

INQUIRY INTO PHILANTHROPY

Response to the Terms of Reference

May 2023

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Summary of Recommendations

<p>Data about Philanthropy</p>	<p>The Productivity Commission should undertake a survey of data currently available about Philanthropy and develop a model dataset, with the essential data elements required at a minimum, such as the source (private individual, corporate,) the type (donation, bequest,) the vehicle (direct to recipient, via a foundation) and the type of activity funded (health and medical research, education, relief of poverty etc.)</p>
<p>Role of Government</p>	<p>The Government should support philanthropy for HMR because the objectives of the Government and philanthropy in relation to HMR funding are broadly aligned. The funding of HMR by both Government and philanthropy is beneficial to the Government and the Australian community.</p>
	<p>A more strategic approach by the Australian Government to working with philanthropic organisations to fund HMR could lead to efficiencies and greater effectiveness in the funding of HMR.</p>
	<p>Where a charity has proven expertise in the delivery of research grant programs, there is the opportunity for the Government to fund the charity to deliver a funding program for the Government or to administer a research funding program that was jointly funded by the Government and the charity. Such an approach could lead to innovation in grant application and administration processes, and may enable programs to be delivered at a lower cost.</p>
<p>Opportunities for Government to improve philanthropic giving</p>	<p>The Government could support the growth of philanthropy in Australia by facilitating the temporary and/or permanent migration of overseas accredited recruitment professionals, recognising them as skilled migrants.</p>
	<p>The Commissioners should investigate the extent of charities' dependence on IT and the challenge it presents to charities, and the opportunity for Government to support the upgrading of IT infrastructure for donor engagement and back-office functions.</p>
	<p>Research Australia encourages the Commissioners to engage with state and territory regulators around opportunities for harmonisation of regulatory requirements affecting fundraising.</p>
<p>Increasing the status of giving</p>	<p>In health and medical research, where the Government is already a significant provider of research funding, the Government can partner with charities in funding research, as it currently does through the Priority Driven Collaborative Cancer Research Scheme.</p>

Introduction

Research Australia welcomes the opportunity to make this submission in response to the Productivity Commission’s call for submissions.

Philanthropy is a critical source of funding for health and medical research (HMR) in Australia. As the national peak body for Australian health and medical research and innovation, representing the entire pipeline from research to manufacturing, Research Australia welcomes the Australian Government’s commitment to work with the philanthropic, not-for-profit (NFP) and business sectors to double philanthropic giving by 2030.

Research Australia recognises that in this early stage of the Inquiry the Productivity Commission is looking for data as well as proposals. Our submission seeks to assist the Commission in this regard, by responding to the Information Requests contained in the Call for Submissions Paper. We acknowledge the contribution of many of our members to this submission and will continue to work with our membership throughout the course of the Inquiry to provide information, data and ideas and respond to proposals for reform. This is the role of the national peak body for all stages of health and medical research and innovation. This unique lens enables an objective and holistic third-party view of the entire pipeline. We have undertaken work in this area before and continue to be active in the space.

Research Australia represents the entire Health and Medical Research and Innovation pipeline



HMR and Philanthropy: the context

Funding for HMR comes from a range of different funding sources, including various Commonwealth, State and Territory government programs, philanthropy and private sector investment. All these different components are inter-related and co-dependent.

HMR is undertaken in a complex ecosystem, with private sector, not for profit and public sector involvement in the conduct and funding of research.

The following table is an estimate of where HMR expenditure occurs in Australia.¹

Table 1 Location of expenditure on HMR \$ million

Aust. Govt. (including agencies)	States & Territories	Higher Education	Private Not For Profit	Business	Total
128	598	4,132	1,118	2,402	8,378
2%	7%	49%	13%	29%	100%

The Private Not for Profit component in the above table is largely HMR undertaken in independent medical research institutes (MRIs), and the higher education component is HMR undertaken in universities. MRIs and universities are charities in their own right, able to receive donations from the public. They are also recipients of grants from other charities which are fundraising for health and medical research, for example MS Australia.

While the above table estimates the amount of HMR expenditure and where it is undertaken, understanding the sources of funding, and the contribution of philanthropy to HMR is much more difficult.

While it is reasonable to assume the bulk of philanthropy to HMR is expended in universities and MRIs, it is difficult to determine the proportion of this funding received from philanthropy. The following table is data from the ABS on the source of funds in higher education.

