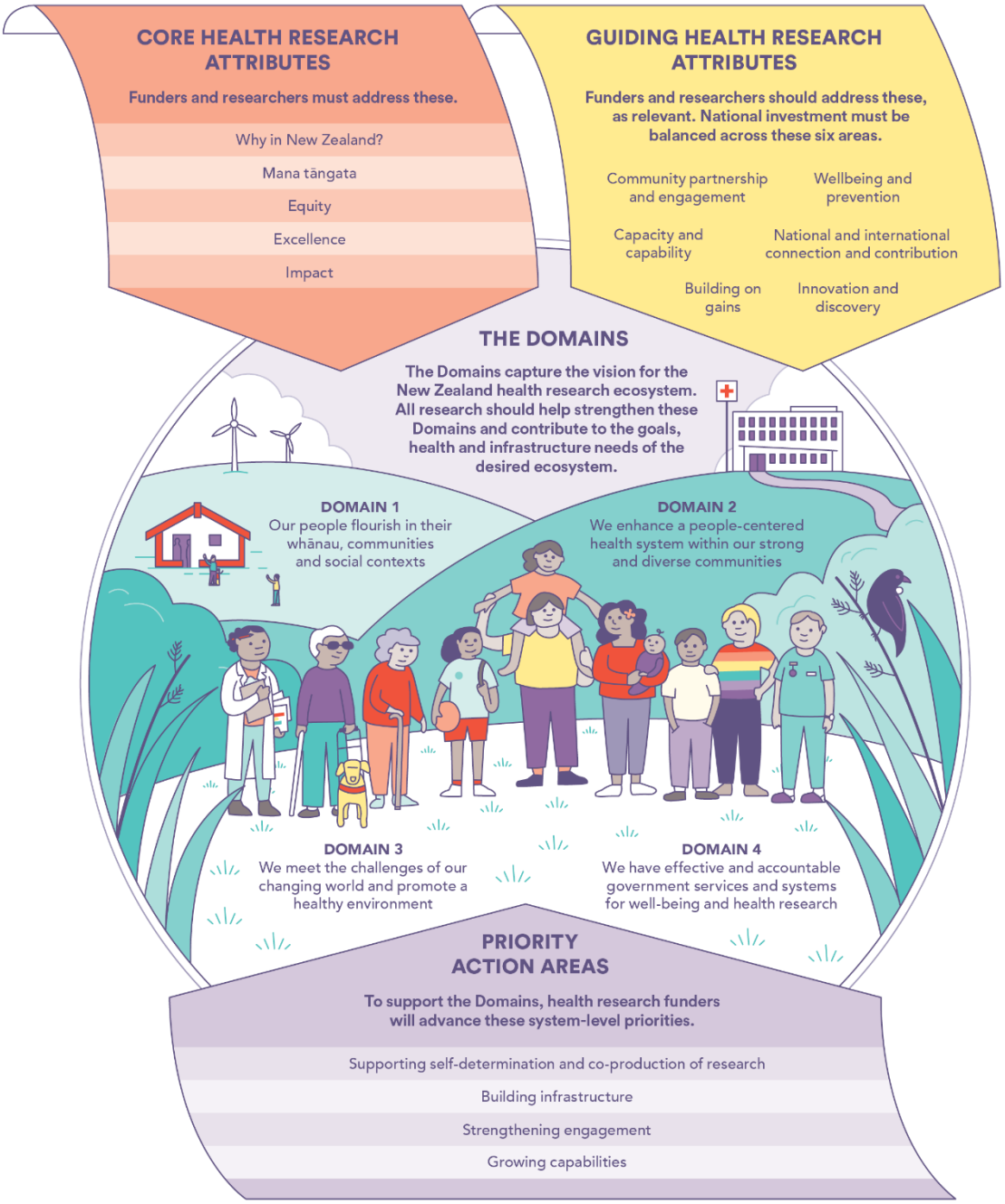
Final consultation on New Zealand's first prioritisation vehicle for health research

Have your say: Consultation from 12 March to 1 April 2019



This consultation is a joint initiative between the Ministry of Health, the Ministry of Business, Innovation and Employment and the Health Research Council of New Zealand

Table of Contents

Section 1: The proposed prioritisation vehicle for New Zealand health research

Introduction

This is the second round of public consultation to be conducted on how best to set health research priorities for the Government's investment in health research. This work is mandated by the New Zealand Health Strategy (NZHRS) 2017 – 2021.

The work is being led by the HRC, as the Government's principle health research funder, in partnership with the Ministry of Business, Innovation and Employment and the Ministry of Health. These are the three lead agencies responsible for implementing the ten Actions of the NZHRS.

The development of the proposed prioritisation vehicle that is now under consultation, comes under Action 1: Prioritise investments through an inclusive priority-setting process.

Ten things you should know before providing feedback

1. **There are five components** to the proposed prioritisation vehicle which, when combined, are designed to deliver high-priority research for government investment.
2. The vehicle is designed to **address *why* and *how* we do research in New Zealand – not *what*** research needs to be done (with researchers, funders, policy-makers, healthcare providers and communities driving that, as they see most appropriate).
3. The **vehicle is set at the system level**, taking an overarching view of the health research ecosystem. It **embraces the business of all health research funding agencies**, not just the HRC, **and both research and infrastructure issues**.
4. **No topic-based or disease-specific** research priorities are specifically recommended (see point 2).
5. **The Domains are named as high-level social outcomes from research** – please see descriptions and the quick guide for researchers (p18) for the detailed scope of what each Domain embraces.
6. **All disciplines and methodologies of health research are valued and reflected in this vehicle** and all are seen as essential to delivering on the vision of the NZHRS.
7. **Funders are required to align in this proposed vehicle** (not just the research community).
8. The proposed prioritisation vehicle **applies to health research funds invested by the HRC, the Ministry of Health and its agents, MBIE and the National Science Challenges** – also funds co-invested with NGOs and other partners with these agencies.
9. The proposed vehicle is **designed to endure for the 10-year life of the NZHRS and beyond.**
10. **The background, context, principles and language decisions** behind this vehicle are discussed in detail in Section 2 and are important reading before making a submission.

