



Australia's National Science Agency

H&B HUMAN HEALTH

Proposed program changes

22 April 2024



BACKGROUND

H&B Strategy (2020)

- stronger alignment with Government priorities
- improved competitiveness of R&D required for technology translation

CSIRO Health Challenge Strategy

Human Health program established (2021)

HH currently supports 124 staff at seven sites

Active portfolio shifts - APAIRs, strategic appropriation and revenue relief

Limited opportunity pipeline across a number of capabilities

Disproportionate balance between internal and external funded work

Current and forecasted budgets

HH Strategic Priorities (2024-2028)



HUMAN HEALTH

Strategic Priorities (2024-2028)

OUR VISION:

People living healthier, more resilient lives

OUR GOAL:

Develop science and technology to advance human health solutions for people's improved wellbeing and resilience

IMPACT:

PREPAREDNESS

RESPONSE

TRANSLATION

OBJECTIVES:

Protect and prepare for health threats
Strengthen collaboration aligned to national priorities
Build national capability to respond to threats

Be a trusted voice for the nation
Generate knowledge to build community resilience
Drive interventions to benefit the vulnerable and create scale

Provide access to facilities and capability
Develop and apply innovative methods and analyses
Accelerate early-stage research and translation

OUR FOCUS:
DISEASE PREVENTION AND PREPAREDNESS
(communicable and non-communicable)

Surveillance, detection, prediction and control AND population interventions to support wellbeing, prevention, and community resilience

PRIORITY MARKETS

Monitoring and predicting disease	Lifestyle and behavioural change
Pathogen and infection models	Chronic disease prevention
Vector control interventions	Pre-clinical studies
Vaccines	Phase II Clinical Trials

WE WILL:

- Concentrate on priority markets for growth and to reduce fragmentation of capacity and capability.
- Pursue opportunities based on market pull and in consultation with health system end-users to maximise potential for impact.
- Harness cross-cutting capabilities and multidisciplinary approaches with internal and external collaborators to solve greater good challenges.
- Target large and strategic opportunities and academic and industry partnerships to build scale and reinforce financial sustainability.

OUR INVESTMENT CRITERIA:

IMPACT

Can we deliver clear and significant value? Are we investing in a crucial problem facing the nation? Is feasible to create impact at scale?

MARKET

Is there a feasible path to impact? Is there clear customer need and market pull? Can the work support financial sustainability?

Why CSIRO?

Do we have a differentiated capability to delivery? Are there others more qualified? Can a cutting edge national/world capacity be created?



PROPOSED CHANGES

Need to ensure a strategic and sustainable future for the program

OBJECTIVES

- enable the *Human Health Strategic Priorities*
- deepen and consolidate capabilities in key areas of national priority
- better align with the *CSIRO Health Challenge Strategy*

Organised around capability areas

Focus on CSOF level and function requirements



PROPOSED CHANGES

Nutrition (VAN/PHW)	Reduction in nutrition capabilities to focus on key asset maintenance (i.e.,TWD) with an active shift into behaviour, population health, system impacts and community resilience
VAN	Exit from agriculture and food related pre-clinical analytical studies.
CCR	Exit from clinical trial services including the closure of two units at Westmead and Adelaide
Human Diagnostics	Exit from biomarker and molecular diagnostics and shift to support non-animal models and biosurveillance
Portfolio Management	Reduction in project management requirements to align with the size of the program



NUTRITION

CAPABILITY AREA	Nutrition, nutritional physiology, dietetics, microbiome and gut health supporting clinical trials, novel foods, consumer science and nutritional behavioural interventions designed to improve health
RATIONALE	<ul style="list-style-type: none">• Currently an overinvestment relative to projects/opportunities• Studies are considered additive and not core to industry need• Industry not investing in health substantiation or health claims• Withdrawal from clinical trial reduces need for investigators <p>Need to reshape the capability to focus on key assets and public health/wellbeing interventions focused on chronic disease and behaviour change</p>
IMPACT	13 of 22 staff supporting nutrition in VAN and PHW are potentially impacted based at Kintore and SAHMRI



PRE-CLINICAL AND ANALYTICAL STUDIES

CAPABILITY AREA	Provides technical support for chemical, protein and molecular analysis of food and nutritional products utilising skills such as food microbiology, molecular biology, analytical chemistry and biology
RATIONALE	<ul style="list-style-type: none">• Highly specialised in agri-food nutritional studies/trials• Low demand for agri-food manufacturing industry• A&F advised do not require this in-house service• Possibility of diversifying not viable• Limited pipeline and small value projects <p><u>NOTE:</u> Identified as a growth market in HH Strategic Priorities, however CSIRO's ability to diversify beyond current niche area and be competitive would require a significant investment and capability build</p>
IMPACT	11 staff within VAN at Kintore are potentially impacted



