified that a computer software asset is a Software as a Service contract and did not meet the recognition criteria of AASB 138 *Intangible Assets*. The prior period error of \$21.4 million has been adjusted through equity as at 1 July 2024 reflecting the correction of the error at the beginning of the earliest comparative period presented. The impacts on the original comparative are below.

	Notes	Restated 2025 \$'000	Adjustment	Original 2025 \$'000
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Statement of comprehensive income

EXPENSES

Depreciation and amortisation	3.1A	3,456	(2,446)	5,902
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Statement of financial position

ASSETS – Non-financial assets

Computer software	3.1A	250	(18,948)	19,198
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Statement of changes in equity

Opening balance retained earnings	(23,228)	(21,394)	(1,834)
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Note 3.2 Leases

Note 3.2A Leases

	2026 \$'000	2025 \$'000
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Lease liabilities

Building	7,439	10,331
Plant and equipment	–	157
Total leases	7,439	10,488

Maturity analysis – contractual undiscounted cash flows

Within 1 year	3,117	3,090
Between 1 to 5 years	4,434	7,637
Total leases	7,551	10,727

NHMRC leases primarily comprise of office accommodation in Canberra and Melbourne and contain escalation clauses.

Note 4.1 Administered payable

Note 4.1A Grants payable

	2026 \$'000	2025 \$'000
Public sector		
Australian Government entities	–	93
State and territory governments	7,558	5,977
Private sector		
Medical research institutes	447	1,677
Total grants payable	8,005	7,747

Note 5.1 Funding

Note 5.1A Annual appropriations ('Recoverable GST exclusive')

Annual appropriations for 2026	Annual appropriation ¹ \$'000	Section 74 PGPA Act receipts \$'000	Total appropriation \$'000	Appropriation applied (current and prior years) \$'000	Variance ² \$'000
Departmental					
Ordinary annual services	48,122	6,947	55,069	(56,231)	(1,162)
Capital budget	192	–	192	(192)	–
Total departmental	48,314	6,947	55,261	(56,423)	(1,162)
Administered					
Ordinary annual services					
Administered items	973,172	–	973,172	(973,096)	76
Total administered	973,172	–	973,172	(973,096)	76

¹ The departmental variance between appropriation provided and applied is largely due to delays in project delivery and future employee provisions.

² The administered variance between appropriation provided and applied is due to undrawn Mitochondrial Donation Regulation funding.

Annual appropriations for 2025	Annual appropriation \$'000	Section 74 PGPA Act receipts \$'000	Total appropriation \$'000	Appropriation applied in 2025 (current and prior years) \$'000	Variance \$'000
Departmental					
Ordinary annual services	38,248	21,679	59,927	(53,510)	6,417
Capital budget	190	-	190	(190)	-
Total departmental	38,438	21,679	60,117	(53,700)	6,417
Administered					
Ordinary annual services					
Administered items	953,872	-	953,872	(953,771)	101
Total administered	953,872	-	953,872	(953,771)	101

Note 5.1B Unspent annual appropriations ('Recoverable GST exclusive')

	2026 \$'000	2025 \$'000
Departmental		
Appropriation Act (No.1) 2024-25	-	12,654
Appropriation Act (No.1) 2025-26	9,651	-
Cash	1,841	-
Total departmental	11,492	12,654
Administered		
Appropriation Act (No.1) 2024-25	101	101
Appropriation Act (No.1) 2025-26	76	-
Cash	-	94
Total administered	177	195

The departmental annual appropriations provide for the ordinary course of business. The amount of unspent appropriations is equal to the sum of the cash and appropriation receivable balances as at 30 June.

Note 5.2 Special accounts

Special Account, Medical Research Endowment Account, is established under section 49 of the *National Health and Medical Research Council Act 1992* (NHMRC Act). The purpose of the Special Account is detailed in section 51 of the NHMRC Act. The Special Account disburses amounts to provide assistance to:

- Departments of the Commonwealth, or of a state or territory, engaged in medical research
- to universities for the purpose of medical research
- to institutions and persons engaged in medical research
- in the training of persons in medical research.

Note 5.2A Special accounts ('Recoverable GST exclusive')

	2026 \$'000	2025 \$'000
Medical Research Endowment Account		
Balance brought forward from previous period	391,319	366,410
Increases		
Appropriation receipts	971,439	950,531
Appropriation receipts – other entities	10,802	17,651
Non-appropriation receipts	600	–
Total increase	982,841	968,182
Available for payments	1,374,160	1,334,592
Decreases		
Payments made	(1,004,800)	(943,273)
Total balance carried to the next period	369,360	391,319
Balance represented by		
Cash held in the Official Public Account (OPA)	369,360	391,319

Note 6.1 Key management personnel remuneration

The key management personnel in NHMRC comprise the Minister (who is not included in the table below), Chief Executive Officer and Deputy Chief Executive Officer.

Key management personnel remuneration is reported in the table below:

	2026 \$'000	2025 \$'000
Short-term employee benefits	912	890
Post-employment benefits	79	88
Other long-term employee benefits	26	27
Total key management personnel remuneration expenses	1,017	1,005

Note 7.1 Current / Non-current distinction for assets and liabilities

Note 7.1A Current / Non-current distinction for assets and liabilities

	2026 \$'000	2025 \$'000
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	1,856	-
Appropriation receivable	9,651	12,654
Trade and other receivables	562	553
Prepayments	1,070	1,187
Total no more than 12 months	13,139	14,394
More than 12 months		
Buildings	6,434	9,145
Plant and equipment	1,116	1,864
Computer software	136	250
Prepayments	-	23
Total more than 12 months	7,686	11,282
Total assets	20,825	25,676
Liabilities expected to be settled in:		
No more than 12 months		
Trade creditors	1,544	1,576
Employee payables	1,324	1,182
Unearned revenue	2,162	9,495
Leases	3,117	3,090
Employee provisions	2,587	2,507
Total no more than 12 months	10,734	17,850
More than 12 months		
Unearned revenue	998	1,033
Leases	4,322	7,398
Employee provisions	6,994	6,155
Total more than 12 months	12,314	14,586
Total liabilities	23,048	32,436

Note 7.1B Administered Current / Non-current distinction for assets and liabilities

	2026 \$'000	2025 \$'000
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	369,360	391,413
Trade and other receivables	2,093	262
Prepayments	-	762
Total no more than 12 months	371,453	392,437
Total assets	371,453	392,437
Liabilities expected to be settled in:		
No more than 12 months		
Grants payable	8,005	7,747
Total no more than 12 months	8,005	7,747
Total liabilities	8,005	7,747

Note 7.2 Budget variance commentary

The comparison of the unaudited original budget as presented in the 2025-26 Portfolio Budget Statements to the 2025-26 final outcome results is included in the Statement of comprehensive income, Statement of financial position, Statement of changes in equity and Cash flow statement. Major variances detailed below are in relation to the management of resources, to ensure the performance of NHMRC in achieving its objectives during the course of the year.

Major variances – Departmental employees and suppliers

Both employees and suppliers were higher than budget, reflecting the delivery of delayed project work from prior financial year, recruitment of employees, salary increases aligned to the NHMRC Enterprise Agreement and minor unbudgeted redundancy payments.

Major variances – Administered grants

There were no major variances.

PART 7: APPENDICES



Appendix 1: Public consultations

NHMRC consults the community and its stakeholders across a range of areas, including individual and public health matters, and aspects of the implementation of the NHMRC grant program, such as certain policy changes and community-driven research priorities. Public consultations that opened or closed during 2025–26 are shown in Table 19.

Public consultation is an integral component of the development of NHMRC evidence-based advice and health-related guidelines. Consultation helps ensure that issues important to the community are considered, thereby increasing the legitimacy and relevance of the development process and the final product. Consultation is also consistent with the Australian Government’s strong commitment to open and transparent processes.

Table 19: Public consultations, 2025–26

Public consultation	Opening date	Closing date
<i>Selenium upper level of intake^a</i>	16 February 2026	18 March 2026
<i>Australian code for the care and use of animals for scientific purposes: Survey of stakeholders</i>	2 December 2025	16 February 2026
<i>Iodine Nutrient Reference Values^a</i>	11 November 2025	11 December 2025
<i>Chemical fact sheet reviews for the Australian drinking water guidelines: ammonia, chlorate, nickel and ongoing consequential edits^a</i>	22 April 2026	5 June 2026
<i>Draft Australian Recreational Water Quality Guidelines^a</i>	15 January 2026	27 February 2026
<i>Proposed updates to the Synergy Grant scheme from 2027</i>	21 April 2026	19 May 2026
<i>Draft Statement on Consumer and Community Involvement in Health and Medical Research</i>	10 July 2025	21 September 2025
<i>Research priority areas in Aboriginal and Torres Strait Islander health</i>	21 July 2025	29 September 2025

^a Consultation undertaken in accordance with subsection 13 of the *National Health and Medical Research Council Act 1992*.