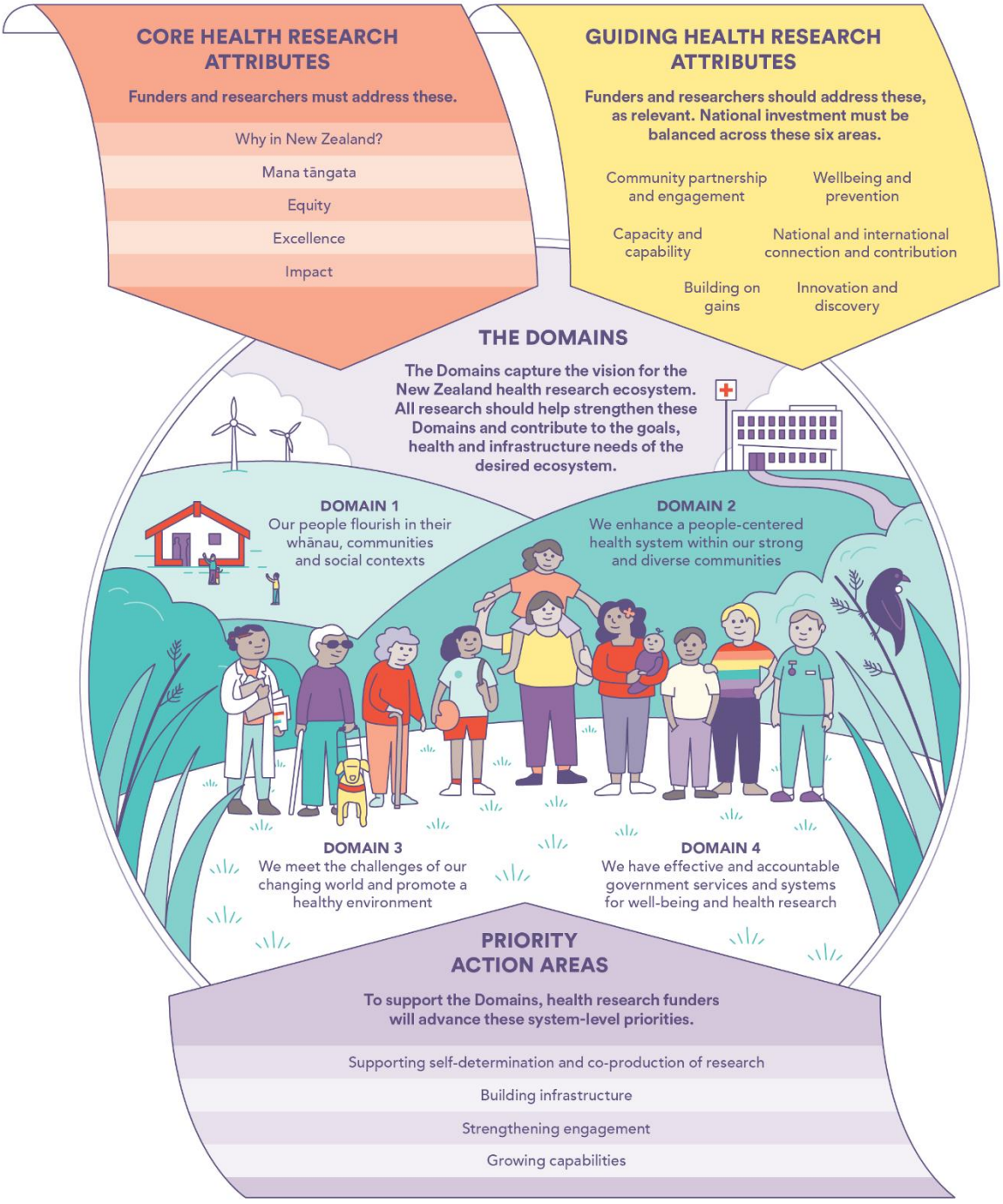
The five components of the prioritisation vehicle

The revised vehicle consists of five components that, when implemented together, collectively form a prioritisation system.

How the five components fit together

The image on the following page shows how the Health Research Attributes and Priority Action Areas feed in to the Domains to realise the vision for the health research sector that is articulated there.

New Zealand's prioritisation vehicle for health research



The Domains

The first component of the proposed prioritisation vehicle is the four Domains of the health research landscape, the high-level social goals that the system aspires to achieve for New Zealanders. These broadly encompass the definitions and goals of the draft Strategic Investment Areas that were initially released for public consultation in September 2018. The Domains are designed to provide investors of government health research funds with a way to view the health research landscape, and a means of developing a common vision of the way forward for all those involved in the New Zealand health research ecosystem.

Government investment agencies would align their Investment Plans across these four Domains and collectively consider and balance the breadth of investment, and any gaps, across all relevant New Zealand funding mechanisms. Research funders would also require applicants to think about the four Domains when submitting a proposal and how their work would contribute within or across them.

Where relevant, the connection between the Domains to other Actions of the NZHRS has been indicated in the descriptions provided.

Researchers would be able to map their research to one, several or all of the Domains. Please **see Appendix 1 for a quick reference guide for researchers** as to how certain research areas might map across the four Domains, p18. **The Domain descriptions give an idea of the scope, the key issues and the desired direction but do not constrain the topics that can be addressed. The prioritisation vehicle will not address relative funding levels across Domains or resourcing**. this would be decided by individual funding agencies, working together to ensure an appropriate balance across funding mechanisms.

The Domain descriptions are drafted to provide a clear indication of the types of issues that are covered within this Domain. They are set at the system level and do not address specific health issues. They are not intended as an exhaustive list of all issues that need to be investigated or addressed in New Zealand.

Domain 1: Our people flourish in their whānau, communities and social contexts

Scope

Domain 1 encompasses endeavours to extend our knowledge and mātauranga of health, wellness, and resiliency. This includes research at the level of the individual, as well as the family and whānau, hapū and iwi. This Domain explicitly recognises the biological, social and cultural contexts of physical and mental health and how their influence and interconnection must be considered now, over time and across generations.

Understanding the human body in health and disease and sparking innovations

Research at the individual level will advance understanding of the human body in health and disease, human psychology and behaviour and drive advances in personal health, diagnostics, therapies and prognostics. It will define new boundaries for knowledge through high-risk and high-return science that drives our innovation system and feeds the commercialisation pipeline, ensuring that New Zealanders get early access to innovations that are developed in this country. Facilitated by early engagement with our world-class research commercialisation ecosystem, researchers will provide the innovations that afford New Zealand access to the global health marketplace. Clinical application and testing of these innovations is within the realm of Domain 2. This is also relevant to NZHRS Action 8: Support transformative and innovative ideas.

Determinants of health within and across generations and co-design of interventions

Research that investigates public health and the social determinants of health and draws upon hauora Māori and other models of wellbeing also sits here. Longitudinal studies, inter-generational approaches, health interventions, and community-driven research are key to achieving in this Domain. Research will build knowledge that improves the health and wellness of all communities and people in social contexts, promoting health and preventing illness wherever possible. It will include distinctive and successful approaches and solutions to Māori health and social needs, and issues and priorities for whānau, hapū and iwi.

Promoting health equity

Research led by Māori, Pacific, and persons with disabilities and communities facing major health disparities, discrimination or exclusion is fundamental to achieving health equity. This includes issues and solutions for the SOGIESC[1] community. It is also relevant to those living in rural areas and facing different challenges relating to isolation, access to services, amenities and social networks that impact on health and wellbeing. Research relating to the social model of disability that addresses reducing barriers to persons with disabilities participating fully in society will make a strong contribution to the goal.

Domain links to other NZHRS Actions

This Domain intersects with NZHRS Action 2: Invest in research for healthy future for Māori and Action 3, invest in research that results in equitable outcomes for Pacific peoples and helps them to lead independent lives.

Questions

Suitability of Domain 1: Our people flourish in their whanau, communities and social contexts

- Do you have feedback on Domain 1? *If not, please go directly to the questions about Domain 2.*
  - Are the purpose and scope of Domain 1 clear?
  - Is Domain 1 representative of a key area of the health research ecosystem?
  - Do you agree that Domain 1 is adequately representative of diverse communities in New Zealand?
  - Do you have any other comments on Domain 1?

Note: A full list of consultation questions and response options is provided in Appendix 1.

[1] Sexual Orientation, Gender Identity and Expression and Sexual Characteristics

Domain 2: We enhance a people-centred health system within our strong and diverse communities

Scope

Domain 2 focuses research on ensuring that all members of society have equitable access to services that are appropriate, deliver to their needs and improve their health outcomes. It includes research that strengthens our health and disability services (including mental health services) and contributes to better and more cost-effective treatments and clinical practices. This Domain explicitly recognises the need to connect research with practice and policy, and to build the research workforce that New Zealand needs, now and in the future.

Health services research

Health services research is a crucial component of this Domain creating the evidence urgently needed to ensure optimal use of constrained resources. Research on health systems and models of care, costs of care and access to health practitioners are essential for an efficient and safe health system. Research will be needed to act on the findings of the Health and Disability System Review[2], if we are to effectively future-proof our health and disability services (some aspects of this would be covered in Domain 4). Capacity to undertake health services research in New Zealand needs to be grown, and there are key areas in which capacity is especially low, such as health economics.

