
# Response to the *Te Ara Paerangi Future Pathways Green Paper* consultation document from the Edgar Diabetes and Obesity Research (EDOR) Centre, University of Otago

EDOR is one of the flagship Research Centres of the University of Otago, established in 2003 as part of the Leading Thinkers philanthropic campaign by the then National government. The vision of EDOR is to make a significant contribution to reducing the global burden of diabetes and obesity through research and dissemination of knowledge. This response is intended to represent views of EDOR researchers, both collectively and individually.

**Theme 1: Research priorities**

• Different types of funding must continue to be supported (e.g. mission-led National Science Challenges, investigator-led Health Research Council and Marsden funding, blue skies research, fundamental and applied research) – but it would be interesting to know if there are any metrics of "success" from each of these different types of research in relation to the investment provided.

• Setting new priorities must involve a wide range of stakeholders, including the public, that consider all aspects of science and outcomes. In our area for example, current funding for diabetes/obesity research is miniscule despite diabetes resulting in more than 1000 amputations and being the primary cause of at least 500 deaths each year in New Zealand – far in excess of the current Covid pandemic for example. Diabetes is also the cause of renal failure in nearly half of all people starting renal dialysis in NZ.

• How long will the revised priorities exist for and is there some room for flexibility to allow for new and emerging priorities?

• Research that falls outside the research priorities will also require a significant proportion of the funds available.

**Theme 2: Te Tiriti and Mātauranga Māori**

• Māori need to be involved at all levels in the process, from stakeholders to researchers to governance, to ensure greater equity.

• This will require greater levels of investment in early and mid-career options for all researchers, including Māori.

**Theme 3: Funding**

• $$ caps on our main competitive funding options (HRC and Marsden) and the inclusion of overheads have not kept pace with inflation and make it almost impossible to run good, big research projects, particularly in the public health space.
• Separate funding is needed for people, infrastructure, and projects. This would mean that salaries of indirect (already university funded) staff would not be included in applications – just the staff who need to be directly employed to run that specific project. If greater infrastructure was available within institutions (animal labs, computing, data analysis etc) that was not part of the funding, this would also free up competitive funding to be more project-based than it is currently.
• We need more funding options for longer projects (more than 3 years), particularly those working within communities, where establishing relationships and developing projects can take considerable time and still requires funding (often not currently included but still costs).

**Theme 4: Institutions**

• It is unclear in the current funding models why different types of institutions have different funding models (e.g. CRIs funded by MBIE whereas Universities funded by Vote Education) and how these might influence all other themes represented in this document.

**Theme 5: Research workforce**

• The precarious nature of soft-funded research staff (over-represented by women, Māori, Pacific, and other marginalised groups) must be addressed.
• We attract plenty of PhD students (some argue too many) who then have very few avenues – post-doctoral fellowships are extremely limited and mid-career positions almost non-existent when compared with similar countries.
• There are no research career posts in New Zealand, as there are available in comparable countries.
• Too much time is spent by researchers applying for research funds which only have success rates of 10% - this is highly inefficient.

**Theme 6: Research infrastructure**

• Basic infrastructure is critical and should not rely on constant funding applications, due to inefficiency and uncertainty.
• There appear to be major differences in how organisations are funded – this should be more transparent including the reasons why.
• There are currently limited incentives to apply for large-scale grants because of the very uneven trade-off between the work required and the chance of success – if more infrastructure was covered centrally this would allow more efficient use of time and resources.
• People are infrastructure too e.g. research nurses for clinical trials, technicians who run large and complicated pieces of equipment, data analysts for complex large data.