¹ Analysis by Research Australia. The estimates are complicated because they are:

- based on Australian Bureau of Statistics (ABS) data and the ABS surveys the different sectors for different periods. Government and NFP data is for 2018/19; Higher Education is for the calendar year 2018 and Business is for 2019/20
- the ABS categorises data by Socioeconomic Objective (SEO) and by Field of Research (FoR). The SEO of Health generally provides the most accurate estimate but the combined FoRs of Biomedical and Clinical Sciences; and Health Sciences (ANZSCR 2020); is used for Business because most HMR in industry is classified not under the SEO of health but under the SEO of manufacturing. The ABS data is not provided at sufficient detail to enable health R&D to be extracted from the SEO of manufacturing.

Table 2 Higher education expenditure on R&D, by location, by source of funds, 2020²

	\$'000
Australian competitive funds	
Commonwealth schemes	1,770,178
Other schemes	93,135
<i>Total</i>	<i>1,863,313</i>
General university funds	6,735,269
Other commonwealth government	2,117,350
State and local government	487,448
Business	602,552
Donations, bequests and foundations	415,645
Other Australian	108
Overseas	445,954
Total	12,667,638

There are several reasons why this table is not particularly helpful in understanding the contribution of philanthropy to HMR conducted at universities. Firstly it is the source of funds for all R&D in universities; it is not possible to isolate funding sources for HMR only from the published data.

Secondly, while 'Donations, bequests and foundations' is a clear category, it does not fully reflect the contribution of philanthropy to universities. 'Other Schemes' under 'Australian competitive funds' includes grants provided by charities through a competitive grants round open to researchers from multiple institutions, such as a scholarship, fellowship or project grant. 'General university funds' includes 'income from non-research specific donations, bequests and foundations'.³ 'Overseas' includes grants and funds from overseas companies, governments and philanthropy (for example the Gates Foundation). Similar problems arise with interpreting the data provided by the ABS on 'Private Not for Profit organisations' (MRIs).

Research Australia recognises that the Productivity Commission's Inquiry is broader than just philanthropy in HMR, but we believe the above example highlights some of the current difficulties with measuring philanthropy in Australia. And if we can't be sure how much philanthropy is occurring today, it won't be possible to know if the target of doubling philanthropy by 2030 has been met.

Research Australia submits that the Productivity Commission should undertake a survey of data currently available about Philanthropy and develop a model dataset, with the essential data elements required at a minimum, such as the source (private individual, corporate,) the type (donation, bequest,) the vehicle (direct to recipient, via a foundation) and the type of activity funded (health and medical research, education, relief of poverty etc.)

² Australian Bureau of Statistics, Research and Experimental Development, Higher Education Organisations, Australia 2020, Table 1, by location, by source of funds.

³ Australian Bureau of Statistics, Research and Experimental Development, Higher Education Organisations, Australia 2020, Methodology, Glossary.

Why donate to health and medical research?

At information Request 2 in the Paper, the Commission has asked for:

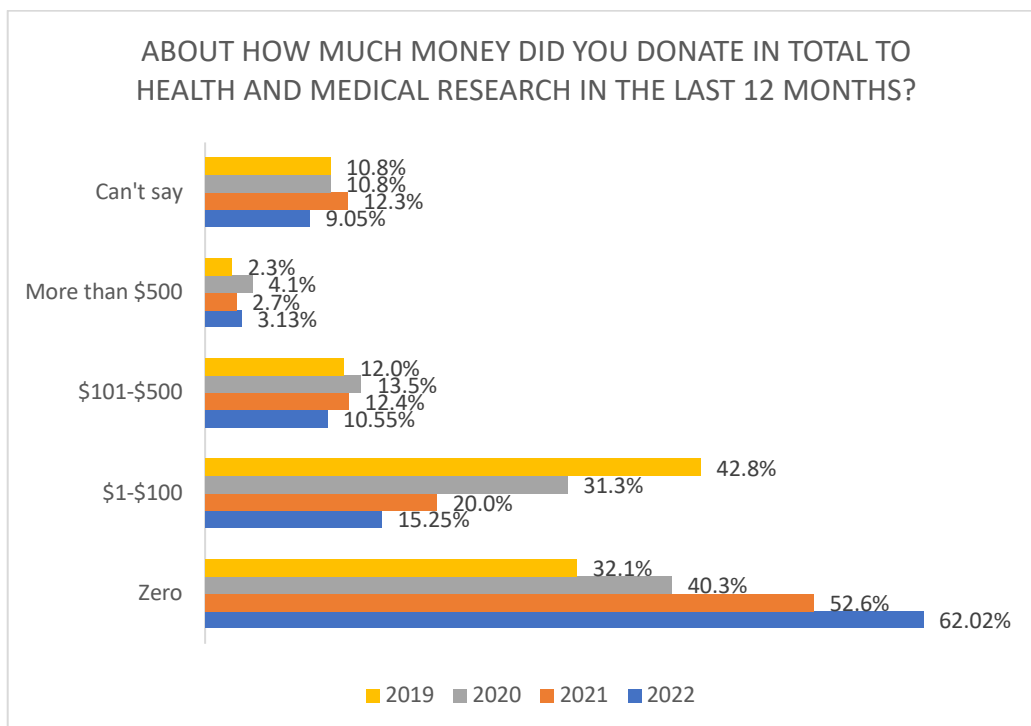
- Any data, in addition to what is publicly available, on giving by donors who have different characteristics, such as age, gender or income.
- Australian-specific data, case studies or other insights regarding motivations of donors who have different characteristics, including elasticities of giving if available.

