

Aotearoa Brain Project

KAUPAPA RORO O AOTEAROA

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Submission re the Te Ara Paerangi Future Pathways Green Paper

Background

We are writing to provide this submission on behalf of the Aotearoa Brain Project – Kaupapa Roro o Aotearoa, which is a new national network of researchers, clinicians and community members devoted to accelerating research in order to enhance brain health for all New Zealanders. The Aotearoa Brain Project is built on the platform of the former Centre of Research Excellence, Brain Research New Zealand – Rangahau Roro Aotearoa. The failure to have continued funding in this nationally important health area, especially after a brief six-year tenure as a CoRE, emphasises in our mind the need for priority setting and a more whole-of-government approach in government-funded research domains, in addition to the bottom-up researcher-driven projects which are also a highly important element of the research environment. Our comments below reflect an interest specifically in health-related research and the development of the health research workforce.

Comments on the Te Ara Paerangi Future Pathways Green Paper

1. Ngā Whakaarotau Rangahau, Research Priorities

- *We generally support the idea of establishing national research priorities and would strongly encourage an approach that is inclusive of Māori and community stakeholders. But first, more discussion is needed to understand the depth and scope of these priorities and whether they would be in general or more specific areas and how to deal with areas of overlap. There may well be different strategies for establishing and resourcing priorities across the spectrum of research but, in regard with respect to health research at least, we would encourage genuine engagement and involvement of Māori and community stakeholders. Our experience is that this is a rich and empowering approach that can lead to fresh priorities, approaches and productive collaborations around critical areas of focus.*
- *The process of prioritisation should recognise the value of fundamental research. We note that in the rush to ensure there is impact of research on health outcomes, there is a growing sense that fundamental biomedical research is being left behind and losing perceived value. It is imperative that our health research activity and priorities span discovery through to clinical impact, as has become fully apparent in the context of the Covid-19 response.*
- *There is an excellent NZ Health Research Strategy which could provide a basis for setting health research priorities and health research funding needs to be increased strategically to meet the aims of this strategy. We are already half-way through its cycle yet not half-way to making the desired impacts. The defunding of the BRNZ and MedTech CoREs has been a backward step to meeting the impacts desired by the Strategy and shows the need for stability in the research environment and strategies that take account of the long-term nature of research.*
- *A larger vision for health research is needed, with funding to promote collaboration and inclusion and to promote coordinated research programmes. Funding for health research is*

scattered across numerous agencies: HRC, RSNZ, MBIE, MSD, MoH, ACC, along with various philanthropic trusts. We need to keep those opportunities open. Yet we believe there is merit of having a larger vision-setting oversight, with funding to support national networks to promote coordinated research programs across the country of researchers who would still be receiving funding from these various sources as well. For example, our experience with BRNZ demonstrated in no uncertain terms how valuable to the national effort it was to have such a national network that accelerated nationally collaborative brain research, while also growing Māori and Pacific capability and community engagement. The loss of funding, just as the network was maturing, brought the importance of these networks into sharp focus.

- *Consider establishing a CRI with a health focus.* There is currently no CRI with a specific health-related focus. This could be a vehicle for driving certain areas of high health priority, while bringing a public focus on national health research and ensuring more partnerships with Māori in health research to reduce inequities. Such a CRI could be a virtual one interwoven with University-based research networks as described above. Thus, networks across different areas of health research could, for example, be brought together into a coalition, sharing some resources and forming the basis of a governance and management model for research in health priorities.

2. Te Tiriti, Mātauranga Māori Me Ngā Wawata O Te Māori Te Tiriti, Mātauranga Māori and Māori aspirations.

- *We are very supportive of the views expressed in the Green Paper around genuine engagement, partnerships and inclusion of Māori in the research system.* We encourage a strategic focus on building a Māori health research and clinical workforce, ensuring opportunities for leadership and governance roles for Māori in health research activities and inclusion of Mātauranga Māori and Kaupapa Māori research in the national health research arena. This should be led by Māori. Brain Research New Zealand and now the Aotearoa Brain Project have benefited from strong engagement and building partnerships with Māori which has enriched the brain research landscape.
- There is great need for equalising health outcomes for Māori and in our area of concern, brain health, this is also obvious. However, we need to recognise that these inequities are also tied to many other factors thus requiring a coherent policy informed by research over a wide range of domains, not just health.

