

# New Zealand Health Research Strategy Discussion Document

## Submission form

### How to have your say

To develop a successful health research strategy, we need your help to identify the challenges and opportunities for health research in New Zealand and how to respond to them.

The specific questions below are designed to guide your input and feedback. We are interested in your responses to these particular questions, as they will inform the development of the strategy.

Consultation is open to any person or organisation interested in contributing to New Zealand's health research strategy.

The closing date for submissions is **5 pm on Friday 29 July 2016**.

There are three ways you can make a submission.

- Fill out this submission form and email it to: [healthresearchstrategy@mbie.govt.nz](mailto:healthresearchstrategy@mbie.govt.nz)
- Mail your comments to:  
Health Research Strategy  
Ministry of Health  
PO Box 5013  
WELLINGTON 6140
- Participate in a focus group discussion in June or July 2016.

For more information about how to share your views or register for a workshop, visit:  
[www.health.govt.nz/publication/nz-health-research-strategy-consultation](http://www.health.govt.nz/publication/nz-health-research-strategy-consultation)

You do not have to answer all the questions or provide personal information if you do not want to.

This submission was completed by: *(name)* Prof Michael Baker, Prof Richard Edwards, Prof Diana Sarfati, Prof Philippa Howden-Chapman, Prof Tony Blakely, Dr Jason Gurney

Address: *(street/box number)* Box 7343 Wellington 6242

Email: michael.baker@otago.ac.nz

Organisation (if applicable): Department of Public Health

Position (if applicable): Staff of the Department of Public Health, University of Otago, Wellington

Are you submitting this (tick one box only in this section):

as an individual or individuals (not on behalf of an organisation)

on behalf of a group or organisation(s).

Please indicate which sector(s) your submission represents (*you may tick more than one box in this section*):

- |  |  |
|--|--|
| <input type="checkbox"/> Māori                             | <input type="checkbox"/> Regulatory authority            |
| <input type="checkbox"/> Pacific                           | <input type="checkbox"/> Consumer                        |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> District health board           |
| <input type="checkbox"/> Individual researcher             | <input type="checkbox"/> Government                      |
| <input type="checkbox"/> Independent research organisation | <input type="checkbox"/> Health service provider         |
| <input type="checkbox"/> Crown Research Institute          | <input type="checkbox"/> Non-governmental organisation   |
| <input checked="" type="checkbox"/> University             | <input type="checkbox"/> Health professional association |
| <input type="checkbox"/> Other ( <i>please specify</i> ):  |  |

The Ministry of Health, Ministry of Business, Innovation and Employment (MBIE) and the HRC will analyse the information gathered from the focus groups and the submissions. This input will inform the development of the health research strategy, in particular the strategic priorities and action areas.

Submissions and other responses to the discussion document may be the subject of requests for information under the Official Information Act (1982). If this happens the Ministries will release the information to the person who requested it. However, if you are an individual, rather than an organisation, the Ministries will remove your personal details from the submission if you check the following box:

- I do not give permission for my personal details to be released under the Official Information Act 1982.

## Questions about the health research strategy

- 1 Does the proposed vision capture what you see as the desirable future state for health research in New Zealand by 2026?

- Yes  
 No

Please provide reasons and comments below.

Firstly, we want to congratulate the Government, MBIE and HRC for creating the first New Zealand health research strategy document of its kind. The content of this document and its organisation is generally very good and it will provide a valuable basis for advancing health research in NZ over the next decade and beyond.

The opening vision statement refers to "...a health research and innovation system that markedly improves the health, social and economic wellbeing of all New Zealanders." This overarching goal is commendable. However, the 7 detailed statements that follow don't contain all of the specific elements we think are fundamental to achieving that vision. We suggest adding:

- science that addresses the major underlying determinants of poor health and health inequalities in New Zealand
- science that recognises the fundamental co-benefits of health and sustainability

We don't think that a vision statement that calls for "widespread use and adoption of new and emerging technologies" is necessarily congruent with an effective and efficient health research strategy. A better 'vision' would be for health researchers and the broad health sector to always aim to use the best possible methods and tools for answering their research questions or solving their particular problems – including new and emerging technologies where appropriate.