Research Australia has undertaken public opinion polling since 2003 and has explored many aspects of philanthropy for HMR over that time. The polling has been conducted by an external polling company on Research Australia’s behalf, with sampling to ensure it is representative of the Australian population. Since 2016, the Opinion Polling has been undertaken on our behalf by Roy Morgan Research, a Research Australia member. In this section of our submission, Research Australia has reproduced some of the relevant findings from our opinion polling.

All our Poll reports are available on our website [here](#). Research Australia is prepared to share the underlying data with the Commissioners if this would assist the Inquiry.

Value of donations to research

One of the questions Research Australia has regularly asked the Australian public is to estimate how much money they have donated to health and medical research in the last 12 months. The response to this question in our polls for 2019 to 2022 are presented below.

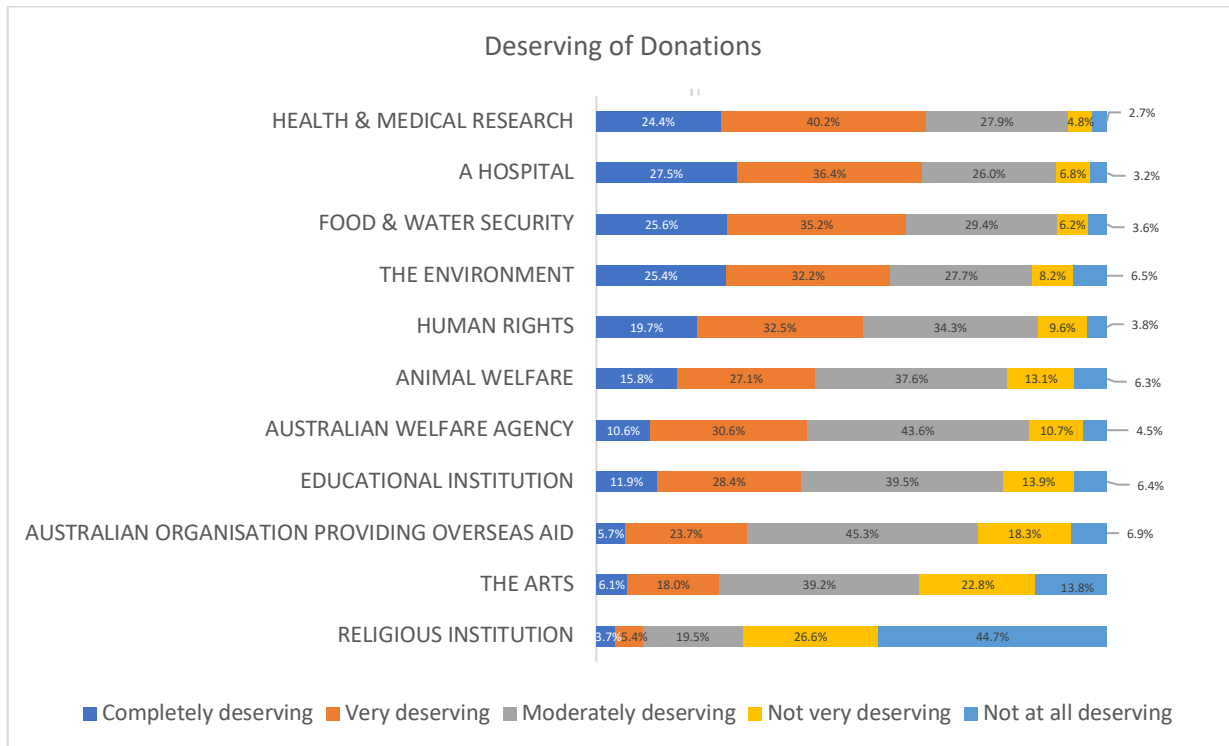


In 2022, the majority (62%) reported not having made any donation to health and medical research in the last 12 months, and a further 9% couldn’t estimate how much they had donated. Smaller donations (\$1- 100) are the most common. Perhaps of most concern is that the proportion of people reporting they have made a donation in the last 12 months has been declining steadily over the last few years.