Translational research, health technologies and health technology assessment

Effective research translation necessitates focusing unerringly on getting better outcomes for people, regardless of where along the pipeline that research is starting – from discovery through to application. Uptake of new health technologies and health technology assessment are also important elements of this Domain. Translational research that transforms basic discoveries into medical and assistive technologies, tools and interventions that will improve healthcare in New Zealand and around the globe is key to a world-class health system. Areas include (but are not limited to), the application of diagnostics, computational modelling, imaging, monitoring, telehealth, health informatics, tissue engineering, regenerative medicine and robotics[3]. Applications are equally wide-reaching and include: improved imaging; better, less invasive diagnostic and therapeutic techniques; monitoring; rehabilitation, and smart devices that assist individuals to self-manage long-term conditions. The application and clinical trials of these technologies, tools and interventions belong in this Domain. Basic research and development and pre-clinical studies fall within Domain 1.

Improving diagnostics and treatments and supporting clinical trial infrastructure

Research and infrastructure measures in this Domain will help to ensure the integrity of diagnostics and treatments. Well-designed clinical trials will be an important tool in realising the goal of this Domain, particularly multi-centre trials and those that are undertaken as part of international collaborations. Funders will work to improve clinical trial networks through work associated with Action 6 of the NZHRS: Strengthen the clinical research environment and health services research.

Capacity and capability

There will be a strong focus on supporting research capability development, ensuring the health research workforce reflects our strong and diverse communities, and that research opportunities are provided that attract top health professionals to establish and maintain a career in New Zealand. This links to NZHRS Action 4: Develop and sustain a strong health research workforce.

A major focus is still required on Māori health research capacity and capability, while measures to build capacity have proved successful, the need for Māori health research to guide and improve service provision continues to grow and is not matched by existing capacity. The Pacific health research workforce is critically low and urgent measures are required to improve access to, and quality of, services

[2] For more information see https://www.health.govt.nz/about-ministry/leadership-ministry/expert-groups/health-and-disability-system-review

[3] Medical and assistive technologies is a constantly changing field and so it not possible to produce an exhaustive list, this is only intended as indicative.

for Pacific people, especially given the projected large increase in the Pacific population is imminent, due to issues covered in Domain 3. Persons with disabilities arguably experience some of the worst health inequities of all, and yet the capacity of people with disabilities to lead the research to address this is extremely low. All of these issues must be dealt with through capacity building measures (links to NZHRS Action 4: Develop and sustain a strong health research workforce).

Building meaningful relationships for Improvement of services and reduction of inequities

Health research in this Domain will facilitate and promote the building of meaningful community and 'next-user' relationships for improvement of services. The health research system will work on establishing the mechanisms that enhance health services research connecting researchers, policy-makers, service-providers and service-users. (NZHRS Action 6: Strengthen the clinical research environment and health services research).

A key principle of this Domain is patient-centred service provision, encapsulated by the principles of the Whānau Ora model, elements of which can be applied to all communities in New Zealand, empowering people to manage their own health, lead healthy lifestyles, participate in their communities and remain connected with their culture.

Service providers cannot offer appropriate and effective services if they do not understand the cultural needs of the communities that they serve. This is where communities, researchers and service providers must partner to foster greater understanding, better services and enduring change. In undertaking community needs and perspectives, funders and researchers will need to consider social determinants, historical contexts and power differentials for marginalised communities, especially Māori and Pacific peoples, as well as those with mental health issues, for which there is a large body of knowledge showing that poor experience of services and differences in treatment are resulting in major inequities in health outcomes.

Knowledge mobilisation within the health sector

Key to progressing efforts in this Domain will be valuing and investing in knowledge translation skills within the health sector (NZHRS Action 7: Enable and embed translation across the health sector). Only a small proportion of the health research investment in New Zealand currently informs policy and practice. Increasing this proportion will require promoting greater contact between researchers, policymakers and practitioners so that ideas and evidence can be freely exchanged. This active interchange will inform evidence-based healthcare, as well as the direction of future research.

Domain links to other NZHRS Actions

This Domain intersects with NZHRS Action 2: Invest in research for healthy future for Māori and Action 3, invest in research that results in equitable outcomes for Pacific peoples and helps them to lead independent lives.

Questions

Suitability of Domain 2: We enhance a people-centred health system within our strong and diverse communities

- Do you have feedback on Domain 2? *If not, please go directly to the questions about Domain 3.*
  - Are the purpose and scope of Domain 2 clear?
  - Is Domain 2 representative of a key area of the health research ecosystem?
  - Do you agree that Domain 2 is adequately representative of diverse communities in New Zealand?
  - Do you have any other comments on Domain 2?

Domain 3: We meet the challenges of our changing world and promote a healthy environment

Scope

Research and infrastructure measures in this Domain are designed to ensure that we have the knowledge to help prepare for changes in technology, climate, food security, water quality, bacterial resistance, infectious disease risks, and other global and regional factors that will impact on health in New Zealand, as well as those that are already impacting on our populations here and in the Pacific. This Domain recognises that New Zealand is globally connected and has a role in investigating global challenges to the health and well-being of whānau and communities, as well within our wider regional neighbourhoods.

Environmental health

The Domain includes research on the range of environmental issues affecting health now, as well as research seeking to mitigate the impacts into the future. Poverty, occupational health, healthy homes and natural disasters are all important areas of focus.

Contributing globally and in the Pacific islands

It is also important for New Zealand to play its part in the global health research effort, specifically targeting the Pacific Islands and the wider Asia-Pacific region, which have special relevance and importance to this country and its peoples. Climate change is already having a major impact on the Pacific Islands, forcing families to relocate, affecting traditional food crops and reducing potable water. It is expected that large numbers of Pacific Islanders will be forced to relocate to New Zealand as sea levels rise. Research is needed to prepare for this, both in New Zealand and in the Pacific.

Māori approaches to environmental issues

This Domain will support Māori to lead the development of distinctive approaches to environmental health issues. Māori have a unique contribution to make to achieving more sustainable environmental outcomes and healthy communities. The way that they experience and explain the interaction between people and the environment is informed through indigenous knowledge and the obligations they feel for kaitiakitanga (guardianship) and enhancement in different environmental contexts.

New approaches for future needs

Under this domain discovery research will be needed that addresses New Zealand's future needs. This work, and more applied endeavours, may involve research that brings together a diverse range of disciplines, some of which have not traditionally be been associated with health research, working in fields such climate change, social science, food cultivation and storage, insect behaviour and vetinary medicine.

Domain links to other NZHRS Actions

This Domain intersects with NZHRS Action 2: Invest in research for healthy futures for Māori and Action 3, invest in research that results in equitable outcomes for Pacific peoples and helps them to lead independent lives.

Questions

Suitability of Domain 3: We meet the challenges of our changing world and promote a healthy environment

- Do you have feedback on Domain 3? *If not, please go directly to the questions about Domain 4.*
    - Are the purpose and scope of Domain 3 clear?
    - Is Domain 3 representative of a key area of the health research ecosystem?
    - Do you agree that Domain 3 is adequately representative of diverse communities in New Zealand?
    - Do you have any other comments on Domain 3?

Domain 4: We have effective and accountable government services and systems for well-being and health research

Scope

A key objective under this Domain is to create a rich research base on the role of the Treaty of Waitangi in health, the impact of the Health and Disability Act, and other government legislation and actions on the health of individuals and communities and their environments.

The Domain will focus on infrastructures, health and social policy, models of care, healthcare delivery and government-funded service providers, such as District Health Boards, Primary Healthcare Organisations and Māori service providers. It will foster greater engagement across sectors that maximises opportunities for meaningful impact in the health system. It will provide knowledge needed to improve the quality of services and develop evidence-based policy, decision-making, monitoring and evaluation. However, clinical research and health services research are encompassed by Domain 2. This links to NZHRS Action 5: Strengthen health sector participation in research and innovation and Action 6: Strengthen the clinical research environment and health services research.

Connecting the health and social system with the health research system

Under this Domain, agencies need to invest to connect the health and social system with the research system. They must also address workforce shortages in key areas for the future, including big data, health economics and capability to drive methodological advances (links to NZHRS Action 4: Develop and sustain a strong health research workforce).