Appendix 2: Additional information on employees under the Public Service Act 1999

Table 20: *Public Service Act 1999* – ongoing employees by gender^a, full-time and part-time status and state or territory, 2024–25 and 2025–26

2024-25										2025-26					
State	Man/Male		Woman/Female		Different term		Total	Man/Male		Woman/Female		Different term		Total	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time		Full-time	Part-time	Full-time	Part-time	Full-time	Part-time		
NSW	1	-	5	1	-	-	7	1	-	10	1	-	-	12	
Qld	1	-	5	2	-	-	8	-	-	4	2	-	-	6	
SA	1	-	1	-	-	-	2	-	-	2	-	-	-	2	
Tas	1	-	-	-	-	-	1	1	-	-	-	-	-	1	
Vic	17	-	33	4	1	-	55	21	2	33	5	1	-	62	
WA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
ACT	47	1	109	19	-	-	176	43	4	100	27	1	-	175	
NT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
External territories	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Overseas	-	1	-	-	-	-	1	-	-	-	-	-	-	-	
Total	68	2	153	26	1	-	250	66	6	149	35	2	-	258	

^a 'Different term' currently refers to employees who identify as 'indeterminate/intersex/other' in NHMRC's employee data. Due to system limitations, NHMRC has not yet implemented reporting mechanisms to allow employees to describe their gender consistent with the Australian Bureau of Statistics Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020).

Table 21: *Public Service Act 1999 – non-ongoing employees by gender^a, full-time and part-time status and state or territory, 2024-25 and 2025-26*

State	2024-25						2025-26					
	Man/Male		Woman/Female		Different term		Man/Male		Woman/Female		Different term	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
NSW	1	-	-	1	-	-	-	1	1	-	-	-
Qld	-	-	-	-	-	-	-	-	-	-	-	-
SA	-	-	-	-	-	-	-	-	-	-	-	-
Tas	-	-	-	-	-	-	-	-	-	-	-	-
Vic	1	-	8	-	-	-	4	-	6	-	-	-
WA	-	-	-	-	-	-	-	-	-	-	-	-
ACT	1	-	3	2	-	-	1	-	4	4	-	-
NT	-	-	-	-	-	-	-	-	-	-	-	-
External territories	-	-	-	-	-	-	-	-	-	-	-	-
Overseas	-	-	-	-	-	-	-	-	-	-	-	-
Total	3	-	11	3	-	-	5	1	11	4	-	-
												21

^a 'Different term' currently refers to employees who identify as 'indeterminate/intersex/other' in NHMRC's employee data. Due to system limitations, NHMRC has not yet implemented reporting mechanisms to allow employees to describe their gender consistent with the Australian Bureau of Statistics Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020).

Table 22: Public Service Act 1999 – all ongoing employees by gender^a and classification, 2024-25 and 2025-26

APS level	2024-25				2025-26			
	Man/ Male	Woman/ Female	Different term	Total	Man/ Male	Woman/ Female	Different term	Total
SES 3	-	-	-	-	-	-	-	-
SES 2	-	1	-	1	-	1	-	1
SES 1	3	1	-	4	2	2	-	4
EL 2	10	14	-	24	8	15	-	23
EL 1	30	57	-	87	29	53	-	82
APS 6	18	63	-	81	22	69	-	91
APS 5	6	31	1	38	9	35	2	46
APS 4	3	11	-	14	2	9	-	11
APS 3	-	1	-	1	-	-	-	-
APS 2	-	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-
Total	70	179	1	250	72	184	2	258

^a 'Different term' currently refers to employees who identify as 'indeterminate/intersex/other' in NHMRC's employee data. Due to system limitations, NHMRC has not yet implemented reporting mechanisms to allow employees to describe their gender consistent with the Australian Bureau of Statistics Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020).

Table 23: Public Service Act 1999 – all non-ongoing employees by gender^a and classification, 2024-25 and 2025-26

2024-25					2025-26			
APS level	Man/ Male	Woman/ Female	Different term	Total	Man/ Male	Woman/ Female	Different term	Total
SES 3	-	-	-	-	-	-	-	-
SES 2	-	-	-	-	-	-	-	-
SES 1	-	-	-	-	-	-	-	-
EL 2	-	2	-	2	-	-	-	-
EL 1	1	3	-	4	3	5	-	8
APS 6	2	6	-	8	1	4	-	5
APS 5	-	1	-	1	1	2	-	3
APS 4	-	-	-	-	1	2	-	3
APS 3	-	2	-	2	-	2	-	2
APS 2	-	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-
Total	3	14	-	17	6	15	-	21

^a 'Different term' currently refers to employees who identify as 'indeterminate/intersex/other' in NHMRC's employee data. Due to system limitations, NHMRC has not yet implemented reporting mechanisms to allow employees to describe their gender consistent with the Australian Bureau of Statistics Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020).

Table 24: Public Service Act 1999 – employees by full-time and part-time status, 2024-25 and 2025-26

APS level	2024-25						2025-26					
	Ongoing			Non-ongoing			Ongoing			Non-ongoing		
	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total
SES 3	-	-	-	-	-	-	-	-	-	-	-	-
SES 2	1	-	1	-	-	1	1	-	1	-	-	1
SES 1	4	-	4	-	-	4	4	-	4	-	-	4
EL 2	24	-	24	2	-	26	22	1	23	-	-	23
EL 1	77	10	87	3	1	4	71	11	82	6	2	90
APS 6	69	12	81	6	2	89	69	22	91	4	1	96
APS 5	35	3	38	1	-	39	40	6	46	2	1	49
APS 4	11	3	14	-	-	14	10	1	11	3	-	14
APS 3	1	-	1	2	-	3	-	-	-	1	1	2
APS 2	-	-	-	-	-	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	222	28	250	14	3	267	217	41	258	16	5	279

Table 25: *Public Service Act 1999* – employment type by location, 2024-25 and 2025-26

State	2024-25			2025-26		
	Ongoing	Non-ongoing	Total	Ongoing	Non-ongoing	Total
NSW	7	2	9	12	2	14
Qld	8	-	8	6	-	6
SA	2	-	2	2	-	2
Tas	1	-	1	1	-	1
Vic	55	9	64	62	10	72
WA	-	-	-	-	-	-
ACT	176	6	182	175	9	184
NT	-	-	-	-	-	-
External territories	-	-	-	-	-	-
Overseas	1	-	1	-	-	-
Total	250	17	267	258	21	279

Table 26: *Public Service Act 1999* – Indigenous employment by engagement type, 2024-25 and 2025-26

	2024-25	2025-26
Ongoing	3	4
Non-ongoing	-	1
Total	3	5

Table 27: *Public Service Act 1999* – employment arrangements, 2024-25 and 2025-26

	2024-25			2025-26		
	SES	Non-SES	Total	SES	Non-SES	Total
Common law agreement	5	-	5	5	-	5
Enterprise agreement	-	262	262	-	276	276
Total	5	262	267	5	276	281

Table 28: *Public Service Act 1999* – employee salaries by classification level (minimum and maximum), 2024–25 and 2025–26

	2024–25		2025–26	
	Minimum salary (\$)	Maximum salary (\$)	Minimum salary (\$)	Maximum salary (\$)
SES 3	–	–	–	–
SES 2	252,006	312,006	284,767	346,807
SES 1	194,404	240,005	223,414	270,566
EL 2	139,979	165,728	144,738	171,363
EL 1	117,662	133,859	121,755	138,410
APS 6	95,475	107,708	99,734	111,701
APS 5	86,546	91,809	89,489	96,829
APS 4	79,571	84,073	82,276	86,931
APS 3	70,232	77,845	72,620	80,492
APS 2	60,775	66,319	62,841	68,574
APS 1	54,516	58,398	57,497	60,964
Other	–	–	–	–
Total range	54,516	312,006	57,497	346,807

Appendix 3: List of requirements

PGPA Rule reference	Part of report	Description	Requirement	Page
17AD(g)	Letter of transmittal			
17AI	Letter of transmittal	A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report	Mandatory	6
17AD(h)	Aids to access			
17AJ(a)	Contents	Table of contents (print only)	Mandatory	4–5
17AJ(b)	Appendices	Alphabetical index (print only)	Mandatory	167
17AJ(c)	Appendices	Glossary of abbreviations and acronyms	Mandatory	160
17AJ(d)	Appendices	List of requirements	Mandatory	152
17AJ(e)	Publication details	Details of contact officer	Mandatory	3
17AJ(f)	Cover	Entity's website address	Mandatory	Back cover
17AJ(g)	Publication details	Electronic address of report	Mandatory	3
17AD(a)	Review by accountable authority			
17AD(a)	Chief Executive Officer's review	Review by the accountable authority of the entity	Mandatory	8–10
17AD(b)	Overview of the entity			
17AE(1)(a)(i)	Part 1	Description of the role and functions of the entity	Mandatory	12
17AE(1)(a)(ii)	Part 1	Description of the organisational structure of the entity	Mandatory	19
17AE(1)(a)(iii)	Part 1	Description of the outcomes and programmes administered by the entity	Mandatory	13
17AE(1)(a)(iv)	Part 1	Description of the purposes of the entity as included in corporate plan	Mandatory	14, 47
17AE(1)(aa)(i)	Part 1	Name of the accountable authority or each member of the accountable authority	Mandatory	18