The greatest decline is in smaller donations, with larger donations generally more stable. In our 2020 Poll, nearly 3 in 10 people told us their donations to health and medical research had been reduced by donations to bushfire and COVID-19 related causes. It is possible this trend has continued, with recent flood appeals replacing bushfires.

Most deserving

In the 2022 Opinion Poll, Research Australia asked the public to nominate which causes were most deserving of their donation. (This question was asked at the start of the survey before it was clear that survey was focused on health and medical research).



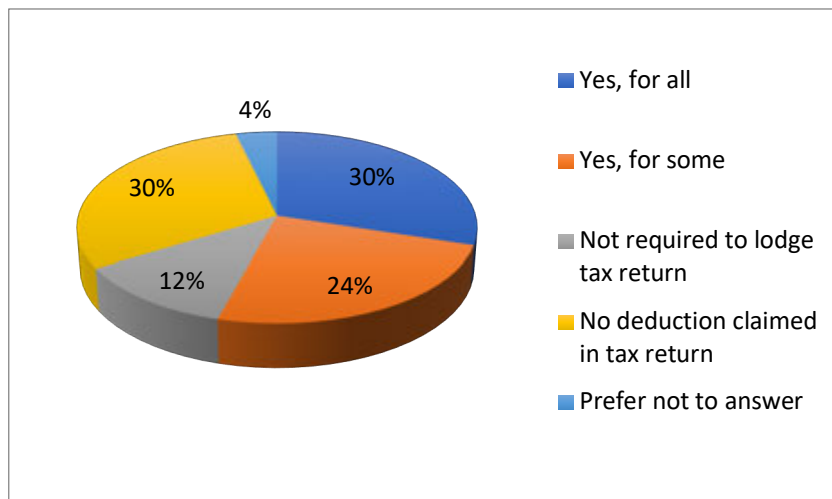
When a similar question was asked in our first poll in 2003 about how important it was that different causes receive donations from the public, HMR was the second priority, behind hospitals and healthcare.

Impact of tax deductibility

The role of tax deductions in motivating and/or supporting donations is an important area and was the subject of Research Australia’s poll in 2013.

We first asked people if they had donated to HMR in the last year; 43% reported they had. 54% of Australians who had donated in the last year reported claiming a tax deduction for some or all of those donations. The likelihood of claiming a tax deduction increased with the size of the total donations made, with 77% of individuals who donated more than \$100 per annum to health and medical research claiming a donation for some or all donations.