Data sovereignty and ethics

This domain will also focus on issues such as Māori data sovereignty and the ethical issues related to the use of big data in this country, particularly in relation to the Integrated Data Infrastructure (IDI). It will also cover broader ethical issues around the development and uptake of new technologies.

Domain links to other NZHRS Actions

This Domain intersects with NZHRS Action 2: Invest in research for healthy futures for Māori and Action 3: invest in research that results in equitable outcomes for Pacific peoples and helps them to lead independent lives.

Questions

Suitability of Domain 4: We have effective and accountable government services and systems for wellbeing and health

- Do you have feedback on Domain 4? *If not, please go directly to the questions about all proposed Domains.*
  - Are the purpose and scope of Domain 4 clear?
  - Is Domain 4 representative of a key area of the health research ecosystem?
  - Do you agree that Domain 4 is adequately representative of diverse communities in New Zealand?
  - Do you have any other comments on Domain 4?

Feedback on the proposed Domains

- Do you think that the proposed Domains map the most important parts of the health research ecosystem in New Zealand for the next decade?
- Are the proposed Domains easily distinguishable from one another?
- Do you have any other feedback on the overall proposal to introduce Domains?

The Core Health Research Attributes

The second, and perhaps the most important, element of the vehicle is comprised by the Core Health Research Attributes. These are intended to define how health research should be conducted in New Zealand, taking into account our unique context and issues and the priorities already set by the Government. They are described in full in the following table.

The vehicle proposes that everyone that is investing or applying for government investment in health research in New Zealand *must* address the Core Health Research Attributes. Some exceptions have been made, as detailed earlier, but MBIE funding mechanisms, the HRC and the National Science Challenges must all align.

The 'Why in New Zealand?' attribute is broad, and includes nine different reasons why research should be done here. Research might address one or all of these reasons, but it must address at least one.

The definition of impact allows researchers from all disciplines and at all stages of research development to maintain a line of sight to impact. Whether working only with cells lines or dealing only with data, researchers will be able to articulate the next steps in the impact pathway.

The 'Equity' criterion is uncompromising. Health inequity is one of the biggest issues that New Zealand is currently facing. **Research funded in this country must not make inequities worse.** There is a compelling need for research that will reduce inequities and individual funders will be best placed to adjust their investment processes accordingly. All researchers, regardless of research stage or discipline, should be able to discuss the effect that their research findings will have on health inequity.

Questions

Suitability of the Core Health Research Attributes

- Do you think the five selected Core Health Research Attributes are the most appropriate attributes to be classified as 'core'? If not, which attributes do you believe should be classified as Core Health Research Attributes?
- Do you agree with the proposed definitions of the Core Health Research Attributes?
- Do you have any other feedback on the Core Health Research Attributes?

THE PROPOSED CORE HEALTH RESEARCH ATTRIBUTES AND DEFINITIONS

(underpinning all investment decisions for agencies aligning with the NZHRS)

1. Why in New Zealand?

Government investment in health research must attend to the key question of why the research should be undertaken in New Zealand and therefore clearly address one or more of the reasons below.

Research should be undertaken in New Zealand if it:

a) Addresses a health problem that is unique or particularly important to New Zealand
b) Enables a better understanding of New Zealand's diverse population and social contexts
c) Supports the development of relevant policy, services and treatments that achieve health equity
d) Has the potential to raise the efficiency and effectiveness of government services in the health, social, justice, environment and biosecurity sectors
e) Contributes to innovation for economic gain through commercialisation of research and innovation
f) Sustains a unique competitive advantage
g) Builds international standing, reputation and credibility
h) Benefits Pacific countries (which has a direct bearing on New Zealand's population)
i) Supports a critical element of New Zealand's health research infrastructure.

2. Mana tāngata

All research in New Zealand will meet the obligations, principles and opportunities of The Treaty of Waitangi and respond to the principles of Vision Mātauranga and He Korowai Oranga. Te Ao Māori knowledge, research methods and concepts of health will be valued and respected and the opportunities to partner with Māori to achieve better health and wellbeing in New Zealand will be embraced.

3. Equity

All researchers will consider and communicate how their research will impact existing health inequities, particularly for Māori, Pacific and persons with disabilities. Research that could lead to an exacerbation of a health inequity will not be funded in the absence of a clear mitigation plan.

4. Excellence

All research must meet the inclusive definition of excellence, which recognises and values mātauranga Māori and kaupapa Māori methodologies among the range of validated methodologies. Processes will acknowledge the need for a wide range of methodologies, and sometimes new approaches. The definition will ensure that all research receiving government funds is robust and leads to gains in knowledge needed to advance health and services.

5. Impact

All researchers will be required to describe a clear line of sight to eventual impact of their work. Impact means a change in individual, societal, economic or environmental wellbeing, beyond contributions to academic knowledge and skills. A focus on impact does not mean a focus solely on close-to-market or end-user-driven research. Some research will be taking early steps along that pathway and generating interim benefits for New Zealand, like the development of human capital. All researchers should be able to describe the next steps along the impact pathway following their work. The next steps could be further research, practice or policy changes, or direct benefits for the health and wellbeing of an individual, community or society as a whole. Funders will ensure that researchers are well informed about, and encouraged to access, programmes and interventions within the research science and innovation ecosystem designed to provide pathways to impact. Funders will build on, not duplicate, the services and programmes offered by other agencies.

The Guiding Health Research Attributes

The Guiding Health Research Attributes are also important and **provide the means to tailor the vehicle to the different needs and foci of the Government's varied health research funding mechanisms. These attributes also represent key areas for which the balance of investment across funding mechanisms should be monitored**. For example, not every funding mechanism has a direct goal relating to 'wellbeing and prevention', but investment in research with that focus is vital for New Zealand.

Funders should adjust their funding mechanisms and investment signals to incorporate the Guiding Health Research Attributes, where those are relevant to the goals of the investment.

Questions

Suitability of the Guiding Health Research Attributes

- Do you think the six Guiding Health Research Attributes are the most appropriate attributes to be classified as 'guiding'? If not, which attributes do you believe should be classified as Guiding Health Research Attributes?
- Do you agree with the proposed definitions of the Guiding Health Research Attributes?
- Do you have any other feedback on the Guiding Health Research Attributes?

Suitability of defining Health Research Attributes

- Do you agree with the proposal to establish a hierarchy of Core and Guiding Health Research Attributes?
- On a scale of 1 (not at all clear) to 5 (extremely clear), is it clear how the Core and Guiding Health Research Attributes will be used differently?
- Do you think that using Core and Guiding Health Research Attributes will enable funders to tailor their investment processes to achieve a balance of investment across the health system?
- Do you have any other comments on the Core and Guiding Health Research Attributes?

GUIDING HEALTH RESEARCH ATTRIBUTES *(each agency tailors investment processes to incorporate the guiding attributes that are relevant to their investments, ensuring there is a balance of these attributes across the New Zealand health research funding landscape)*

COMMUNITY PARTNERSHIP AND ENGAGEMENT

Researchers and funders must ensure that communities, and research participants are involved in, and have the capacity to drive, the research agenda. This includes 'extended peer review' that involves communities in the research assessment process. Partnership should be equal and reciprocal. Communities are not defined solely on ethnicity and include the LGBTQI community, rural communities, and relevant patient communities.

INNOVATION AND DISCOVERY

Ensuring that high-risk novel research with the potential to be disruptive is supported to drive innovation and continues to support areas of national strength and opportunity in health discovery. This includes innovations informed by mātauranga Māori and kaupapa Māori approaches and the unique contribution that this makes to New Zealand's innovation potential.

WELLBEING AND PREVENTION

Maintaining a strong focus on wellbeing and prevention, including understanding distinctive challenges to health and social wellbeing arising in Māori and Pasifika communities and partnering with those communities to find effective solutions that build on their knowledge and understanding.