PGPA Rule reference	Part of report	Description	Requirement	Page
17AE(1)(aa)(ii)	Part 1	Position title of the accountable authority or each member of the accountable authority	Mandatory	18
17AE(1)(aa)(iii)	Part 1	Period as the accountable authority or member of the accountable authority within the reporting period	Mandatory	18
17AE(1)(b)	N/A	Outline of the structure of the portfolio of the entity	Portfolio departments, mandatory	n/a
17AE(2)	N/A	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change	If applicable, mandatory	n/a
17AD(c)	Report on the performance of the entity			
	<i>Annual performance statements</i>			
17AD(c)(i); 16F	Part 3	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule	Mandatory	45–70
17AD(c)(ii)	<i>Report on financial performance</i>			
17AF(1)(a)	Part 6	Discussion and analysis of the entity's financial performance	Mandatory	117–142
17AF(1)(b)	Part 6	Table summarising the total resources and total payments of the entity	Mandatory	119
17AF(2)	N/A	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results	If applicable, mandatory	n/a
17AD(d)	Management and accountability			
	<i>Corporate governance</i>			
17AG(2)(a)	Part 4	Information on compliance with section 10 (fraud and corruption systems)	Mandatory	6, 93

PGPA Rule reference	Part of report	Description	Requirement	Page
17AG(2)(b)(i)	Letter of transmittal	Certification by accountable authority that fraud and corruption risk assessments and fraud and corruption control plans have been prepared	Mandatory	6
17AG(2)(b)(ii)	Letter of transmittal	Certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud and corruption that meet the specific needs of the entity are in place	Mandatory	6
17AG(2)(b)(iii)	Letter of transmittal	Certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud and corruption relating to the entity	Mandatory	6
17AG(2)(c)	Part 4	Outline of structures and processes in place for the entity to implement principles and objectives of corporate governance	Mandatory	72-88
17AG(2)(d) - (e)	N/A	Statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with finance law and action taken to remedy non-compliance	If applicable, mandatory	n/a
Audit committee				
17AG(2A)(a)	Part 4	Direct electronic address of the charter determining the functions of the entity's audit committee	Mandatory	91
17AG(2A)(b)	Part 4	Name of each member of the entity's audit committee	Mandatory	91
17AG(2A)(c)	Part 4	The qualifications, knowledge, skills or experience of each member of the entity's audit committee	Mandatory	91
17AG(2A)(d)	Part 4	Information about the attendance of each member of the entity's audit committee at committee meetings	Mandatory	91
17AG(2A)(e)	Part 4	Remuneration of each member of the entity's audit committee	Mandatory	91
External scrutiny				
17AG(3)	Part 4	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny	Mandatory	89-90

PGPA Rule reference	Part of report	Description	Requirement	Page
17AG(3)(a)	Part 4	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity	If applicable, mandatory	89
17AG(3)(b)	Part 4	Information on any reports on operations of the entity by the Auditor-General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman	If applicable, mandatory	89
17AG(3)(c)	N/A	Information on any capability reviews on the entity that were released during the period	If applicable, mandatory	n/a
Management of human resources				
17AG(4)(a)	Part 5	Assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives	Mandatory	106-107
17AG(4)(aa)	Part 5, Appendix 2	Statistics on the entity's employees on an ongoing and non-ongoing basis, including statistics on: (a) full-time employees (b) part-time employees (c) gender (d) staff location.	Mandatory	110-111, 145-151
17AG(4)(b)	Part 5, Appendix 2	Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including statistics on: • staffing classification level • full-time employees • part-time employees • gender • staff location • employees who identify as Indigenous.	Mandatory	110-111, 145-151
17AG(4)(c)	Part 5, Appendix 2	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i>	Mandatory	113, 150
17AG(4)(c)(i)	Part 5, Appendix 2	Information on the number of SES and non-SES employees covered by agreements etc. identified in paragraph 17AG(4)(c)	Mandatory	113, 150
17AG(4)(c)(ii)	Part 5, Appendix 2	Salary ranges available for APS employees by classification level	Mandatory	151

PGPA Rule reference	Part of report	Description	Requirement	Page
17AG(4)(c)(iii)	Part 5	Description of non-salary benefits provided to employees	Mandatory	114
17AG(4)(d)(i)	Part 5	Information on the number of employees at each classification level who received performance pay	If applicable, mandatory	114
17AG(4)(d)(ii)	N/A	Information on aggregate amounts of performance pay at each classification level	If applicable, mandatory	n/a
17AG(4)(d)(iii)	N/A	Information on the average amount of performance payment, and range of such payments, at each classification level	If applicable, mandatory	n/a
17AG(4)(d)(iv)	N/A	Information on aggregate amount of performance payments	If applicable, mandatory	n/a
Assets management				
17AG(5)	N/A	Assessment of effectiveness of assets management where asset management is a significant part of the entity's activities	If applicable, mandatory	n/a
Purchasing				
17AG(6)	Part 4	Assessment of entity performance against the Commonwealth Procurement Rules	Mandatory	99-101
Reportable consultancy contracts				
17AG(7)(a)	Part 4	Summary statement detailing the number of new reportable consultancy contracts entered into during the period; the total actual expenditure on all such contracts (inclusive of GST); the number of ongoing reportable consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST)	Mandatory	99
17AG(7)(b)	Part 4	Statement that <i>'During [reporting period], [specified number] new reportable consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of \$[specified million].'</i>	Mandatory	99
17AG(7)(c)	Part 4	Summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged	Mandatory	99

PGPA Rule reference	Part of report	Description	Requirement	Page
17AG(7)(d)	Part 4	Statement that <i>'Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website.'</i>	Mandatory	99
Reportable non-consultancy contracts				
17AG(7A)(a)	Part 4	Summary statement detailing the number of new reportable non-consultancy contracts entered into during the period; the total actual expenditure on such contracts (inclusive of GST); the number of ongoing reportable non-consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST)	Mandatory	100
17AG(7A)(b)	Part 4	Statement that <i>'Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website.'</i>	Mandatory	100
17AD(daa)	Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts			
17AGA	Part 4	Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts	Mandatory	100
Australian National Audit Office access clauses				
17AG(8)	N/A	If an entity entered into a contract with a value of more than \$100,000 (inclusive of GST) and the contract did not provide the Auditor-General with access to the contractor's premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract	If applicable, mandatory	n/a

PGPA Rule reference	Part of report	Description	Requirement	Page
Exempt contracts				
17AG(9)	N/A	If an entity entered into a contract or there is a standing offer with a value greater than \$10,000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters	If applicable, mandatory	n/a
Small business				
17AG(10)(a)	Part 4	A statement that ' <i>[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website.</i> '	Mandatory	101
17AG(10)(b)	Part 4	Outline of the ways in which the procurement practices of the entity support small and medium enterprises	Mandatory	101
17AG(10)(c)	N/A	If the entity is considered by the Department administered by the Finance Minister as material in nature – a statement that ' <i>[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury's website.</i> '	If applicable, mandatory	n/a
Financial statements				
17AD(e)	Part 6	Annual financial statements in accordance with subsection 43(4) of the Act	Mandatory	120–142
Executive remuneration				
17AD(da)	Part 5	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2–3 of the Rule	Mandatory	113, 115–116

PGPA Rule reference	Part of report	Description	Requirement	Page
17AD(f)	Other mandatory information			
17AH(1)(a)(i)	N/A	If the entity conducted advertising campaigns, a statement that <i>'During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity's website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance's website.'</i>	If applicable, mandatory	n/a
17AH(1)(a)(ii)	Part 4	If the entity did not conduct advertising campaigns, a statement to that effect	If applicable, mandatory	101
17AH(1)(b)	Part 1	A statement that <i>'Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity's website].'</i>	If applicable, mandatory	24
17AH(1)(c)	Part 5	Outline of mechanisms of disability reporting, including reference to website for further information	Mandatory	110
17AH(1)(d)	Part 4	Website reference to where the entity's Information Publication Scheme statement pursuant to Part II of FOI Act can be found	Mandatory	94
17AH(1)(e)	N/A	Correction of material errors in previous annual report	If applicable, mandatory	n/a
17AH(2)	Part 4, Part 5	Information required by other legislation	Mandatory	101, 102–104, 108

PGPA = *Public Governance, Performance and Accountability Act 2013*; N/A = not applicable

Appendix 4: Abbreviations and acronyms

A

AAHMS	Australian Academy of Health and Medical Sciences
AC	Companion of the Order of Australia
ACT	Australian Capital Territory
AHEC	Australian Health Ethics Committee
AI	artificial intelligence
AIDS	acquired immunodeficiency syndrome
AM	Member of the Order of Australia
AMRAB	Australian Medical Research Advisory Board
ANAO	Australian National Audit Office
AO	Officer of the Order of Australia
APS	Australian Public Service
ARC	Australian Research Council
ARIC	Australian Research Integrity Committee