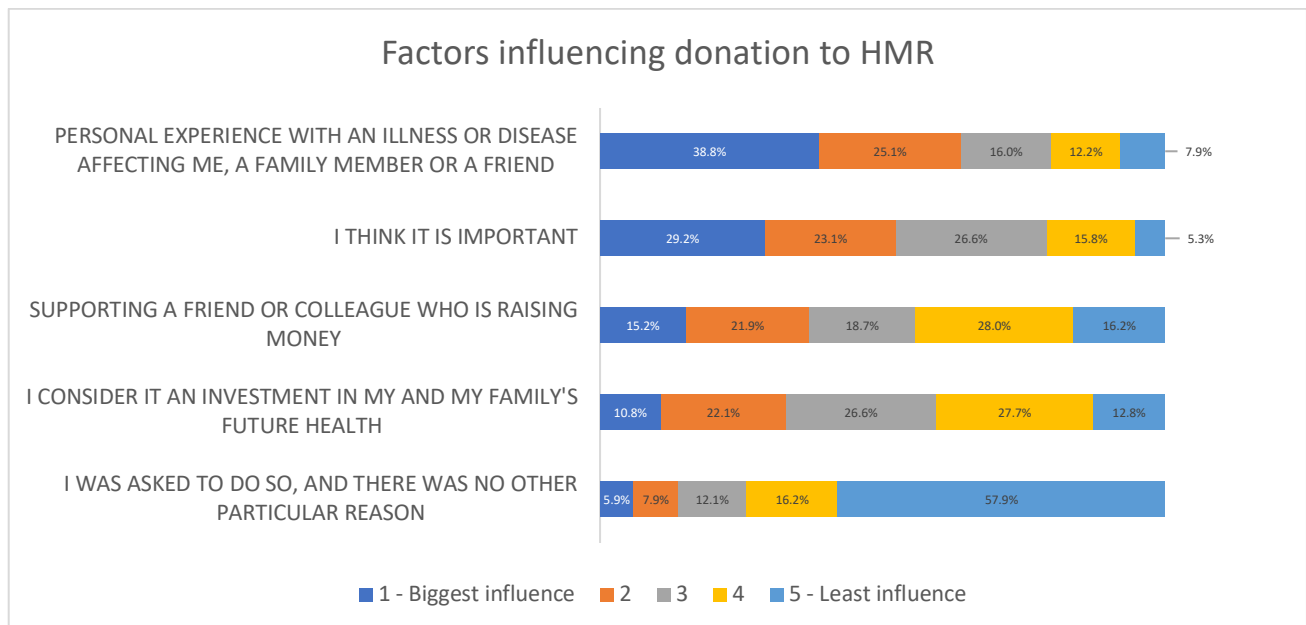
Tax deduction claimed for donations to health and medical research



This finding is important because information about donations is difficult to obtain. Many estimates are based on ATO statistics, which only record donations for which a deduction is claimed. 12% of all donors (and 7% of those who donated more than \$100) reported they were not required to lodge a tax return.

Motivations

In the 2022 Opinion poll, Research Australia asked about motivations for donations to health and medical research, repeating a question we asked in our 2013 Opinion Poll. The results are very similar, with the motivations not having changed in the intervening 9 years.



Personal experience is the chief factor influencing donations, followed by a sense that it is important. This latter finding reflects the view reported earlier that health and medical research is the most deserving cause for donations. Supporting a friend or colleague who is raising money was the third most influential factor, suggesting that fundraising challenges can be effective, and may motivate people who have no direct connection to, or interest in, the cause for which funds

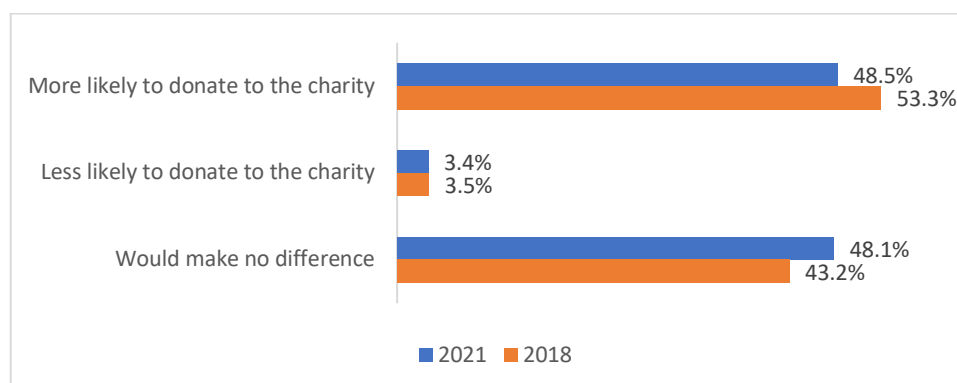
are being raised. There are many third-party fundraising platforms that have emerged to suit this purpose over the last 10 years, for example *Mycause* or *Grassrootz*.⁴⁵

Partnering with Government

As noted elsewhere in this report, governments are large contributors to health and medical research, and many research projects attract funding from both governments grants and donations. Sometimes charities partner with governments to provide funding, and Research Australia has been curious to know what people thought about this.

Nearly half of people told us they would be more likely to donate to a charity if they knew a government was going to match public donations to a charity to fund health and medical research. As we also asked the same question in our 2018 Poll, we can compare responses. They are broadly the same, with a minor reduction in the positive influence of a government matching donations. Importantly, only a small proportion of people are likely to donate less. These results, which are relatively consistent over the two surveys, suggest that pursuing formal partnerships with governments could be an effective way for health and medical research charities to increase overall donations.