BUILDING ON GAINS

Where possible, existing research will be adopted, adapted and used through the science and health systems. Researchers will consider whether their work builds on previous gains, nationally or internationally and whether they are basing their work on findings that need to be evaluated or adapted for the New Zealand context. .

NATIONAL AND INTERNATIONAL CONNECTION AND CONTRIBUTION

Our place in the world should be advanced through health research. National and international collaborations will be encouraged and incentivised. Barriers to collaboration will be addressed and support for developing networks and joining with global research efforts will be enhanced. Collaboration with community groups, particularly iwi and Pacific communities, will be encouraged and facilitated.

CAPACITY AND CAPABILITY

Researchers and funders will consider how research is addressing gaps in the health research workforce and building future capacity and capability – with particular emphasis on building the Māori and Pacific health research workforce. Infrastructure priorities will be set to ensure we have the skills, capability and capacity to do, and action, the health research to deliver better health outcomes for New Zealanders and achieve health equity.

4. Priority Action Areas

The Priority Action Areas draw those investing government funds in health research together to address the health research infrastructure and environment. The four priority actions below are key to this goal, and addressing them will require agencies to gain a firm understanding of current needs and capacities through mechanisms beyond this vehicle – primarily the other Actions of the NZHRS. These priority areas are essential to providing the health research environment that New Zealand needs to meet the Vision outlined in the Domains and the NZHRS.

Questions

Suitability of the Priority Action Areas

- Do you agree that the proposed Priority Action Areas will provide adequate system-level support for the Domains? If not, are there any system-level Priority Action Areas for funders that are missing?
- Do you have any other comments on the proposed Priority Action Areas?

The four areas chosen are based on extensive feedback through consultation on the initial Strategic Investment Areas, and the wealth of input provided through the consultation during the development of the NZHRS. The Priority Action Areas are:

1. Supporting self-determination and co-production of research – to ensure that research is meaningful to the communities it is intended to serve
2. Building infrastructure – to support health research and its integration into the health system and the social sector and strengthen pathways to impact
3. Strengthening engagement between sectors – to maximise opportunities for meaningful impact, which requires connection and collaboration of different government agencies, disciplines, communities, sectors, regions and even countries
4. Growing capability – to ensure we have the skills and capability to do, and action, the health research to benefit our people and our place in the world.

Governance

The final component of the prioritisation vehicle is governance and oversight. A cross-government committee is proposed that will both provide the required oversight of implementation and draw together all government agencies with an interest in health research to share information, gather data, balance investments across funding mechanisms and advance the Priority Action Areas.

Questions

Suitability of the prioritisation vehicle concept and structure

- On a scale of 1 (not at all clear) to 5 (extremely clear), how clear is the purpose of the prioritisation vehicle?
- Do you agree that the prioritisation vehicle, if successfully implemented, will provide an overarching system through which funders can align and co-ordinate their investments in health research?
- Do you think that the prioritisation vehicle will direct government investment to the areas it is needed most while maintaining researcher creativity?
- Do you agree that the proposed prioritisation vehicle will lead to positive change?
- Is the prioritisation vehicle inclusive and respectful of the views and beliefs of a wide range of New Zealand communities?
- On a scale of 1 (not at all clear) to 5 (extremely clear), how clear and easy to follow is the structure of the prioritisation vehicle?
- Do you have any other comments on the overall concept and structure of the prioritisation vehicle?

A quick reference guide for researchers

Where might my research area fit within the Domains?

Note: the Domains are inter-linked and much research will be relevant to multiple Domains. If you do not see your area reflected and are unsure where it would fit, please contact the HRC

 Animal models of health and disease	▪ Domain 1: development of animal models to study health and disease; possible relevance to Domain 3
 Cell biology	▪ Domain 1: cell biology relating to understanding the human body in health and disease; possible relevance to Domain 3
 Data: Linked datasets; big data & related approaches	▪ Research involving big data sets: Domains 1-4, depending on focus ▪ Research linking health services data to other datasets: Domain 2 ▪ International data sets and use of linked data to address future health issues, epidemics, etc. Domain 3 ▪ Ethics related to big data and data sovereignty: Domain 4
 Dental & oral health	▪ Oral health: Domain 1 ▪ Dental services: Domain 2; ▪ Government policy: Domain 4 ▪ Possible relevance to Domain 3
 Emergency and intensive care medicine	▪ Domain 2, with relevance to Domain 3 in relation to planning for natural disasters, epidemics, future burden of disease etc
 Epidemiology	▪ Epidemiology of illness and injury: Domain 1 ▪ Epidemiology relating to current major issues and future health risk: Domain 3

 Ethics of health research, new technologies & interventions	▪ Domain 4
 Health inequity; racism; discrimmination & isolation	▪ Understanding the issues and the impact on health and wellbeing: Domain 1 ▪ Intergenerational effects: Domain 1 ▪ Access to equitable services: Domain 2 ▪ Mitigation of future issues and a more equitable future for New Zealand populations: Domain 3 ▪ Government policies and institutional racism: Domain 4
 Health services research	▪ Domain 2, with relevance to Domain 3 when focusing on meeting current threats and responding to future challenges. Domain 4 covers government policy impacting on health services and ethics of new health technologies
 Health technology	▪ Development: Domain 1 ▪ Testing and clinical trials: Domain 2 ▪ Commercialisation: Domain 2 ▪ Health technology assessment: Domain 2 ▪ Ethics: Domain 4 ▪ Possible relevance to Domain 3
 Infectious diseases	▪ Prevention and intervention: Domain 1 ▪ Epidemiology: Domain 1 ▪ Development of antivirals, antibiotics and vaccines: Domain 1 (possibly also Domain 3) ▪ Clinical trials, testing, commercialisation and health service provision & response: Domain 2 ▪ Government policies: Domain 4
 Kaupapa Māori research and methodologies	▪ All domains
 Injury and rehabilitation	▪ Injury prevention, mitigation and epidemiology: Domain 1 ▪ Emergency treatment of injury: Domain 2 ▪ Rehabilitation: Domain 1; rehabilitation services Domain 2 ▪ Government policy impacting on injury and risk factors: Domain 4

 Longitudinal and intergenerational approaches	▪ Domain 1
 New drugs, screening tools, prognostics and diagnostics	▪ Pre-clinical: Domain 1 ▪ Clinical testing and trials: Domain 2 ▪ Commercialisation: Domain 2 ▪ Addressing current and future issues, eg antibiotic resistance or zoonoses: Domain 3 ▪ Ethics: Domain 4
 Non-communicable diseases	▪ Prevention and intervention: Domain 1 ▪ Epidemiology: Domain 1 ▪ Development of new treatments: Domain 1 (possibly also Domain 3) ▪ Clinical trials, testing, commercialisation & health service provision & response: Domain 2 ▪ Government policies: Domain 4
 Pregancy, fetal and maternal health, perinatal care, congential conditions & developmental programming	▪ Developmental programming4: Domain 1 ▪ Maternal and fetal health and congenital conditions: Domain 1 ▪ Maternity services and neonatal care: Domain 2 ▪ Government policy on maternity care, parental leave, etc: Domain 4
 Research methodologies (new)	▪ Depends on the topic or purpose of research but most likely Domain 1
 Rural health & other geographic population health issues	▪ Issues and effects of geographic location on health: Domain 1 ▪ Access to services and innovations in provision: Domain 2 ▪ Impact of future challenges: Domain 3 ▪ Government policies: Domain 4

[4] Developmental programming is the study of how the conditions in-utero, sometimes of previous generations, affect the lifelong health of a child

 Surgery & surgial techniques	▪ Domain 2
 Wellness, resiliience & prevention	▪ Domain 2, with possible relevance to Domains 3 and 4

Section 2. Important background and context

✪ *Please read this section prior to giving feedback*

The New Zealand Health Research Strategy

In June 2017, the New Zealand Health Research Strategy 2017 – 2027 (the NZHRS), was published. For the first time, the Government brought together the health, science, research and innovation sectors to create a cohesive, collaborative and well-connected health research system, with the vision of improving the health and wellbeing of all New Zealanders.