- 2 Are there additional aspects that you think should be included in the vision?

- Yes  
 No

Please provide reasons and comments below.

As noted above in 1.

In addition, we consider New Zealand has a special relationship with countries of the South Pacific, particularly Polynesian. We recommend that the Vision and Mission recognise this geographic scope and support research conducted largely or entirely in South Pacific countries.

- 3 Does the proposed mission capture key contributions and roles that are needed to achieve the vision?

- Yes

No

If not, what do you think should be included?

We recommend inclusion of an additional statement about development of the health research workforce, particularly early career researchers. Doctoral study is well supported in NZ, partly because universities are incentivised to support such study (eg via PBRF). There is a large bottleneck after Doctoral training that prevents many talented graduates developing research careers at this point.

See comments under question 9.

4 Do these proposed guiding principles clearly state the operating principles and values that are needed to achieve change over the next 10 years?

Yes

No

Please provide reasons and comments below.

These principles appear sound and important.

The robust open review process that the HRC uses for evaluating research proposals is highly regarded and valued by the health research workforce in NZ.

A key issue with these principles is how they are applied. For example, maintaining a reasonable balance of investigator-initiated research. This element gives the research sector greater agility and innovation.

5 Do you think additional guiding principles are needed?

Yes

No

Please provide reasons and comments below.

6 Taken together, do you think the proposed vision, mission and guiding principles will set the framework for a more cohesive and connected health research and innovation system?

Yes

No

Please provide reasons and comments below.

With changes noted above under points 1 to 4.

7 What do you think should be the focus of the strategic priorities in the health research strategy?

We see strong benefits to New Zealand from research in the following areas:

- Addressing health determinants and major health threats, such as poor housing, tobacco use and an unhealthy nutritional environment.
- Addressing complex, 'wicked problems' like the effects of climate change and environmental degradation, rising income inequalities, globalisation and economic instability, anti-microbial resistance, obesity, suicide and population mental health.
- Promoting more integrated solutions that link health gain and sustainability. An example is the HRC funded He Kainga Oranga / Housing and Health Research Programme which evaluates the co-benefits of policy initiatives such as retrofitted insulation which results in health improvements (eg fewer days off school, fewer hospitalisations) as well as improvements in energy efficiency and residential stability.
- Promoting a more 'evidence-based culture' in Government policies and programmes including greater use of systematic reviews of existing literature and more effective evaluation of NZ policies and programmes.

8 What do you think of the example strategic priorities?

We strongly support 'Example two: Unlocking the factors determining health and wellbeing for New Zealanders now and into the future'. However, we think this statement could go further – see point 7.

We also think that it is important to build in suitable processes to revise and update research priorities. The health research priorities that are important now will change over time. A strategy document (and associated funding strategy) should be sufficiently flexible that it allows for dynamic changes in health priorities. A prime example is the field of infectious diseases – where agility in funding distribution is crucial in the prevention and/or mitigation of epidemics.

Strategic direction can alter drastically depending on political climate. The health priorities of a country – from which a health research strategy should rightly be formulated – should not change depending on who is in Government, but rather should be above-Government. It is fundamental that our health priorities – and thus health research priorities – are not set by politicians, but rather the health services and health research sectors that they serve.

9 What specific actions could help us achieve the strategic priorities you have identified?

Investment in young and emerging researchers is a critical action. The Professors of today will eventually retire – and today’s young and emerging health research leaders face immense competition to secure permanent and/or tenured positions in our Universities (and related institutes). The identification of emerging research leaders – and investment in their future, via initiatives that make permanent employment viable from the perspective of the University (or similar) – is crucial to the future of health research in this country. From the perspective of the emerging research leader, it is not sustainable to live in a state of flux regarding where your salary is going to come from when your current project expires; it is, in fact, immensely distracting and disquieting. Substantial investment in young and emerging researchers – who could be conceivably be considered the ‘engine room’ of New Zealand’s health research infrastructure – will a) reduce the likelihood that emerging leaders will seek employment offshore or in other sectors, by improving the sense of career stability; and b) attract intelligent, high-value individuals from other sectors, by increasing the availability (and long-term viability) of a career in health research.