Effect of partnering with government on donation intention



Report on funding in Victoria

Research Australia also prepared a report on *Non-Government Funding for Health and Medical Research in Victoria*, commissioned by the Victorian Government in 2018. It provides some analysis of the types of funding available and the sources, including how philanthropy interacts with other funding. The Report is available on our website [here](#).

⁴ <https://www.mycause.com.au/>

⁵ <https://grassrootz.com/>

Role of Government in Philanthropy

At Information Request 3 in the Paper, the Commission has asked for information about ‘The role of philanthropy, including where it can be a **substitute** for, or **complement** to, government funding or provision of services.’ It also asks for ‘The reasons **why government should (or should not) support philanthropy** and whether or how this may vary between causes and various types of philanthropic giving.’

The Australian Government is a significant funder of health and medical research and innovation. This funding is primarily provided through directly targeted programs from the Department of Health and Aged Care through The National Health and Medical Research Council and the Medical Research Future Fund. The Government also provides funding to directly or indirectly support research and research training through several other portfolios, including the Department of Education (Australian Research Council and block funding to universities) and the Department of Industry, Science and Resources. Health is one of the Australian Government’s national science and research priorities and ‘medical products’ is one of the focus areas for the National Reconstruction Fund.

Before considering whether philanthropy substitutes for or complements government funding, it is worth making the point that it doesn’t **compete** with Government funding. High numbers of applications and low success rates for the Government’s competitive grant schemes (fewer than 20% of NHMRC grant applications are funded while around 70% are considered of high enough quality to be funded) are evidence that the Government is not competing with philanthropy to secure the resources it needs to undertake the research it funds; the demand for funding from researchers substantially outstrips the supply of funding from all sources.

Research Australia submits the Government should support philanthropy for HMR because the objectives of the Government and philanthropy in relation to HMR funding are broadly aligned. The funding of HMR by both Government and philanthropy is beneficial to the Government and the Australian community.

Is philanthropic funding a substitute for government funding? There are certainly cases in which philanthropy is funding the same types of HMR as governments and using similar schemes.

Perhaps the clearest example of this is where philanthropy and a Government jointly fund a program. Cancer Australia, an Australian Government agency, has established the *Priority-driven Collaborative Cancer Research Scheme* to support research that reduces the impact of cancer on the community and improves outcomes for people affected by cancer. Operating since 2007, the Scheme provides grants for cancer research that are jointly funded by the Cancer Australia and one or more charities. Eleven charities are participating in the current grant application round for research to commence in 2024.⁶ One advantage for the charities is that Cancer Australia covers the costs of assessing and administering the grant programs.

Where philanthropy finds similar projects to government, or where government and philanthropic funding is pooled and provided through one single program, it appears that philanthropy is supplementing, rather than truly complementing, government funding. As noted above, as long as philanthropic funding is not ‘crowding out’ Government funding or vice versa, and it definitely isn’t,

⁶ <https://www.canceraustralia.gov.au/research/grants-and-funding/priority-driven-research/2023-pdccrs-round>

the supplementation of Government funding is not a problem, and is actually a benefit to both the Government and the community.

There is also evidence of philanthropy complementing funding from the Australian Government and the states and territories, and the private for-profit sector. For example, MS Australia offers Incubator Grants which provide seed funding for the early stages of innovative new research efforts, with the aim of generating preliminary data needed to support future grant applications.⁷

Government funding for HMR is highly competitive and successful applications typically have significant preliminary data to demonstrate the quality of the research application. However, this requirement can create a Catch 22, particularly for young researchers. Where do they get the funding to generate the preliminary data needed to make them competitive for research funding?

An MS Australia Incubator Grant seeks to address this issue, providing funding that enables a researcher to undertake the work needed to generate this preliminary data. This is a role frequently played by many charities in HMR, supporting early career researchers with small grants and scholarships to enable them to succeed in the future in gaining larger Government funded grants by making them more competitive.

On a larger scale, philanthropy can also 'seed' projects which then attract further Government funding.

the Children's Medical Research Institute to establish the ACRF International Centre for the Proteome of Human Cancer (ProCan™) research project. In 2018, the project was successful in securing \$21 million from the NSW Government and \$20 million from the Commonwealth to complete the project.⁸

Another area in which philanthropy complements Government is in the funding of research infrastructure. In the rare disease space, patient registries can provide a critical role as a source of research data, as a generator of research questions and as a recruitment source for clinical trials.