CSIRO CLINICAL TRIALS

CAPABILITY AREA	Clinical trial management and delivery, nursing, data and quality management
RATIONALE	<ul style="list-style-type: none">• Highly specialised in agri-food nutritional trials• Declining pipeline and no evidence of market failure• Existing competitors (industry and academic) with more experience• Diversification of capabilities required, point of difference unclear• SMO diversification strategy – timely and expensive, ROI unclear• Risk reduction can be achieved by partnering for services needed• Opportunity pipeline insufficient to support diversification build <p><u>NOTE:</u> Identified as a growth market in HH Strategic Priorities, however CSIRO's ability to diversify beyond current niche area and be competitive would require significant investment and capability build</p>
IMPACT	14 staff in CCR at the SAHMRI and Westmead units are potentially impacted



HUMAN DIAGNOSTICS

CAPABILITY AREA	Focused on identifying biomarkers for disease diagnostics and develops <i>in vitro</i> diagnostic assays spanning capabilities in molecular biology, genetics, biochemistry, multi-omics, bioinformatics, biostatistics, biomarker discovery, analytical chemistry, and nutrigenomics
RATIONALE	<ul style="list-style-type: none">• Diagnostics not identified as a growth area in HH Strategic Priorities• FSP and APAIR investment not resulted in a sustainable pipeline• Market is competitive and moves quickly – CSIRO has no advantage• Lack of alignment with industry standards restricts translation• Validated through independent expert advice <p>There is potential for some capabilities to redeploy into new program priority areas</p>
IMPACT	4 of 22 staff in human diagnostics across Westmead, Kintore and Black Mountain are potentially impacted



HUMAN HEALTH

CURRENT (APRIL 2024)
PROPOSED CHANGES

Reduction
Exit

HUMAN HEALTH
Research Director

ADMINISTRATION OFFICER

DEPUTY RESEARCH DIRECTOR

PORTFOLIO MANAGEMENT

RISK AND PREPAREDNESS

PUBLIC HEALTH AND WELLBEING

VALUE ADDED NUTRITION

CSIRO CLINICAL RESEARCH

INTEGRATED DIAGNOSTICS

SUPPORT SERVICES

BUSINESS DEVELOPMENT & COMMERCIAL

FINANCE

CONTRACTS

COMMS

HSE

DANGEROUS PATHOGENS

APPLIED PUBLIC HEALTH

NUTRITION INTERVENTIONS

CINICAL TRIALS DATA MANAGEMENT

CLINICAL BIOMARKER DISCOVERY

VECTOR INNOVATIONS & PATHOGEN SOLUTIONS

NUTRITION AND BEHAVIOUR

PRE-CLINICAL AND CLINICAL ANALYTICAL PLATFORM

SAHMRI CLINICAL TRIAL UNIT

DIAGNOSTIC DEVELOPMENT

ZOONOTIC AND ARBOVIRAL PATHOGENS

BEHAVIOURAL AND WELLBEING SCIENCE

WESTMEAD CLINICAL TRIAL UNIT

TRANSLATIONAL TECHNOLOGIES

RESILIENCE TO INFECTIOUS DISEASES

PLATFORM TECHNOLOGIES

ZOONOTIC AND EX VIVO MODELLING



CONSULTATION PERIOD

22 April - 10 May 2024

FEEDBACK MECHANISMS:

- [Human Health – Proposed Program Changes – Consultation Form](#)
- Email directly to the Research Director, Deputy RD or H&B Strategic HR Partner
- Engage in information and Q&A sessions – planned and requested
- Anonymously via the Human Health online feedback form - [HHAnon](#)



INDICATIVE TIMELINE

APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	
CONSULTATION PERIOD (ends 10 May)		REDEPLOYMENT PERIOD (indefinite impacted staff)			REDUNDANCY PERIOD (indefinite impacted staff) (timing for termination TBD by impacted staff)	

CONSULTATION
FEEDBACK
REPORT

FINAL
DECISION

REDEPLOYMENT PERIOD
(indefinite impacted staff)

REDUNDANCY PERIOD
(indefinite impacted staff)
(timing for termination TBD by impacted staff)



- Impacted staff advised as priority
- **Assessments of some capability/CSOF/functional groups**
- Whole-of-program advised
- Impacted staff receive formal letter confirming decision, reason and cessation estimates
- Commencement of redeployment period



- Unable to identify a suitable position
- Approval to proceed with redundancy
- Formal letter to impacted staff
- Staff elect when they wish to cease and preferred retrenchment benefit

Call for Voluntary Redundancy Substitution (VRS)



SUPPORT FOR PEOPLE

Change is difficult and unsettling - support is available for you and your colleagues

[Employee Assistance Program \(EAP\)](#) - 1300 687 327

- You, your immediate family and your team members

Seek out and engage with your colleagues – identify support people

Speak with your line manager and reach out to program leadership

People Advisory support - @PristineLuu, @KymCao

The CSIRO Staff Association (if you are a member)

Dealing with Uncertainty – Converge webinar tomorrow, 23 April 1100-1200



RESOURCES

HH ALL STAFF SPACE

Webinar recording and PPT deck
Frequently Asked Questions

THANK YOU