C

CBE	Commander of the Order of the British Empire
CAG	Consumer Advisory Group
CARI	Cancer Australia Research Initiative
CCNA	Canadian Consortium on Neurodegeneration in Aging
CCTV	closed-circuit television
CCSF	Commonwealth Child Safe Framework
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CHO	Chief Health Officer
CI	Chief Investigator
CIA	Chief Investigator A
CMG	Companion of the Order of St Michael and St George
CMO	Chief Medical Officer
COPD	chronic obstructive pulmonary disease
COVID-19	coronavirus disease

CPP-ACP	casein phosphopeptide-amorphous calcium phosphate
CPRs	Commonwealth Procurement Rules
CRE	Centres of Research Excellence
CSC	Conspicuous Service Cross
CSM	Companion of the Papua New Guinean Star of Melanesia

E

EAP	Expert Advisory Panel
EEGO	energy efficiency in government operations
EL	Executive Level
EOI	Expression of interest
EPICC	The Elimination Partnership in Cervical Cancer
ERLC	Embryo Research Licensing Committee

F

FAA	Fellow of the Australian Academy of Science
FAHMS	Fellow of the Australian Academy of Health and Medical Sciences
FAICD	Fellow of the Australian Institute of Company Directors
FASSA	Fellow of the Academy of Social Sciences in Australia
FCA	Fellow of Chartered Accountants Australia and New Zealand
FCPA	Fellow Certified Practising Accountant
FMedSci	Fellow of the Academy of Medical Sciences
FOI Act	<i>Freedom of Information Act 1982</i>
FOI	freedom of information
FRACP	Fellow of the Royal Australasian College of Physicians
FRS	Fellow of the Royal Society
FRSN	Fellow of the Royal Society of New South Wales
FTSE	Fellow of the Australian Academy of Technological Sciences and Engineering

G

GACD	Global Alliance for Chronic Diseases
GAICD	Graduate of the Australian Institute of Company Directors
GPCRs	G protein-coupled receptors

H

HIV	human immunodeficiency virus
HMRO	Health and Medical Research Office, Department of Health, Disability and Ageing
HPV	human papillomavirus
HR	human resources
HREC	Human Research Ethics Committees

I

IACR	Institutional Annual Compliance Report
IAG	Indigenous Advisory Group
ICT	information and communication technology
IPCC	Industry, Philanthropy and Commercialisation Committee
IREC	Indigenous Research Excellence Criteria
IRIIS	Independent Research Institutes Infrastructure Support Scheme

K

KS	Kaposi sarcoma
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M

MBA	Master of Business Administration
MBBS	Bachelor of Medicine, Bachelor of Surgery
MBE	Member of the Order of the British Empire
MEDLARS	Medical Literature Analysis and Retrieval System
MP	Member of Parliament
MREA	Medical Research Endowment Account
MRFF	Medical Research Future Fund

N

NABERS	National Australian Built Environment Rating System
NAIDOC	National Aborigines and Islanders Day Observance Committee
NHMRC Act	<i>National Health and Medical Research Council Act 1992</i>
NHMRC	National Health and Medical Research Council
NSW	New South Wales
NT	Northern Territory

O

OAIC	Office of the Australian Information Commissioner
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P

PBS	Portfolio Budget Statements
PFAS	per-fluoroalkyl and poly-fluoroalkyl substances
PGPA Act	<i>Public Governance, Performance and Accountability Act 2013</i>
PGPA Rule	Public Governance, Performance and Accountability Rule 2014
PHCR Act	<i>Prohibition of Human Cloning for Reproduction Act 2002</i>
PHHSC	Public Health and Health Systems Committee
PhD	Doctor of Philosophy
PrEP	pre-exposure prophylaxis
PSM	Public Service Medal

Q

Qld	Queensland
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R

RAP	Reconciliation Action Plan
RIHE Act	<i>Research Involving Human Embryos Act 2002</i>

S

SA	South Australia
SAHMRI	South Australian Health and Medical Research Institute
SES	Senior Executive Service
SME	small and medium enterprises

T

Tas	Tasmania
TCR	Targeted Call for Research

V

Vic	Victoria
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W

WA	Western Australia
WEHI	Walter and Eliza Hall Institute of Medical Research
WHO	World Health Organization
WHS	workplace health and safety

Appendix 5: List of figures and tables

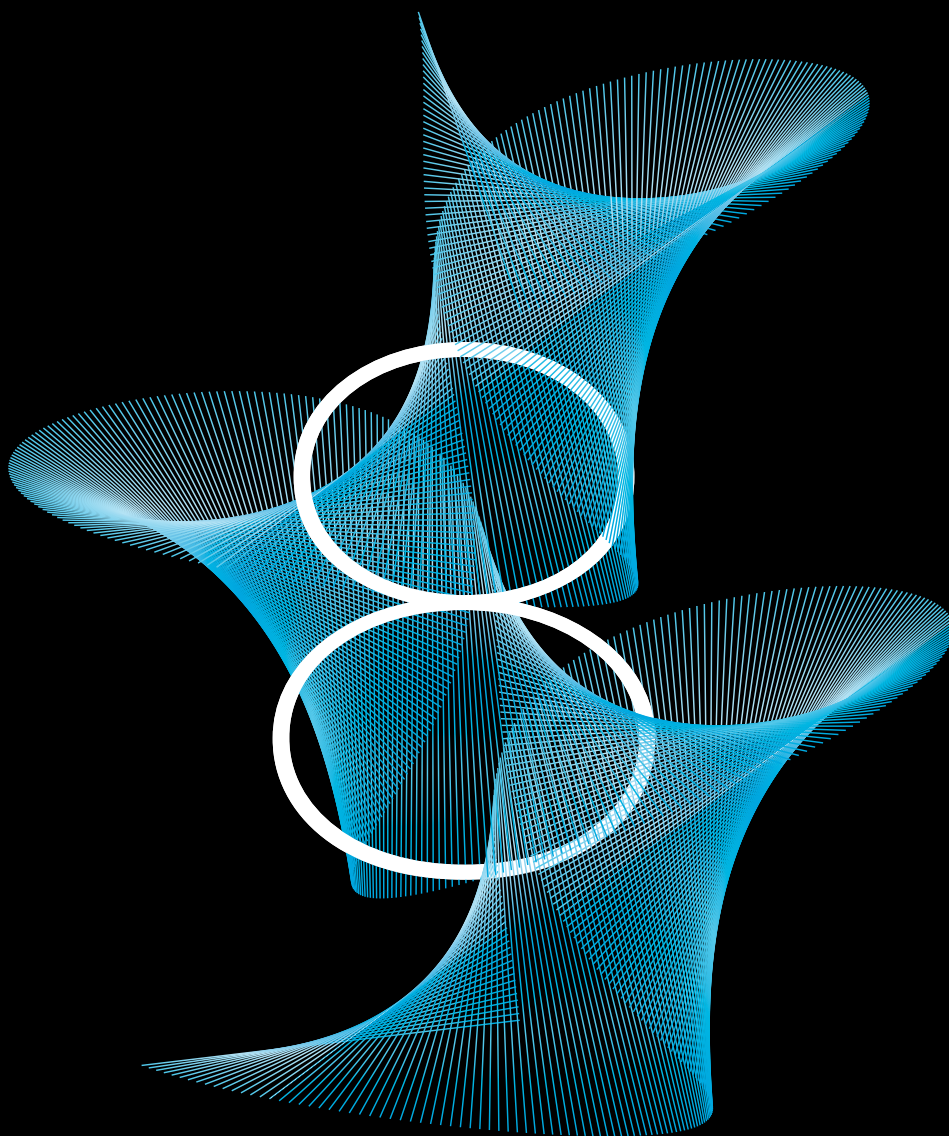
List of figures

Figure	Title	Page
Figure 1	Research on major health issues funded by NHMRC, 2025–26	2
Figure 2	NHMRC Aboriginal and Torres Strait Islander health research funding, 2025–26	2
Figure 3	NHMRC grant metrics by gender, 2025–26	2
Figure 4	NHMRC’s mission and purposes	14
Figure 5	NHMRC’S strategy for 2024–2027	15
Figure 6	NHMRC organisational structure at 30 June 2026	19
Figure 7	Medical Research Endowment Account, 2016–17 to 2025–26	20
Figure 8	2025–26 NHMRC grant program	22–23
Figure 9	NHMRC’s mission and purposes	47
Figure 10	Investment Key activities in 2025–26	49
Figure 11	Translation Key activities in 2025–26	58
Figure 12	Summaries of impact case studies published by NHMRC during 2025–26	62–66
Figure 13	Integrity Key activities in 2025–26	67
Figure 14	Overview of NHMRC’s governance structure	73
Figure 15	NHMRC and MRFF advisory committee arrangements from 1 July 2024	75
Figure 16	NHMRC employee snapshot, 2025–26	111
Figure 17	NHMRC employee perceptions and agency position in the Australian Public Service	112