The Foundation for Angelman Syndrome Therapeutics Australia (or FAST Australia) is an organisation of families and professionals dedicated to assisting individuals living with Angelman syndrome to realise their full potential and quality of life through funding research, education, and advocacy.⁹

FAST Australia has funded the Global Angelman Syndrome Registry. The Registry 'gives parents and caregivers the power to drive the collection of data. Its goal is to make the registry the largest collection of information about the neurological disorder to date and use it to inform the research for new therapies by providing insights into the developmental progress, medication, and seizure management related to the condition.'¹⁰

While there is some evidence of existing complementarity between government and philanthropic funding, there is also duplication of effort and funding gaps. Research Australia submits that a more strategic approach by the Australian Government to working with philanthropic organisations to fund HMR could lead to efficiencies and greater effectiveness in the funding of HMR.

⁷ <https://www.msaustralia.org.au/annual-funding-opportunities/types-of-grants/>

⁸ <https://www.acrf.com.au/news/latest-news/procan-to-receive-41-million-funding-boost/>

⁹ <https://cureangelman.org.au/about-the-foundation/>

¹⁰ <https://www.angelmanregistry.info/the-benefits-of-an-open-source-registry-for-rare-diseases/>

There are many charities in HMR that operate their own grant programs; assessing applications, administering funding and evaluating adherence to program guidelines. These are activities that parallel the activities of Government agencies like The National Health and Medical Research Council and the Business Grants Hub or they may be building research capacity in targeted areas. For example, for research into inflammatory bowel disease. Crohn's & Colitis Australia funds PhD Scholarships.¹¹

Where a charity has proven expertise in the delivery of research grant programs, there is the opportunity for the Government to fund the charity to deliver a funding program for the Government or to administer a research funding program that was jointly funded by the Government and the charity. Such an approach could lead to innovation in grant application and administration processes and may enable programs to be delivered at a lower cost.

Effectiveness of charities

At information Request 7 in the Paper, the Commission has asked for information about:

- The role of government and the non-government sector in providing additional information to donors.
- The policy rationale, costs and benefits of government provision of specific data sources to inform donors' choices about where to give.
- Information donors would value on the effectiveness of not-for-profit (NFP) organisations, but cannot access and why.
- Data sources that are most beneficial to donors and examples of data that is provided by government to donors (directly or indirectly) overseas that could have net benefits to the community if applied in Australia.

All donors want to know that their donation will 'make a difference' and that it will be used effectively. When it comes to HMR the ultimate goal is to improve health outcomes for people, either generally or for a specific patient or population group.

Research is inherently experimental, and the outcome of any research cannot be known at the outset. Even where research leads to a new treatment, the process from initial research discovery to a new drug, therapy or technology is a long one, commencing upstream with the research discovery and flowing downstream through various stages of testing, refinement, and regulatory approval to the realisation of a new product which can be manufactured and sold to a customer. A similarly long journey is required for research to have an impact through a change in government policy, or a new clinical guideline.

For this reason, it is very difficult to directly measure the effectiveness of a donation or even the contribution of one piece of research; it can really only be done in hindsight, often decades after the donation is made.

Any contemporaneous assessment of effectiveness will have to rely on a range of secondary indicators, such as the previous track record of a researcher or research organisation, reputation among peers, assessment of the quality of organisational governance and financial efficiency

¹¹ <https://crohnsandcolitis.org.au/research/cca-ibd-scholarship/#:~:text=The%20Crohn's%20%26%20Colitis%20Australia%20IBD,cause%20or%20cure%20for%20IBD.>

(administration and fundraising costs as a percentage of donations). The latter two (governance and finances) are more general assessments, while track record is likely to require specific expertise in the HMR sector. Undertaking such an assessment has the potential to be costly if it seeks to go beyond a basic assessment, such as analysis of financial statements.

As noted earlier, donors to HMR are motivated by a range of factors, the chief of which is personal experience with a disease or medical condition. For more common diseases and conditions there may be several charities to which a donation can be made, while on other areas, there may only be one disease specific charity in Australia. In this circumstance, a comparison tool or rating system may be of limited use.

Guidestar is a US non-profit company that provides free public access to some basic information about non profit organisations to anyone prepared to create an account.¹² The information available for free is roughly equivalent to the information publicly available from the ACNC website. Further information is available to paid subscribers.

Professionalisation of fundraising

At information Request 8 in the Paper, the Commission has asked for information about:

- Steps governments can take do to better equip professional advisers to advise their clients on philanthropic giving.
- Aside from those mentioned so far, any other opportunities for government to improve philanthropic giving in Australia.

