

Australia invests \$9.2 M in data to find next medical breakthrough

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The initiative focuses on investing in data registries, biobanks and data linkage platforms



The Albanese Labor Government is equipping Australian researchers to find new treatments and breakthrough cures with the power of data.

The government is investing \$9.2 million in four projects aimed at helping health and medical researchers better link data by collecting, sharing and analysing national data more widely. The investment is being made through the Medical Research Future Fund (MRFF) and will enable researchers to use data in new ways for maximum value, linking their work and supporting world-class health and medical research.

Kids, women with cervical cancer and women facing fertility issues are just some of the Australians who will benefit from the research which will make evidence-based care easier for health professionals, drive efficient use of resources and advance care for the health and wellbeing of Australians.

The Murdoch Children's Research Institute will receive \$2,499,711 for 'GenV: A linked national data asset for early and midlife health solutions'. The project will help combine data from babies from around the nation to support preventative healthcare for mothers and children.

Monash University is receiving \$2,497,426 for 'A National, Linked, Clinical Quality Registry for Cervical Cancer'. The project will link data on cervical cancer vaccination, screening and treatment rates to enable researchers to monitor progress towards eliminating cervical cancer in Australia.

The University of New South Wales will receive \$1,753,512 for 'Fertility Medicine Data Asset for Australia: FM-DATA'. The project will link data on fertility, infertility and reproductive medicine, providing the best evidence base for researchers.

The University of Sydney will receive \$2,487,189 for 'Creating a National Congenital Heart Disease "Knowledge Bank"'. The project aims to fill critical knowledge on congenital heart disease prevalence, outcomes, genetic causes, and care access.