Some targeted support for critical skills development to support priorities in the use of ‘big data’ for research on public health and related areas.

Ability to fund research on rapidly emerging problems and disasters such as earthquakes and pandemics.

10 How could health research best support the directions of the New Zealand Health Strategy Future Direction?

The NZ Health Strategy (NZHS) is expressed in very broad terms. It also has a number of problematic aspects that have been articulated elsewhere:  
<https://blogs.otago.ac.nz/pubhealthexpert/2015/12/03/nz-health-strategy-consultation-draft-are-the-big-prevention-programmes-really-in-there/>.

Consequently the NZHS will not, on its own, provide a strong base for guiding the NZ Health Research Strategy.

11 Where do the challenges and opportunities lie for health research in New Zealand?

New Zealand should recognise its **small size as a major strength**. Along with our small size goes a relatively high level of trust and greater potential to implement interventions that require a high level of inter-sectoral collaboration. This situation gives us the potential to be a 'social laboratory' to test out and evaluate interventions to complex problems such as:

- Delivering integrated approaches to improving child health and welfare
- Linking multiple outcomes across health and sustainability areas (co-benefits)
- Managing complex health care challenges such as comprehensive care of people who are elderly or disabled
- Sharing and using health data (and related 'big data') in ways that support health gain and research while protecting personal privacy
- Building world class food production systems that can link productivity and safety with health and sustainability
- Managing biosecurity and movement of pandemics across borders

12 How can we build a more cohesive and connected system?

We agree that cohesion and connectedness and highly desirable. Achieving these goals requires commitment, incentives and infrastructure.

One approach would be to consider the Australian model of Centres of Research Excellence (CRE). We don't know enough about this model to comment on how well it works.

We think there could also be value in the HRC supporting the establishment of a national network of defined 'health surveillance centres' covering major research priority areas. These centres would need to meet agreed standards for engagement with key stakeholders and information dissemination. In most instances these would be established groups with existing funding streams which would go through a periodic re-designation process. For priority areas with no established groups, there could be an active process of establishing them through a funded RFP process. Such a network could potential add some cohesion, continuity and connectedness to some key components of the health research sector.

13 In what areas could health research in New Zealand make the greatest difference to the health and wellbeing of all New Zealanders over the short term and into the longer term?

See comments under point 7

14 How can we ensure health research generates knowledge and understanding that can help address the health needs of all New Zealanders?

See comments under point 7

15 How can we get more excellent science and high-impact research?

Focussing on the most important research opportunities for New Zealand. This process requires a method that considers disease burden, interventions, and the kinds of research where New Zealand has a large competitive advantage (see point 11).

16 How can we improve the uptake of research results and innovations?

We suggest two strategies:

Firstly, NZ needs a more coordinated and consistent infrastructure for evaluating current and new interventions across the prevention and treatment continuum. Achieving this might require a greater commitment to fund groups which specialise in this work (eg the HRC funded Burden of Disease Epidemiology, Equity & Cost-Effectiveness Programme (BODE<sup>3</sup>). We should look at best international practice in terms of how this function is managed elsewhere. It may be that the HRC could support this function in collaboration with the Ministry of Health and other Government agencies (perhaps drawing on approaches such as the UK 'What Works Network' <https://www.gov.uk/guidance/what-works-network>).

Secondly, there is a need to promote an evaluation and evidence-based culture within policy and service delivery organisations. Part of this is to encourage skills in assessing and using evidence. There is also a need to formally include evaluation requirements in new policies and programmes. Where evaluation can answer important health research questions, it should be eligible for HRC funding.