List of tables

Table	Title	Page
Table 1	NHMRC's health priorities for the 2024-2027 triennium	16
Table 2	NHMRC expenditure on research on major health issues, 2021-22 to 2025-26	17
Table 3	Summary of NHMRC's new funding commitments, 2025-26	24
Table 4	Criteria used to determine NHMRC performance	48
Table 5	NHMRC expenditure by broad research area, 2021-22 to 2025-26	50
Table 6	Number and percentage of new grants awarded to Indigenous CIAs, 2023-24, 2024-25 and 2025-26	56
Table 7	NHMRC Council Members, 2025-26	76-77
Table 8	NHMRC Audit and Risk Committee, 2025-26	91
Table 9	NHMRC freedom of information requests and reviews, 2025-26	95
Table 10	Reportable consultancy contracts, 2025-26	99
Table 11	Organisations receiving amounts under a reportable consultancy contract, 2025-26	100
Table 12	Reportable non-consultancy contracts, 2025-26	100
Table 13	Organisations receiving the 5 largest shares of reportable non-consultancy contract expenditure, 2025-26	100
Table 14	2025-26 Greenhouse gas emissions inventory – location-based method	103
Table 15	2025-26 Electricity greenhouse gas emissions	104
Table 16	Remuneration for key management personnel, 2025-26	115
Table 17	Remuneration for senior executives, 2025-26	116
Table 18	NHMRC resource statement	119
Table 19	Public consultations, 2025-26	144
Table 20	<i>Public Service Act 1999</i> – ongoing employees by gender, full-time and part-time status and state or territory, 2024-25 and 2025-26	145
Table 21	<i>Public Service Act 1999</i> – non-ongoing employees by gender, full-time and part-time status and state or territory, 2024-25 and 2025-26	146
Table 22	<i>Public Service Act 1999</i> – all ongoing employees by gender and classification, 2024-25 and 2025-26	147
Table 23	<i>Public Service Act 1999</i> – all non-ongoing employees by gender and classification, 2024-25 and 2025-26	148
Table 24	<i>Public Service Act 1999</i> – employees by full-time and part-time status, 2024-25 and 2025-26	149
Table 25	<i>Public Service Act 1999</i> – employment type by location, 2024-25 and 2025-26	150
Table 26	<i>Public Service Act 1999</i> – Indigenous employment by engagement type, 2024-25 and 2025-26	150
Table 27	<i>Public Service Act 1999</i> – employment arrangements, 2024-25 and 2025-26	150
Table 28	<i>Public Service Act 1999</i> – employee salaries by classification level (minimum and maximum), 2024-25 and 2025-26	151

PART 8: INDEX



A

abbreviations and acronyms	160–4
Aboriginal and Torres Strait Islander health	9, 16, 76, 78, 80, 84
addressing violence for safer families and communities	51
First Nations researchers/chief investigators	2, 9, 55–6, 84–5
Indigenous Advisory Group	10, 51, 75, 84–5
MRFF investments	84
research grants/funding	2, 9, 26, 40, 55–6, 74, 84–5
research priority areas	144
research to improve health outcomes	55
skin infections in remote communities	63
systems abuse and Aboriginal resistance in child protection contexts	40
Targeted Calls for Research (TCR)	84
Aboriginal and Torres Strait Islander peoples	109
accountability	99–102
see <i>a/so</i> external scrutiny	
accountable authority	18, 46, 123
instructions	99
see <i>a/so</i> Chief Executive Officer	
Acknowledgement of Country	7
ACT Sustainable Energy Policy	102
Adelaide University	35
Adelstein, Stephen	76, 82
administered financial statements	128–30
Administrative Review Tribunal	89
advertising and market research	102
ageing and aged care research	26
agency resource statement	119
Alpers, Michael	30
anal cancer	51
2025 Annual Institutional Compliance Report	97
annual performance statements	45–70
analysis of performance	48–70
integrity (strategic theme)	9, 14–15, 47, 67–70
investment (strategic theme)	14–15, 47, 49–57
statement by the accountable authority	46
translation (strategic theme)	8, 14–15, 47, 58–66
annual report from the Commissioner of Complaints	101–2
antimicrobial resistance	16, 52
bacteriophage diagnostics and therapy	41

anxiety disorders in children and young people	66
approved guidelines	60
APS Employee Census	110–112
APS Executive Remuneration Management Policy	113
APS Net Zero 2030	102–3
APS Strategic Commissioning Framework	107
APS values	106–7
arthritis research	2, 17
artificial intelligence in health	9, 16, 58, 82
Arya, Dinesh	77
Assistant Minister for Health and Aged Care	28–9, 44
asthma research	2, 17
Audit and Risk Committee	73, 91–2
internal audit arrangements	92
members and meeting attendance	91
Auditor-General	89
audits	
financial statements	121–2
internal audit	92
performance audits	89
AusTender	99–100
<i>Australian and New Zealand Living Clinical Guidelines for Stroke Management</i>	60, 78
Australian Brain Cancer Mission	26
Australian Centre for Disease Control Bill 2025	90
<i>Australian code for the care and use of animals for scientific purposes</i>	144
<i>Australian Code for the Responsible Conduct of Research</i>	67–9, 97–8
Australian Commission for Law Enforcement Integrity	89
Australian Defence Force members' mental health and wellbeing	52
<i>Australian dietary guidelines</i>	58, 90
<i>Australian drinking water guidelines</i>	59–60, 79
ammonia, chlorate, nickel and ongoing consequential edits	60, 144
chemicals and disinfectant by-products	59
per- and polyfluoroalkyl (PFAS) limits	90
Australian Government Agencies Privacy Code 2017	94
Australian Health Ethics Committee	75, 80, 82
functions and membership	82
Australian Human Rights Commission	89

<i>Australian immunisation handbook</i>	60
COVID-19 chapter	60, 79
Human papillomavirus chapter	93
Australian Institute of Criminology	86
Australian Institute of Health Innovation	82
Australian Law Reform Commission	60
<i>Australian Living Guideline for the Management of Juvenile Idiopathic Arthritis</i>	60
<i>Australian Living Guideline for the Pharmacological Management of Inflammatory Arthritis</i>	60
Australian Medical Research Advisory Board (AMRAB)	74–5, 80, 89
Australian Medical Research and Innovation Priorities for the MRFF	89
Australian Medical Research and Innovation Strategy	89
Australian National Audit Office	89
<i>Fraud control arrangements in the National Health and Medical Research Council</i>	93
Independent Auditor's Report	121–2
performance audits	89
Australian National University	31
<i>Australian Postnatal Care Guidelines</i>	60, 78–9
<i>Australian Pregnancy Care Guidelines</i>	60, 78–9
Australian Public Service Commission	89, 113
Australian Public Service Disability Employment Strategy 2020–2025	110
Australian Public Service Enterprise Award 2015	113
Australian Research Council	68, 98
Australian Research Integrity Committee	6, 68, 98
members and activities	98
Australia's disability strategy 2021–2031	114
Autism CRC	86
awards see NHMRC awards	

B

Banks, Emily	77
basic science research	35, 50
Bentley, Rebecca	29, 39
biomedical information systems	64
Biomedical Translation Fund	87
Blackburn, Elizabeth	35

bone biology	62
Bonyady, Bruce	81
brain cancer	26
breast cancer immunology treatment and prevention	36
Brooks, Michael	98
Burgess, Paul	77
Butler, the Hon Mark	6

C

Cahill, Ainslie	76, 86
Canberra office, NABERS rating	104
Cancer Australia Research Initiative (CARI)	51-2
cancer research	2, 8, 17, 36, 51, 90
cancer treatment, access to	90
Canfell, Karen	29, 38
capability development	107
Carapetis, Jonathan	77
cardiovascular disease research	2, 8, 17, 26
Cardiovascular Health Mission	26
carer responsibilities (staff)	111
Carroll, Heidi	77
case studies	61-6
cash flow statement	127
Centre for Disease Control (CDC)	90
Centre for Social Research in Health	63
Centres of Research Excellence	22-4, 57
CEO and Chief Medical/Health Officers Meeting	75
cervical cancer, WHO strategy for elimination	38
Chan, Raymond	77
Chant, Kerry	77
Chappell, Lucy	78
Chief Audit Executive	91-2
Chief Executive Officer (CEO)	6, 10, 18-19, 75, 78, 89-92, 123
functions and powers	72, 84
on ministerial advisory committees	89

