



Department of Health, Disability and Ageing
Draft National Health and Medical Research Strategy Consultation
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The draft National Health and Medical Research Strategy (NHMRS) 2026-2036 sets out a 10-year vision for strengthening Australia's health and medical research system. It aims to guide the future of health and medical research and innovation, strengthen coordination and impact, and improve health outcomes across the country. The draft NHMRS has been released for public feedback. This submission by the [Australasian Injury Prevention Network](#) (AIPN) responds to the call for public feedback on the draft strategy by 8 October 2025.

The AIPN is an independent, non-government network representing all-age, all-cause injury prevention and safety promotion in the Australasian region. It is the key professional body for practitioners, researchers, academics and allied professionals working in injury prevention and safety promotion. Our purpose is to encourage best practice in injury prevention and safety promotion, as well as research and injury surveillance. We strive to promote knowledge of the causes of injury and safety promotion to minimise injury-related harm and reduce inequities throughout Australia and New Zealand.

We support the need for a NHMRS to provide strategic direction by aligning health and medical research priorities and strategies and coordinating funding. While alignment provides opportunities to generate efficient funding allocation and research outcomes, the draft NHMRS acknowledges that there is also the potential for some research fields to fall between the gaps. The interdisciplinary and multi-sectoral domain of injury prevention is a good example.

Injury is a major cause of preventable death and disability in Australia. It is the leading cause of death among people aged 1 to 44 years and represents 7.9% of the total burden of disease (2024).¹ While injuries accounted for 6.4% of health spending in 2022-23, the economic cost of injury goes well beyond this in terms of time lost from work, loss of productivity, and costs associated with recovery and living with acquired disability. The Australian Competition and Consumer Commission estimated in 2020 that the annual consumer product-related injury costs alone could exceed \$5 billion. Injury is particularly costly to society given the high involvement of young people who would otherwise be moving into or in the prime of their productivity. It is also difficult to truly measure the full impact an injury can have on the life course of injury survivors.

¹ Australian Institute of Health and Welfare (2025) [Injury in Australia](#).

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The World Health Organization (WHO) has recognised injury as a global public health problem. Injuries take the lives of 4.4 million people around the world each year, accounting for nearly 8% of all deaths, with tens of millions more people suffering non-fatal injuries each year (2019).² The WHO notes:

“despite growing awareness of the magnitude of the problem, attention to injury and violence prevention and control among policy-makers and those funding global public health programming remains disproportionately low.”

‘Prevention is the best form of cure’. The enormous potential for societal cost savings from primary prevention receives scant attention in the draft NHMRS. Research enabling widespread adoption of effective prevention solutions will improve the health of hundreds of thousands of Australians by preventing injury. In turn, this will not only change acute outcomes for those who would otherwise have been injured but will also reduce the burden associated with disability following injury. This includes reductions in risk for mental health and the development of other chronic diseases. Importantly, reducing the burden of injury on the health system will free health resources for other health conditions.

Australia does not have a national strategy for injury prevention. The last strategy expired in 2014, with a new strategy being under development by the Commonwealth Government since 2019.³ A draft National Strategy for Injury Prevention (NSIP) was released for public consultation in 2020. It encouraged collective investment and action on evidence-based interventions that prevent the greatest burden of injury within priority populations and across the life course. Extensive consultation informed the current NSIP draft. This included two roundtables (attended by 115 people from 22 government departments and 58 non-government organisations, universities and research institutes); in-person interviews with 95 individuals representing government, non-government organisations, industry and health professions and more than 78 responses to the draft consultation strategy. The final NSIP has not been released, and its current status is unknown.

The absence of a national injury prevention strategy in Australia not only hampers the coordination of injury prevention efforts across the country, but also affects the allocation of resources and funding, and undermines the ability to attract and retain researchers in this vital field. The lack of visibility of injury prevention, combined with its interdisciplinary and multi-sectoral nature, increases the risk of it being overlooked in the implementation of the NHMRS. An updated NSIP ‘well connected into health and medical research’ as discussed in the NHMRS under ‘Data and Advanced Technology’, could be a solution to several problems identified here in this response to the draft NHMRS.

We agree with the need to accelerate research and its translation to improve Aboriginal and Torres Strait Islander Peoples' health and wellbeing (Focus Area 3). Injuries can happen to anyone, but some groups are at higher risk. The draft NSIP identified priority populations that experience injuries inequitably. Taking into account differences in age structure, Aboriginal and Torres Strait Islander people experienced overall burden from disease and injury at 2.3 times the rate of non-Indigenous Australians in 2018. To reduce the disproportionate injury rates and severity in this priority population, the draft NSIP identified specific areas for action. While key stakeholder groups like AIPN will continue to advocate for the finalisation and release of the NSIP, in its absence, we encourage the acceleration of injury prevention actions and research to improve Aboriginal and Torres Strait Islander Peoples' health and wellbeing.

² World Health Organization (2024) [Injuries and violence](#)

³ Department of Health, Disability and Ageing (2023) [National Strategy for Injury Prevention](#)

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Recommendations

The AIPN calls for:

1. The NHMRS to go further than aligning existing priorities and strategies and to actively consider under-represented research fields that notably contribute to Australia's burden of disease.
2. Fair representation of injury prevention researchers in decision-making leading to more inclusive and context aware funding decisions.
3. Recognition, as in the 2025 Productivity Commission Inquiry 'Delivering Quality Care More Efficiently' draft report, that embedding of research translation to improve health is not necessarily confined to the Australian healthcare system.
4. Acceleration of injury prevention research and its translation to improve Aboriginal and Torres Strait Islander Peoples' health and wellbeing.

We would welcome the opportunity to meet and discuss any questions or issues raised in this submission at your convenience. To arrange, please contact secretariat@aipn.com.au.

Regards,



Dr Helen Harcombe
AIPN President
On behalf of the Australasian Injury Prevention Network
7 October 2025