The Strategy is a partnership between the Ministry of Health, Ministry of Business, Innovation and Employment (MBIE) and the Health Research Council of New Zealand (HRC), who are working to implement a set of co-ordinated and complementary actions that will enhance the funding, conduct and uptake of health research.

There are ten interlinked actions that make up the Strategy, which you can read about in detail in the NZHRS document.

This consultation seeks your input on Action 1: to Prioritise investment through an inclusive priority-setting process. This action is being led by the HRC in line with its strategic role as the government's primary funder of health research, with support from the Ministry of Health and MBIE.

This is the second national consultation on Action 1, the previous consultation was run in September 2018.

Although the Action is being led by the HRC, it is important to remember that the final outcome will be a prioritisation vehicle for government investment in health research, and the HRC is only one of the organisations that will align with it. The NZHRS states that exceptions will be made for the Centres of Research Excellence, the Marsden Fund and the universities' own strategic investment – which covers far more than health research.

Why do we need a prioritisation vehicle?

New Zealand health researchers already focus on the issues and areas where they can make a difference. The purpose of this vehicle is to gain a shared understanding of where to focus collective effort, and ensure that resources add value and are sufficient to get the greatest benefit and value for New Zealanders' investment in health research. This requires input from everyone involved and a concerted effort to come together and realise the vision set by the Strategy. **This is as much, or more, about co-ordinating what funders and policy-makers are doing, as co-ordinating the health research community**.

Once the Government has finalised the prioritisation vehicle, the next step is to ensure that the infrastructure, resources, capacity, and capability exist to address them, through the prioritisation vehicle itself and Actions 2 to 10 of the Strategy.

Who is the prioritisation vehicle for?

The vehicle is for New Zealand. Everyone involved in the health research, science, technology and innovation sectors will be asked to think about how they can deliver to it in what they do – Government, tertiary institutions, Crown Research Institutes, non-governmental organisations (NGOs), independent research organisations, and contract researchers. Stakeholders across the sector will be asked to find ways to work together and implement the priorities.

How will the prioritisation vehicle be funded?

The prioritisation vehicle will be published in mid-2019 and this is when funders will make decisions, in line with their goals, about how they align and allocate funding. In particular, **the priorities will inform the investment strategies of the HRC, the Ministry of Health and MBIE. The priorities will also guide other areas of Government-funded, mission-led research such as the National Science Challenges, health sector agency research and health research commissioned by other government agencies.** The Government will develop new approaches for co-investment with the not-for-profit sector that align with the final prioritisation vehicle. Government agencies will also decide what special actions may need to be initiated if more rapid progress is needed, and what changes to funding mechanisms might be necessary.

How is the prioritisation vehicle being developed?

The prioritisation vehicle will be designed to last for the 10-year duration of the Strategy, to 2027. To ensure that it remains responsive to dynamic factors such as the burden of disease, research opportunities, and the evidence needs of New Zealand's health system, it will be reviewed every 3 – 5 years.

The prioritisation vehicle has been designed by an independent Development Group, drawing on input from consultation, who are working on behalf of the NZHRS Implementation Steering Group – a cross-government committee involving MBIE, the Ministry of Health, DHBs, Universities New Zealand and Callaghan Innovation. The Steering Group is also advised by an External Advisory Group of national and international experts, chaired by Sir Peter Gluckman.

The Development Group represents some of New Zealand's leading health researchers, innovators, advisors and health delivery experts, with members selected for their mana, knowledge, expertise in health services or research, different world views and experience, and their ability to think strategically for the benefit of all New Zealanders. The Development Group is made up of 13 members:

- Professor Michael Baker
- Emeritus Professor Richard Bedford (Co-Chair)

- Professor Vicky Cameron
- Dr Kyle Eggleton
- Dr James Hutchinson
- Professor Margaret Hyland
- Ms Rose Kahaki (Co-Chair)
- Mr Philip Patston
- Professor John Potter
- Professor Stephen Robertson
- Professor Linda Tuhiwai Smith

Dr Dale Bramley and Fepulea'i Margie Apa have recently left the committee because of other commitments. However, members continue to engage with them on the final stages of development.

Outcomes from the previous consultation

In September 2018, the Development Group released a draft that looked very different from the version they are now consulting on. Five 'Strategic Investment Areas were suggested. They received extensive feedback on this version, the details of which have now been posted to the HRC website.

What happened to the initial five Strategic Investment Areas?

The initial five Strategic Investment Areas have been incorporated into the four interlinked 'Domains' of the health research landscape in the redrafted prioritisation vehicle.

This was done because the Development Group received strong feedback from the Māori and Pacific communities and persons with disabilities saying that they couldn't see themselves or their worldview reflected in the five Strategic Investment Areas. This came through most strongly at the public meetings held in Auckland, Wellington, Christchurch and Dunedin. These meetings focused on issues for Māori and Pacific communities and persons with disabilities.

The Strategic Investment Areas divided the lifecourse by age and didn't reflect the interconnected nature of the different elements of health, which is central to the way many conceive of health, and particularly how Māori and Pacific people view health issues. This concept of health places whānau at the centre of any model. As a result, participants felt that these communities could not and would not engage with the model as it stood.

The Development Group considered this input in depth and concluded that a framework that is not acceptable to Māori, is not acceptable for New Zealand. In addition, Māori and Pacific communities and persons with disabilities experience major health inequalities in comparison with other New Zealanders. Addressing health inequalities is one of the core priorities for the Development Group and for the Government. For these reasons, the Development Group made extensive changes to address the concerns raised.

Please see the full report on the feedback from the September 2018 consultation feedback for details of the feedback received online.

The revised draft Prioritisation Vehicle

This new iteration of the framework looks very different from the last. The biggest change is that it is now aimed at the system level. The new vehicle focuses on w*hy* and *how* health research should be performed in New Zealand, the *what* is left up to researchers to

decide, together with the communities they serve. The premise is that health research that shows the attributes required by the prioritisation vehicle will be high priority by design. The health research system will be connected to the communities it serves; the health system, and the government agencies that need the knowledge generated to address the wide range of issues facing New Zealanders now, and in the future.

Why raise the focus to the system level?

The Development Group consider that simply listing health issues were research is required is not going tackle the big issues facing the health research system and the health system.

As the Development Group worked to develop a vehicle that was acceptable to and inclusive of all New Zealand communities, they incorporated the feedback received from the extensive online consultation. This involved academics, non-governmental organisations (NGO's) and health practitioners across New Zealand. They realised that most of the issues could not be solved by simply setting health research priorities. The feedback the Group received consistently focused on *the way that research was being conducted* in New Zealand, not the areas it was being conducted in.

Respondents told them that there is a failure to involve communities in setting the research agenda and partnering to deliver on it. There is lack of co-ordination between funding agencies. There is a failure to effectively mobilise the knowledge gained from health research. That some District Health Boards (DHBs) are not valuing or utilising knowledge from health research. In short, **it is the health research *system* that needs to change. Simply picking some areas for enquiry will not address this.**

If New Zealand can get the health research *system* right, research will be high priority *by design.* This is what the Development Group are attempting to achieve with this new iteration of the model, and what the broader New Zealand Health Research Strategy is designed to address, with the Strategic Priorities and Actions set to encompass the whole system.

The new prioritisation vehicle is predicated on the assertion that enduring change will only arise through setting research attributes that drive health research investment decisions in this country. It is then crucial to ensure that those attributes foster a well-connected and responsive system that meets the needs of New Zealand communities, service providers and government.

It is, arguably, pointless to set research attributes without better co-ordinating funders and ensuring that the infrastructure and capability measures are there to support the health research workforce. These components, together, form the prioritisation vehicle.

Language

What is meant by 'excellent research'?