remuneration	115, 140
review	8–10
Statement of Intent	70
see <i>also</i> accountable authority; Wesselingh, Steve	
Chief Financial Officer	123
Chief Medical Officers	76
Chief Operating Officer	19, 91, 115
child protection systems, systems abuse and Aboriginal resistance	40
Child Safety Statement 2025–26	96–7
commitment	96
compliance and risk assessment	97
interaction with children	96
children	
anxiety disorders	66
with dementia	52
interaction with	96
protecting from pneumonia	62
Christopoulos, Arthur	29, 32
clinical medicine and science research	36, 50
<i>Clinical Practice Guidelines for the Appropriate Use of Methylenedioxymethamphetamine-assisted Psychotherapy for Post-traumatic Stress Disorder</i>	60, 79
<i>Clinical Practice Guidelines for the Care of Trans and Gender Diverse People Under 18 with Gender Dysphoria</i>	59
<i>Clinical Practice Guidelines for the Management of Overweight and Obesity for Adults, Adolescents and Children in Australia</i>	60, 78
<i>Clinical Practice Guidelines for the Management of Psychosocial Difficulties in Moderate to Severe Traumatic Brain Injury</i>	60, 78
<i>Clinical Practice Guidelines for Myalgic Encephalomyelitis and Chronic Fatigue Syndrome (ME/CFS)</i>	59
<i>Clinical Practice Guidelines for PSA Testing and Early Management of Test-detected Prostate Cancer</i>	78–9
Clinical Trials Activity Initiative	25
Clinical Trials and Cohort Studies Award	31
Clinical Trials and Cohort Studies grants	31, 86
Cochrane Collaboration	20
cohort studies see Clinical Trials and Cohort Studies Grants	
Coleman, Kerry	77
Collaborations in Health Services Research	84, 88

collaborative research	49, 51–2, 68, 80
international	22, 52, 58, 80
<i>see also</i> partnerships	
Comcare	108
commercialisation	58, 87
Commissioner of Complaints Annual report	101–2
committees	
ministerial advisory committees	89
Principal Committees	72, 74, 76, 80–3
Working committees	72, 74–6, 84–8
common law contracts	113, 150
Commonwealth Child Safe Framework (CCSF)	96–7
Commonwealth Climate Disclosure	103
Commonwealth Contracting Suite	101
<i>Commonwealth Electoral Act 1918</i>	102
Commonwealth Financial Framework	99
Commonwealth Health Minister's Award for Excellence in Health and Medical Research (2026)	28
Commonwealth Ombudsman	89
Commonwealth Procurement Rules	99
Commonwealth, States and Territories Joint (CSTJ) TCR Working Committee	51
Community Research Priorities Portal	51
complaints	101–2
compliance and assurance (NHMRC)	91–5
compliance statement	92
compliance with regulatory requirements (human embryo research)	70
compliance with the requirements of CCSF	97
consultancy contracts	99–100
Consumer Advisory Group (CAG)	10, 75, 85–6
consumer and community involvement	9, 49, 85–6
<i>see also</i> <i>Statement on consumer and community involvement in health and medical research</i>	
consumer-led research	26
Consumers Health Forum of Australia	49
contact lenses	65
contracts and consultancy services	92, 99–100

Cool Kids	66
Cooper, David	31
Coorey, Craig	29, 34
corporate governance	73, 91-3
Corporate Operations (branch)	19
<i>Corporate Plan 2025-26</i>	14, 47, 79, 107
health priorities	16-17
purposes	14
strategy for health and medical research	15
Council of NHMRC	10, 15, 29, 74-9
functions	76
meetings	78-9
members and membership	72, 76-7
Principal Committees	72, 74, 76, 80-3
Working Committees	72, 74-6, 84-8
culturally and linguistically diverse (CALD) staff	111
culture and workforce planning	106
Cusack, Michael	77

D

Dementia, Ageing and Aged Care Mission	26
dementia research	2, 17, 26, 52, 80, 88
denosumab	62
dental health	66
Department of Health, Disability and Ageing	25, 49, 74-5, 79
Deputy CEO	10, 19, 89, 92-3, 115, 140
<i>see also</i> Torrance, Prue	
developed guidelines	59-60
Development Grants	22-4, 79-80, 87
Dharmage, Shyamali	29, 37
diabetes research	2, 17, 26, 88, 90
digital technologies	47
Disability Inclusion Action Plan	109
disability reporting	110
disability research	86
Diversity and Inclusion Strategy	109, 111
Doherty, Peter	32

draft <i>Australian recreational water quality guidelines</i>	79, 144
Draft Statement on Consumer and Community Involvement in Health and Medical Research	144

E

e-ASIA Joint Research Program	52
Eades, Sandra	40
Early to Mid-Career Researchers Initiative	25
early-onset cancer (EOC)	51–2
electricity greenhouse gas emissions	104
Embryo Research Licensing Committee functions and membership	67, 70, 75, 79 83
embryo research regulation	67, 70
emerging health threats and emergencies	16
Emerging Leadership category (Investigator Grants)	33, 40
Emerging Priorities and Consumer-Driven Research Initiative	25
emissions from operations	103–4
Emissions Reporting Framework	103
Employee Assistance Program	108
employees see staff	
employment arrangements	113, 150
energy efficiency	104
enterprise agreement	133, 150
Enterprise Risk Register	93
environmental management	102–5
Equipment Grants	22–4
equitable access to diagnosis and treatment for individuals with rare and less common cancers	90
<i>Ethical guidelines for cell, tissue and organ donation and transplantation</i>	82
Executive Board membership supported by 3 senior decision-making committees	10, 73, 93 73 73
Executive Directors	92–3
executive remuneration	113, 115–16
expense impacts	118
external scrutiny	89–90

F

Fenner, Frank	41
financial performance	117–42
summary	118
financial position	118
financial statements	120–42
administered	128–30
Independent Auditor's Report	121–2
notes to	133–42
statement by the Accountable Authority and Chief Financial Officer	123
First Nations researchers/chief investigators	2, 9, 55–6, 84–5
flexible working arrangements	103
fraud and corruption control	6, 93
<i>Fraud control arrangements in the National Health and Medical Research Council</i>	93
freedom of information	89, 94–5
<i>Freedom of Information Act 1982</i>	94
funding of research see grant program; research funding and expenditure	

G

G-protein coupled receptors (GPCRs), subset for treatment of neurocognitive defects	32
Gale, Marianne	77
Gender Equity 2025–26 Report Card	57
gender equity in research	2, 9, 57
Gender Equity Strategy	57, 78
generative AI	81
Genomics Health Futures Mission	26
George Institute for Global Health	30
Global Alliance for Chronic Diseases (GACD)	52
global health gains from potassium-enriched salt	30
Global Health Initiative	25
global health research	30
Glover, Julie	19
Glukhova, Alisa	28–9, 33
governance and accountability	73, 91–3
governance structure	73

grant programs	8, 21–3, 74, 86
administration	49
awarded based on expert peer review	50, 53
Centres of Research Excellence	22–4, 57
Clinical Trials and Cohort Studies	31, 86
Collaborations in Health Services Research	84, 88
Development Grants	22–4
Equipment Grants	22, 24
expenditure by broad research area	50
gender equity	2, 9, 57
hub service delivery	49
Ideas Grants	22–4, 53–4, 57
Indigenous health	2, 9, 26, 40, 55–6, 74, 84–5
Indigenous Research Excellence Criteria (IREC) assessment	55
Infrastructure Grants	22
International Collaborative Grants	22–4
Investigator Grants	22–4, 28, 32–3, 53–4, 57, 84
IRIISS	23–4
metrics by gender	2, 57
objectives	21
opportunities	49
Partnership Projects	22–4, 57, 87–8
Postgraduate Scholarships	22–4
Sapphire capability	49, 92
summary of new funding commitments	24
Synergy Grants	22–4, 57, 84, 144
Targeted Cells for Research (TCR)	22, 24, 51–2, 80, 84
targeted and priority-driven	51–2
totals	24
<i>see also</i> Medical Research Endowment Account (MREA); Medical Research Future Fund (MRFF); research funding and expenditure	
greenhouse gas emissions inventory	103
Gruen, David	81
<i>Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research</i>	68, 98
guidelines	8
approved	60
developed	59–60
development	58
standards and approvals	58
<i>Guidelines for Guidelines</i>	57–8
<i>Guidelines for managing risks in recreational water</i>	59–60, 78
guidelines for the care of trans and gender diverse people under 18	79
<i>Guidelines for the Early Detection of Prostate Cancer in Australia</i>	60
Gunn, Jane	77

H

Hartland, Elizabeth	77
Health and Aged Care Portfolio Budget Statements 2025–26	7, 13, 48
Health and Medical Research Office (HMRO)	10, 74, 78, 80, 84–5
Health and Wellbeing Strategy	108
Health, Disability and Ageing portfolio	7, 12
health priorities	15–16
health services research	38, 50
Health Technology Assessment Consumer Consultative Committee	86
<i>Helicobacter pylori</i>	64
high healthcare service utilisation (HSU), needs of people with	51
Hillier, Susan	77
HIV transmission prevention	63
homelessness and health	51
Homer, Caroline	29, 76
Horizon Europe	52
human and animal research ethics guidelines	67
human cloning for reproduction	70
<i>see also Prohibition of Human Cloning for Reproduction Act 2002</i>	
human embryo research	70, 83
<i>see also Research Involving Human Embryos Act 2002</i>	
human genome sequencing	82
Human Research Ethics Committees	82
human tissue laws	82
Huppatz, Clare	77