3. Te Tuku Pūtea, Funding

- *Research funding in Aotearoa New Zealand needs to increase considerably to enable better outcomes.* One of the biggest issues is that there is not enough funding for research in Aotearoa New Zealand relative to its need, or relative to GDP as compared to other OECD countries. This is acknowledged in the government's own documents. This dearth of funding has several important impacts on the research environment including: a) recruitment and retention of international quality researchers, clinicians and entrepreneurs, b) insufficient and unclear pathways for early career researchers wishing to build careers in research, c) high levels of stress for established researchers trying to maintain funding streams for their research programs, d) insufficient consistency of support for Māori and Pacific researchers to develop careers in the area, e) insufficient capacity for clinicians to undertake research, and f) insufficient research infrastructure compared to similar countries overseas. All of these effects compound to reduce Aotearoa New Zealand's research competitiveness, effectiveness and outcomes.
- *Priority setting should take into account the areas of focus for the TEC funded CoREs and any gaps in that funding.* We note that while the refresh of RSI funding for research does not have TEC funding in scope, we advocate that the priority setting process makes sure to take

into account the areas of focus of the TEC-funded CoREs and, importantly, any associated gaps in that domain of funding. We note for example that the Green Paper hardly mentions health research, and we hope that this does not reflect a view that health is not an area of importance, or that health research is not in scope for Te Ara Paerangi Future Pathways.

- *Create a robust and transparent priority setting and decision-making process.* The pathway for obtaining bespoke research programmes is not clear (e.g., Genomics, HealthTech, Infectious Disease), as there currently appears to be a work-around, or process for lobbying, that is not widely understood. While these may indeed be priority areas, the process of priority-setting and decision-making now needs to be both robust and transparent. These same principles should apply to situations where new priorities become apparent either through a top-down or bottom-up process, with all grant applications sent out for review.

4. Te Hunga Mahi Rangahau, Research Workforce

- *We need to train, attract and retain internationally excellent intellectual capital in Aotearoa NZ to meet our specific needs and to contribute to the economic development of Aotearoa NZ.* This is also needed for highest quality training of up-and-coming researchers, clinicians and policy makers for the future of Aotearoa NZ.
- *There needs to be a national strategy around health research workforce development.* This shouldn't be left to the HRC and a few philanthropic trusts but should be a properly resourced national vision and programme that supports highly qualified researchers through the career pathway. This would give hope and a degree of security to Early and Mid-Career Researchers embarking on a career. This is an area where a Health CRI might be useful to manage and promote the workforce development, coordinating with institutions.
- *Make it more viable for DHB clinicians to engage in meaningful research.* Clinicians and clinical researchers are essential to the translation of health research into clinical practice. However, expecting DHB clinicians to also undertake research is almost untenable in the current funding environment and available clinician pool. Thus, there needs to be an easier path for DHB clinicians to engage in research and internal mechanisms to fund research tenths for clinicians. This may require a managed shift of research funding to DHBs, including research training fellowships and internships, with these made available throughout the sector, both geographically and across clinical specialties of all types, including allied health areas. Moreover, there needs to be a mechanism to maintain that new research capacity once the fellowships have ended. Alternatively, or in addition, the Ministry of Health may need to outsource its research requirements if the clinician pool and time available is insufficient to do this in-house.

5. Te Hanganga Rangahau, Research Infrastructure

- *We are very supportive of the need to consider the national infrastructure to support research.* Funding for key infrastructure and their associated personnel and expertise is vital to keep our international competitiveness.
- *Infrastructure funding needs to be both at a local or institutional level for essential equipment or facilities as well as at a national level for large and expensive items of equipment.* Decision-making processes on large and critical items should be expeditious and forward-thinking to avoid the long-time lag that often occurs and the consequential loss of opportunity to remain at the leading edge of a research field
- *We particularly note the importance of including in the infrastructure thinking the needs of clinical trials and longitudinal clinical or social research studies.* Longitudinal studies make an important contribution to many research fields, for example, enabling studies of the natural history of diseases such as dementia, environmental and social influences on disease or behaviour and identification of prognostic indicators that can

help with early, pre-morbid identification of a disease. Generally, the main cost of these is in the clinical and administrative staff and expertise, rather than physical infrastructure. Such people costs must be included in the planning of research infrastructure.

Overall, we are pleased to see that the Green Paper has taken a whole-of-sector look at the RSI research funding landscape and is asking the right questions in all the key areas to identify how it can be improved. Making the most of the resources and intellectual capital present in Aotearoa NZ, and hopefully enhanced through this mahi, is absolutely vital. We hope that those charged with establishing the revised system will establish an aspirational yet also pragmatic and workable strategy for research that enables Aotearoa NZ to significantly lift its game. Regular reviews and benchmarking of how this system is working should be part of this strategy.

Yours sincerely,



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