It is important to define what is meant by 'excellent' research. The HRC's definition of excellent research has been adopted from the Statement of Intent

2017-2021,[5] with minor additions to include social sciences and information systems - which will now be added to the HRC's definition:

> *Excellent research occurs across the entire spectrum of innovation, from very basic to very applied and practical research – and across the full range of research disciplines: biomedical, clinical, health services, public health, social sciences and information systems. It is performed in a wide variety of settings, including laboratories, hospitals and communities. We see excellent research as being ethical, scientifically sound, original, relevant, purposeful and impactful.*

What is meant by 'innovation'?

Innovation can be defined as the implementation of new or significantly improved products, services, processes or organisational methods.[6] This includes clinical tests or interventions (e.g. drugs, devices, medical or surgical procedures); public health interventions (e.g. immunisation or screening programmes); service delivery models (e.g. clinical pathways, models of care, patient safety systems, management systems); technology, information or other support systems (e.g. electronic records systems, telemedicine, biobanks).

Use of te reo Māori

Māori words have been used where there is no English equivalent or where they express concepts and meanings that cannot be conveyed adequately in English alone. One example is the word 'whānau', which implies a broader and more interconnected group than the English word 'family'. We have also used Māori words when referring to the Māori world view (Te Ao Māori) and Māori models and concepts of health. A full Māori translation will be made of the final prioritisation vehicle before Ministers announce it.

Aligning with UN conventions

The Development Group has decided to align with UN conventions when referring to groups where there are conflicting views about the best language to use within New Zealand.

Consequently, the terms 'persons with disabilities' and SOGIESC (Sexual Orientation, Gender Identity and Expression and Sexual Characteristics) have been used to refer to these communities.

Questions

Suitability of language

- Are you comfortable with the way issues of language have been dealt with in the prioritisation vehicle? *If not, please answer the following questions:*
  - Which terms cause you concern?

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[5] http://www.hrc.govt.nz/sites/default/files/Final%20HRC%20SoI%202017-20.pdf

[6] This definition is based on: OECD and Eurostat (2005*). Oslo Manual: Guidelines for Collecting and Interpreting Innovation Data, 3rd Edition.* OECD Publishing. ISBN 978-92-64-01308-3. Available at: http://www.oecd.org/sti/inno/oslo-manual-guidelines-for-collecting-and-interpreting-innovation-data.htm (pp.46-47).

- What alternatives to the language used would you like to suggest, and why?

Underlying principles

The Development Group acknowledges Māori as the tāngata whenua of New Zealand and partners with the Crown under the Treaty of Waitangi. The importance and value of mātauranga Māori in shaping and ensuring the future prosperity of our nation is a key consideration in developing the model. The definition of excellent research includes kaupapa Māori methodologies and **the definition of health is founded on the model presented in He Korowai Oranga** and the interconnected elements of:

- mauri ora: healthy individuals
- whānau ora: healthy families, and
- wai ora: healthy environments.

The Development Group understands that **Māori and Pasifika models of health put whānau at the centre of health and wellbeing and that this concept is central to how we view health and wellbeing as a nation**. The Group has placed whānau at the centre of the four Domains because the importance of a strong family and social support for health and resilience is backed both by indigenous knowledge and a growing body of other forms of academic research.

The Development Group maintain that the systems for health delivery and health research in this country will fail to deliver to the needs of New Zealanders until all individuals become true partners in their own health and disability care, and in seeking the knowledge necessary to improve it. For this reason, **co-production of health research with communities is a major focus of this prioritisation vehicle**.

The importance of discovery research

The Development Group well understands the importance of discovery research and see it as central to the New Zealand health research system. This applies to health research across the full spectrum, and in relation to the contribution of indigenous knowledge. Moves to make health research more inclusive and impactful are often seen as an attack on discovery science, and feedback to this effect was received through the September 2018 consultation process. **The Development Group consider discovery science to be an essential component of the health research ecosystem, in fuelling innovation, providing the foundations for more applied research, increasing our international standing and linking with global health research efforts.**

Asking researchers whose research occurs primarily in a lab or at a computer to consider the potential downstream impact of their work, and who will use it to advance that impact, enhances rather than detracts from discovery science. Likewise, **the knowledge of what issues communities want to partner to address should be valued by all health researchers, regardless of the discipline that they are working in**.

The Health Research Attributes are designed to inform thinking and behaviour and this may initially be uncomfortable for some. The vision of the Development Group is that it will rapidly become the way that health

research is conducted in this country, with the requisite systems and support to guide researchers, health professionals and communities being part of our essential health research infrastructure.

Section 3. How to have your say

How to provide your feedback

The HRC invites comments on the proposals set out in this discussion document by 5pm, Monday 1 April 2019.

A submission may range from feedback on one issue to a substantial response covering multiple issues. We have made available an online submission tool to assist you with making your submission should you choose to use it.

You can:

- Request a printed copy of this document by emailing your name and postal address to: panderson@hrc.govt.nz or phoning: 09 303 5200.
- Complete your submission using the online submission tool.
- Provide your written feedback in a letter or email (if you choose not to use the online submission tool).

If you choose to provide written feedback, please return your submission via one of the following methods:

- Email to panderson@hrc.govt.nz, or
- Post or courier to
  The Health Research Council of New Zealand
  PO Box 5541
  Wellesley Street
  Auckland 1141
  New Zealand

Submissions may be made by individuals or groups. Please ensure you provide your contact details with your submission, whichever format you choose. We ask for your contact details so that we can send you a copy of the summary of submissions and notify you when the prioritisation vehicle is finalised.

A set of consultation questions are set out in Appendix 1. You are welcome to make submissions on some or all of the consultation questions. The online submission tool will ask you the same consultation questions.

Your submission may be made public

The HRC intends to publish a summary of submissions on its website at www.hrc.govt.nz.

Your submission will be shared with officials from the HRC, Ministry of Health and MBIE. Any personal information in your submission will be held in accordance with the Privacy Act 1993 by the HRC and will not be circulated.

Please let us know if you do not want your name to be included in any submissions or summary of submissions that the HRC may publish. We will not publish your contact details (e.g., email address, phone number or postal address).

The HRC may be asked to release submissions under the Official Information Act 1982.

This Act has provisions to protect sensitive information given in confidence but the HRC cannot guarantee that the information will be withheld. If you do not want any information contained in your submission to be released, you need to tell us which information in your submission you consider should be withheld and explain why. For example, some information may be commercially sensitive or personal.

Next steps

Once consultation closes, the independent Development Group overseeing the process will consider your views to finalise the prioritisation vehicle.

The Development Group will make final recommendations to the Steering Group in April and the Minister of Health and the Minister of Research, Science and Innovation will announce the final prioritisation vehicle in June 2019. At this point all health research funders will be required to adopt it.

Contact information

For further information see the HRC's website: http://www.hrc.govt.nz/news-and-publications/publications/consultation

You can also contact Dr Patricia Anderson, Chief Advisor, Policy, Strategy and Evaluation: panderson@hrc.govt.nz

If you are having difficulty using the online submission tool, please contact Jessie McMath, Senior Policy Analyst, Policy, Strategy and Evaluation: jmcmath@hrc.govt.nz

Appendix 1: Summary of consultation questions

The questions below are an exact copy of those that appear in the online submission tool. The same questions appear throughout the document for context, but do not show the answer options available online.