I

Ideas Grant Award	42
Ideas Grants	22–4, 53–4, 57
impact case studies	61–6
incident reporting (WHS)	108
Independent Auditor's Report	121–2
Independent Research Institutes Infrastructure Support Scheme (IRIISS)	23–4

Indigenous Advisory Group (IAG)	10, 51, 75, 84–5
Indigenous health <i>see</i> Aboriginal and Torres Strait Islander health	
Indigenous Health Research Fund	26
Indigenous Procurement Policy	101
Indigenous researchers/chief investigators	2, 9, 55–6, 84–5
Indigenous staff	109, 111, 150
Industry, Philanthropy and Commercialisation Committee (IPCC)	10, 75, 87
infectious diseases and immunology in the East Asian region	52
Information Publication Scheme	94
Infrastructure Grants	22
injury-related research	2, 8, 17
Innovate Reconciliation Action Plan	109
Innovation Award	43
Institutional Annual Compliance Report (IACR)	68–9
integrity (strategic theme)	9, 14–15, 47, 67
key activities	67
performance results	68–70
<i>see also</i> research integrity	
internal audit	92
Internal Audit Charter	92
Internal Audit Manager	91–2
Internal Audit Work Plan	92
International Collaborative Grants	22–4
international collaborative research	22, 52, 58, 80
International Engagement Strategy 2023–2026/international engagement	52, 58, 80, 87
Investigator Grant Awards	32–3, 35–8, 41
Investigator Grants	22–4, 53–4, 57
Emerging Leadership category	28, 33, 41, 57
Indigenous Research Excellence Criteria (IREC)	84
Leadership category	32
investment (strategic theme)	14–15, 47, 49
key activities	49
performance results	50–7
iodine nutrient reference values	59–60, 144

J

Jacobs, Jennifer	123
Jennaway, Chris	19
Johnson, Louise	83
judicial decisions	89

K

Karposi sarcoma, oral immunotherapy versus standard intravenous chemotherapy	31
key management personnel, remuneration	115, 140
kidney transplantation, improving post-kidney outcomes	34
Kids Research Institute Australia	63
Knowledge Translation Fellow, CP-Achieve	86
Knuckley, Geoff	91

L

Lancsar, Emily	79, 81
large language models (LLMs)	58
Lawler, Anthony	91
Le Grice, Bronwyn	76, 87
Leadership category (Investigator Grants)	32, 35–8
leadership (of NHMRC)	18, 107, 112
Learning and Development Strategy 2025–2029	107
Lee, Katie	29
legislative framework	12, 72
letter of transmittal	6
LGBTQIA+ staff	111
list of requirements	152–9
Loi, Sherene	36
looking ahead	10

M

McDougall, Catherine	77
McElnay, Caroline	77
McKeown, Scott	77
Macquarie University	66
Mair, Simon	19
managing and developing employees	107
market research	102
maternal health and healthy lifestyles research	26
medical device surveillance	26
medical literature, access to	64
Medical Research Endowment Account (MREA)	2, 9, 20, 74, 78–80, 85
Medical Research Future Fund (MRFF)	9, 49, 74, 78–9, 85
Australian Medical Research and Innovation Priorities	89
Expert Advisory Panels	75
grant opportunities by themes	25–6
impact on commercialisation	87
investments into First Nations health research and researchers	84
joint NHMRC Advisory Committees	15, 74–5, 78, 84–8
support for regional, rural and remote research	88
<i>Medical Research Future Fund Act 2015</i>	12, 72, 80
melanoma tracking	42
Melbourne Dental School	66
mental health research	2, 8, 17, 26, 52, 66
Menzies School of Health Research	63
microsurgery evolution	65
Milligan, Eleanor	91
Million Minds Mental Health Research Mission	26
Minister for Health and Ageing	6, 75, 82, 90
CEO, Council and Principal Committee appointments	72
Statement of Expectation	70
ministerial advisory committees	89
mission (of NHMRC)	8, 14, 47
mitochondrial donation regulation	20, 70
Monash Institute of Pharmaceutical Sciences	28
Monash University	32, 41
mould in homes, public health challenge	39

mouse embryogenesis, CCTV analog recorder	41
multiple long-term conditions	16
Murdoch Children's Research Institute	62
Murray, Richard	77
muscarinic receptors, allosteric modulation, for the treatment of neurocognitive deficits	3

N

NAIDOC Week	109
Nang, Sue Chin	29, 41
National Australian Built Environment Rating System (NABERS) energy rating	104
National Disability Research Partnership Research Agenda	80
National Health and Medical Research Council	
accountable authority	99, 123
<i>Corporate Plan 2025–26</i>	14, 16–17, 47, 79, 107
Council see Council of NHMRC	
Executive Board	73, 93
governance and accountability	73, 91–3
joint MRFF Advisory Committees	15, 74–5, 78, 84–8
leadership	18
legislative framework	12, 72
mission	8, 14, 47
organisational structure	19
outcome and program	13
overview	11–26
Principal Committees	72, 74, 76, 78, 80–3
purposes and objectives	14, 47, 131
role and functions	12
strategic themes	9, 14–15, 47, 49–70
strategy for health and medical research	15
Working Committees	72, 74–6, 84–8
<i>National Health and Medical Research Council Act 1992</i>	6, 12, 15, 72, 74, 90, 101–2
complaints relating to reviewable actions	101
Council members and appointments	72, 76–7
defined Council functions	76
developed, issued and approved guidelines	59–60
NHMRC establishment, powers and functions	12, 72
Principal Committees and functions	72, 74, 76, 78, 80–3
reportable matters under section 83	90
Working Committees	72–6, 84–8
National Health and Medical Research Strategy	9, 15, 49, 78–9, 84, 87–8
<i>National Healthy Skin Guideline</i>	63
National Institute for Health and Care Research (UK)	78

National One Stop Shop for Clinical Trials and Health-related Human Research	87
National Principles for Child Safe Organisations	96–7
National Reconciliation Week	109
National Redress Scheme Grant Connected Policy	96
<i>National statement on ethical conduct in human research 2025</i>	82, 96
National Women's Health Advisory Council	89
<i>National Women's Health Strategy 2020–2030</i>	89
Neal, Bruce	29–30
Net Zero in Government Operations Strategy	103
Network of European Funding for Neuroscience Research (NEURON)	52
neurodivergent staff	111
neuroendocrine cancer	90
neuroscience of pain	52
Newton, Belinda (BJ)	29, 40
NHMRC awards	27–44
Commonwealth Health Minister's Award for Excellence in Health and Medical Research	28
Research Excellence Awards	29–44
NHMRC Child Safety Policy	97
NHMRC David Cooper Clinical Trials and Cohort Studies Award	31
NHMRC Elizabeth Blackburn Investigator Grant Awards	35
Basic Science (Leadership)	35
Clinical Medicine and Science (Leadership)	36
Health Services (Leadership)	38
Public Health (Leadership)	37
NHMRC Enterprise Agreement 2024–2027	113, 150
NHMRC Evaluation Strategy	78, 87–8
NHMRC Fiona Stanley Synergy Grant Award	39
NHMRC Frank Fenner Investigator Grant Award	41
NHMRC Fraud and Corruption Control Framework 2026–2028	93
NHMRC-funded research, impact of	61–6
NHMRC Funding Agreement	68, 93, 96–7
NHMRC Gender Equity Strategy	57, 78
NHMRC Gustav Nossal Postgraduate Scholarship Award	34
NHMRC International Engagement Strategy	80
NHMRC Learning and Development Strategy 2025–2029	107

NHMRC Marshall and Warren Awards	42
Ideas Grant Award	42
Innovation Award	43
NHMRC Michael Alpers Global Health Award	30
NHMRC-MRFF advisory committees	15, 74–5, 78, 84–8
NHMRC-MRFF Consumer Advisory Group (CAG)	10, 75, 85
role and membership	85–6
NHMRC-MRFF Indigenous Advisory Group (IAG)	10, 51, 75, 84
role and membership	84–5
NHMRC-MRFF Industry, Philanthropy and Commercialisation Committee (IPCC)	10, 75, 87
role and membership	87
NHMRC-MRFF Open Science Policy	79–80, 85
NHMRC-MRFF Public Health and Health Systems Committee (PHHSC)	10, 75, 88
role and membership	88
NHMRC Persistent Identifiers Action Plan	80
NHMRC Peter Doherty Investigator Grant Awards	32
Emerging Leadership	33
Leadership	32
NHMRC Research Excellence Awards	29–44
NHMRC Research Translation Strategy 2022–2025, outcomes report	87–8
NHMRC Research Translation Strategy 2026–2030	78–80, 85, 87–8
NHMRC Risk Management Policy and Framework	92–3
NHMRC Rural, Regional and Remote Health Research Equity Plan	78
NHMRC Sandra Eades Investigator Grant Award	40
<i>NHMRC Statement on electronic cigarettes</i>	59
Nobel laureates	42
non-consultancy contracts	100
non-salary benefits	114
Nossal, Sir Gustav	34
Notifiable Data Breaches scheme	94
notification of research integrity matters	97
<i>Nutrient reference values (NRVs) for Australia and New Zealand</i>	
sodium, iodine and selenium upper limits	59–60, 79, 144
vitamin B6 upper limit	59