If philanthropy in Australia is to double by 2030, a key element is going to be the greater professionalisation of fundraising in Australia. Historically this has been a small profession in Australia and some charities are experiencing difficulty in recruiting experienced fundraising professionals. **The Government could support the growth of philanthropy in Australia by facilitating the temporary and/or permanent migration of overseas accredited recruitment professionals, recognising them as skilled migrants.**

Support for charities' operations

In the past, the Australian Government has provided support to businesses and sole traders to purchase equipment and/or update their infrastructure and processes. For example, the instant asset write off for eligible assets was implemented and extended to 30 June 2023, to support 'tradies to buy utes'.¹³ The Modern Manufacturing Initiative was introduced by the Government to support manufacturing business to modernise and improve their businesses.¹⁴

Charities are highly dependent on technology to engage with donors, collect and process donations and store data. IT costs are a significant issue for many charities, and protecting sensitive data, such as donor details is an increasing challenge. A lack of access to suitable technology could be a significant barrier to the Government's ambition to double philanthropy.

¹² <https://www.guidestar.org/>

¹³ <https://www.ato.gov.au/Business/Depreciation-and-capital-expenses-and-allowances/Simpler-depreciation-for-small-business/Instant-asset-write-off/>

¹⁴ <https://business.gov.au/grants-and-programs/modern-manufacturing-initiative-manufacturing-integration>

The Commissioners should investigate the extent of charities' dependence on IT and the challenge it presents to charities, and the opportunity for Government to support the upgrading of IT infrastructure for donor engagement and back-office functions in the next phase of this Inquiry.

Red Tape Reduction

A promise made with the introduction of the ACNC was a reduction in red tape. While some progress has been made, barriers still exist. One example is the need to obtain permits for fundraising activities in each state and territory. A national process, or mutual recognition of other jurisdictions' fundraising permits, would be a significant step forward. **Research Australia encourages the Commissioners to engage with state and territory regulators around opportunities for harmonisation of regulatory requirements affecting fundraising.**

Increasing the status of giving

At information Request 10 in the Paper, the Commission has sought views and information about:

- Public strategies or initiatives that have proven cost-effective in increasing philanthropy in other countries and evaluations conducted on those initiatives.
- Developments in behavioural economics and other social experiments in 'nudging' and engaging new donors and volunteers.

Research Australia referred earlier in our submission to opinion polling we have undertaken on two occasions that showed that a charity partnering with government would increase the likelihood a person would donate to the charity.

Research Australia suggests that in health and medical research, where the Government is already a significant provider of research funding, it would make sense for the Government to partner with charities in funding research, as it currently does through the Priority Driven Collaborative Cancer Research Scheme, also described earlier.

This can take the form of a commitment of funding for a fixed amount from the Government or a commitment to 'matching' donations raised by the charity. The effectiveness of this as a 'nudge' could be tested in a pilot program where a charity includes information about its partnership with Government in targeted communications to one group of existing or new donors and does not include this information in communications to a control group.

Conclusion

Research Australia is pleased to have this opportunity to provide the Commissioners with information and some proposals at this first stage of the consultation.

Doubling philanthropy in Australia is a worthy aim, and one which will have enormous and numerous benefits for the Australian community. As a current recipient of significant funding from governments and philanthropy, the health and medical research has a vital stake in this Inquiry, and as the sector's national peak body, Research Australia has expertise in relation to philanthropy in HMR and deep networks in the sector. We would be pleased to work with our membership and the Commissioners in further exploring the opportunities for increasing philanthropy in our sector and further formally assisting the Commission.

ABOUT RESEARCH AUSTRALIA

Our vision: Health and prosperity through Australian research and innovation.

Our mission: Use our unique convening power to maximise the impact of all stages of health and medical research and innovation.

Our role:

Engage

Australia in a conversation about the health benefits and economic value of its investment in health and medical research.

Connect

Researchers, funders, healthcare providers and consumers to increase investment in health and medical research from all sources.

Influence

government policies that support effective health and medical research and its routine translation into evidence-based practices and better health outcomes.

Established with the assistance of the Federal Government in 2002, Research Australia is the national alliance representing the entire health and medical research (HMR) pipeline, from the laboratory to the patient and the marketplace. Research Australia works to position Australian HMR as a significant driver of a healthy population and a healthy economy.

Nadia Levin

CEO & Managing Director

02 9295 8547

nadia.levin@researchaustralia.org

www.researchaustralia.org

384 Victoria Street Darlinghurst NSW 2010

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