O

obesity research	2, 17
objectives see purposes (of NHMRC)	
O'Donnell, Darryl	77, 88
Office of the Australian Information Commissioner	89, 94–5
One Health research approach	16
operating environment	71–104
oral health care	51, 66
organisational culture	116
organisational structure	19
osteoporosis research	2, 17, 62
outcome and program	13
overview (of NHMRC)	11–26

P

parliamentary committees, reports by	90
Partnership Projects	22–4, 57, 87–8
partnerships	10, 38, 40, 49, 62, 108
Patel, Anushka	76, 81
patient data in health technology assessment decision making	26
patients (MRFF grant initiatives)	25
peer reviews and reviewers	50, 53–4
managing peer reviewer burden	54
peer reviewer suitability matching	54
people living with ongoing disability	111
people management see staff	
per- and polyfluoroalkyl (PFAS), limits in Australian drinking water	90
performance audits by ANAO	89
performance pay	114
periconception mechanisms impacting fertility and pregnancy health	35
Peter MacCallum Cancer Centre	36
philanthropic organisations, support for	87
Ploenges, Natasha	10
pneumococcal conjugate vaccine	62

pneumonia, protecting children from	62
Polizzotto, Mark	29, 31
Portfolio Budget Statements 2025–26	7, 13, 48
Portfolio Investment Committee	73
Postgraduate Scholarship Award	34
Postgraduate Scholarships	22–3, 25
potassium-enriched salt, global health gains from	30
pre-COPD, early detection and interventions	37
Preventive and Public Health Research Initiative	26
Primary Health Care Research Initiative	26
Principal Committees	72, 74, 76, 78, 80–3
privacy	94
<i>Privacy Act 1988</i>	94
Privacy Management Plan 2025–26	94
procurement <i>see</i> purchasing and procurement	
Program 1.1 Health and Medical Research	13
Program Management Committee	73
<i>Prohibition of Human Cloning for Reproduction Act 2002</i>	6, 12, 67, 70, 72
Property Strategy 2026–2031	103
public and environmental health guidelines	59
public consultations	144
<i>Public Governance, Performance and Accountability Act 2013</i>	6–7, 18, 46, 72, 83, 93
Public Governance, Performance and Accountability Rule 2014	6, 92, 152
Public Health and Health Systems Committee (PHHSC)	10, 75, 88
public health research	37, 50
Public Sector Workplace Relations Policy 2026	113
<i>Public Service Act 1999</i>	72
employees under	110, 145–51
subsection 24(1) determinations	113
purchasing and procurement	92, 99–101
purposes (of NHMRC)	14, 47, 131
<i>see also</i> integrity (strategic theme); investment (strategic theme); translation (strategic theme)	

R

Raymond, Fran	91
Recaldent®	66
regional, rural and remote health research	63, 88
Reid, Chris	102
remote communities, skin infections	63
remuneration	
Audit and Risk Committee members	91
executive	113, 115–16
key management personnel	115, 140
non-salary benefits	114
senior executives	113, 116
staff	113, 150
Remuneration Tribunal (Remuneration and Allowances for Holders of Full-time Public Office) Determination	113
renewable energy	102
reportable consultancy contracts	99–100
reportable non-consultancy contracts	100
Research Committee	10, 75, 80–1
functions and activities	80–1
membership	81
Research Excellence Awards (NHMRC)	29–44
Research Foundations branch	19
research funding and expenditure	8, 20–6
by broad research area	50
gender equity	2, 9, 57
impact of	61–6
major health issues	2, 17
Medical Research Endowment Account see Medical Research Endowment Account	
Medical Research Future Fund see Medical Research Future Fund	
NHMRC grant program	21–4
see also grant programs	
research impact reporting	58, 61–6
research integrity	
Australian Research Integrity Committee	68, 98
framework	67–9
notification of research integrity matters	97
Research Integrity and Misconduct Policy	68, 93
research investment in major health issues	2, 17
<i>Research Involving Human Embryos Act 2002</i>	6, 12, 67, 70, 72, 80

research misconduct	93, 97
research missions (MRFF grant opportunities)	26
research outcomes <i>see</i> Translation (strategic theme)	
Research Partnerships branch	19
Research Quality and Advice branch	19
research quality strategy	67
research strategy and policy	49
Research Translation Centres	58, 78–9, 88
research translation (MRFF grant initiatives)	26
research translation strategy	58
<i>see also</i> NHMRC Research Translation Strategy	
researchers (MRFF grant initiatives)	25
<i>see also</i> First Nations researchers/chief investigators; gender equity in research	
revenue impacts	118
risk assessment (child safety)	97
risk management	92–3
Robertson, Andrew	77
Robertson, Sarah	29, 35
Robson, Steve	77
Roe, Yvette	77, 85
role and functions (of NHMRC)	12
rural, regional and remote health research	63, 88
Ryan, Cathryn	91

S

St Vincent's Institute of Medical Research	62
O'Brien Department	65
Sapphire grant management system	49, 92
Security Governance Committee	73
selenium upper level of intake	59, 79, 144
Senior Executive Service (SES) Performance Leadership Framework	107
Senior Executives	10, 91
remuneration	113, 116
<i>see also</i> Executive Board	
Senior Lawyer	83
sex selection in clinical assisted reproductive technology, ethical use	82

shared office arrangements	103
Singleton, Sally	77
skin infections in remote communities	63
small businesses procurement initiatives	101
Soyer, H. Peter	29, 42
staff	10, 106–14
APS Employee Census results	110–12
by gender, work status and location	111, 145–6
by gender and classification	148
by work status	149
diversity, inclusion and reconciliation	109–11
employment arrangements	150
employment type by location	150
engagement and wellbeing	112
Indigenous	109, 111, 150
living with ongoing disability	111
locations	111, 145–6
management and development	107
non-salary benefits	114
organisational culture	106
perceptions and agency position	112
performance pay	114
remuneration	113, 151
separation rate	113
statistics	110–12, 145–51
training and development	107
work health and safety	108
workforce planning	106
workplace agreements	113–14, 150
see also Senior Executives	
stakeholders	10, 12, 47, 93, 102, 144
Stanley, Fiona	39
statement by the Accountable Authority and Chief Financial Officer	123
statement of changes in equity	126
statement of comprehensive income	124
statement of financial position	125
<i>Statement on consumer and community involvement in health and medical research</i>	49, 78–9, 81, 85–6, 88
<i>Statement on sex, gender, variations of sex characteristics and sexual orientation in health and medical research</i>	78, 81, 86
Stem Cell Therapies Mission	26
stomach ulcers	64
Strategic Commissioning Framework	107

Strategic Examination of Research and Development	87
strategic priorities	15
strategic themes	14-15, 47
<i>see also</i> integrity (strategic theme); investment (strategic theme); translation (strategic theme)	
strategy for health and medical research (NHMRC)	15
surrogacy laws	82
Synergy Grant Award	30
Synergy Grants	22-4, 57, 84, 144

T

Targeted Calls for Research	22-4, 51-2, 80, 84
Technology and Data branch	19
third-party public health clinical practice guidelines	58, 60, 78
Torrance, Prue	6, 10, 19, 115
Trainer, Maria	19
training and development	107
translation (strategic theme)	8, 14-15, 47, 58
key activities	58
performance results	59-61
Traumatic Brain Injury Mission	26

U

ulcer disease	64
United Nations Convention on the Rights of Persons with Disabilities	110
Universities Australia	68
University of Melbourne	37, 39, 62, 66
University of New South Wales	30, 40, 64-5
Kirby Institute	63
University of Queensland	66
Frazer Institute	42
University of Sydney	34, 38

V

veteran health and wellbeing	52
------------------------------	----

W

Walter and Eliza Hall Institute of Medical Research (WEHI)	28, 33, 43
Weber, Tom	29, 43
website	57, 61, 70, 83–4, 91, 94, 98
Wesselingh, Steve	8, 10, 18–19, 29, 44, 46, 115, 123
background	18
<i>see also</i> accountable authority; Chief Executive Officer	
Westmead Hospital	34
White, the Hon Rebecca	28–9, 44
wind energy effect on human health	90
Wnt signalling pathway, signal propagation mechanisms	33
women see gender equity in research	
women's health, reframing	52
Wong, Evelyn	77
work health and safety	108
incident reporting	108
<i>Work Health and Safety Act 2011</i>	108
Work Health and Safety Regulations 2011	108
workforce management	106–7
workforce planning	106
workforce statistics	145–51
Workforce Strategy 2025–2029	103, 106
Working Committees	72, 74–6, 84–8
workplace agreements	113–14, 150
workplace diversity	109–11

Y

young people, anxiety disorders	66
---------------------------------	----