Contact details

1. Please enter your name
2. Please enter your email address or alternative contact details
3. Please enter your organisation
4. Is this submission being made on behalf of this organisation?
   - Yes
   - No

   If you answered no, please confirm whether this submission is being made on behalf of another organisation or as an individual.
5. Which interest group to you best represent?
   - Researcher
   - Clinician/allied healthcare professional
   - Non-government agency
   - Government agency
   - Member of the public
   - Research funder
   - Other (please specify)
6. If you do not want your submission published, please let us know below.
   - You may publish this submission
   - Do not publish this submission
7. Please indicate whether you object to the release of any part of your submission under the Official Information Act.
   - I do not object
   - I object (please specify which part of your submission and the grounds that apply)

Suitability of Domain 1

8. Do you have feedback on Domain 1? *Note that answering yes displays additional questions about Domain 1.*
   - Yes
   - No
9. Are the purpose and scope of Domain 1 clear?
   - The purpose and scope of Domain 1 are clear
   - The purpose of Domain 1 is clear, but the scope is not clear
   - The purpose of Domain 1 is not clear, but the scope if clear
   - Neither the purpose or scope of Domain 1 are clear
   - I don't know/I don't have a view
   - If you do not think the purpose and/or scope of Domain 1 is clear, please indicate what would make this clearer.
10. Is Domain 1 representative of a key area of the health research ecosystem?
    - Yes
    - No
    - I don't know/I don't have a view

If you answered no, please explain why.

11. Do you agree that Domain 1 is adequately representative of diverse communities in New Zealand?
    Strongly agree
    Agree
    Neither agree nor disagree
    Disagree
    Strongly disagree
    I don't know/I don't have a view
    If you disagree or strongly disagree, please indicate which communities you think are not adequately represented.
12. Do you have any other comments on Domain 1?

Suitability of Domain 2

13. Do you have feedback on Domain 2? *Note that answering yes displays additional questions about Domain 1.*
    Yes
    No
14. Are the purpose and scope of Domain 2 clear?
    The purpose and scope of Domain 2 are clear
    The purpose of Domain 2 is clear, but the scope is not clear
    The purpose of Domain 2 is not clear, but the scope if clear
    Neither the purpose or scope of Domain 2 are clear
    I don't know/I don't have a view
    If you do not think the purpose and/or scope of Domain 2 is clear, please indicate what would make this clearer.
15. Is Domain 2 representative of a key area of the health research ecosystem?
    Yes
    No
    I don't know/I don't have a view
    If you answered no, please explain why.
16. Do you agree that Domain 2 is adequately representative of diverse communities in New Zealand?
    Strongly agree
    Agree
    Neither agree nor disagree
    Disagree
    Strongly disagree
    I don't know/I don't have a view
    If you disagree or strongly disagree, please indicate which communities you think are not adequately represented.
17. Do you have any other comments on Domain 2?

Suitability of Domain 3

18. Do you have feedback on Domain 3? *Note that answering yes displays additional questions about Domain 3.*
    Yes
    No
19. Are the purpose and scope of Domain 3 clear?

The purpose and scope of Domain 3 are clear
The purpose of Domain 3 is clear, but the scope is not clear
The purpose of Domain 3 is not clear, but the scope if clear
Neither the purpose or scope of Domain 3 are clear
I don't know/I don't have a view
If you do not think the purpose and/or scope of Domain 3 is clear, please indicate what would make this clearer.

20. Is Domain 3 representative of a key area of the health research ecosystem?
    Yes
    No
    I don't know/I don't have a view
    If you answered no, please explain why.
21. Do you agree that Domain 3 is adequately representative of diverse communities in New Zealand?
    Strongly agree
    Agree
    Neither agree nor disagree
    Disagree
    Strongly disagree
    I don't know/I don't have a view
    If you disagree or strongly disagree, please indicate which communities you think are not adequately represented.
22. Do you have any other comments on Domain 3?

Suitability of Domain 4

23. Do you have feedback on Domain 4? *Note that answering yes displays additional questions about Domain 4.*
    Yes
    No
24. Are the purpose and scope of Domain 4 clear?
    The purpose and scope of Domain 4 are clear
    The purpose of Domain 4 is clear, but the scope is not clear
    The purpose of Domain 4 is not clear, but the scope if clear
    Neither the purpose or scope of Domain 4 are clear
    I don't know/I don't have a view
    If you do not think the purpose and/or scope of Domain 4 is clear, please indicate what would make this clearer.
25. Is Domain 4 representative of a key area of the health research ecosystem?
    Yes
    No
    I don't know/I don't have a view
    If you answered no, please explain why.
26. Do you agree that Domain 4 is adequately representative of diverse communities in New Zealand?
    Strongly agree
    Agree
    Neither agree nor disagree
    Disagree
    Strongly disagree

I don't know/I don't have a view
If you disagree or strongly disagree, please indicate which communities you think are not adequately represented.

27. Do you have any other comments on Domain 4?

Feedback on the proposed Domains

28. Do you think that the proposed Domains map the most important parts of the health research ecosystem in New Zealand for the next decade?
    Yes
    No
    I don't know/I don't have a view
    If you answered no, what lacks emphasis or is missing at the system level?
29. Are the proposed Domains easily distinguishable from one another?
    Yes
    No
    I don't know/I don't have a view
    If you answered no, please indicate what would make the distinction between Domains clearer.
30. Do you have any other feedback on the overall proposal to introduce Domains?

Suitability of Core Health Research Attributes

31. Do you think the five proposed Core Health Research Attributes are the most appropriate attributes to be classified as core?
    Yes
    No
    I don't know/I don't have a view
32. If you answered no, which attributes do you believe should be classified as Core Health Research Attributes?
    Why in New Zealand?
    Mana Tāngata
    Equity
    Excellence
    Impact
    Community partnership and engagement
    Innovation and discovery
    Wellbeing and prevention
    Building on gains
    National and international connection and contribution
    Capacity and capability
    Other (please specify)
33. Do you agree with the proposed definitions of the Core Health Research Attributes?
    Yes
    No
    I don't know/I don't have a view
    If you answered no, what do you suggest? *Please make it clear which attribute you are providing feedback for.*
34. Do you have any other feedback on the Core Health Research Attributes?

Suitability of Guiding Health Research Attributes

35. Do you think the six proposed Guiding Health Research Attributes are the most appropriate attributes to be classified as guiding?
    - Yes
    - No
    - I don't know/I don't have a view
36. If you answered no, which attributes do you believe should be classified as Guiding Health Research Attributes?
    - Community partnership and engagement
    - Innovation and discovery
    - Wellbeing and prevention
    - Building on gains
    - National and international connection and contribution
    - Capacity and capability
    - Why In New Zealand?
    - Mana Tāngata
    - Equity
    - Excellence
    - Impact
    - Other (please specify)
37. Do you agree with the proposed definitions of the Guiding Health Research Attributes?
    - Yes
    - No
    - I don't know/I don't have a view
    - If you answered no, what do you suggest? *Please make it clear which attribute you are providing feedback for.*
38. Do you have any other feedback on the Guiding Health Research Attributes?

Suitability of Health Research Attributes

39. Do you agree with the proposal to establish a hierarchy of Core and Guiding Health Research Attributes?
    - Strongly agree
    - Agree
    - Neither agree nor disagree
    - Disagree
    - Strongly disagree
    - I don't know/I don't have a view
    - If you disagree or strongly disagree, please indicate why.
40. On a scale of 1 (not at all clear) to 5 (extremely clear), is it clear how the Core and Guiding Health Research Attributes will be used differently?
    - 5 (extremely clear)
    - 4
    - 3
    - 2
    - 1 (not at all clear)
    - I don't know/I don't have a view

If you answered 1-3, please indicate what would make the difference between Core and Guiding Health Research Attributes clearer.

41. Do you think that using Core and Guiding Health Research Attributes will enable funders to tailor their investment processes to achieve a balance of investment across the health system?
    Yes
    No
    I don't know/I don't have a view
    If you answered no, please indicate why.
42. Do you have any other comments on the Core and Guiding Health Research Attributes?

Suitability of Priority Action Areas for funders

43. Do you agree that the proposed Priority Action Areas will provide adequate system-level support for the Domains?
    Strongly agree
    Agree
    Neither agree nor disagree
    Disagree
    Strongly disagree
    I don't know/I don't have a view
    If you disagree or strongly disagree, please indicate why and identify any system-level priority action areas for funders that you think are missing.
44. Do you have any other comments on the proposed Priority Action Areas?

Suitability of the prioritisation vehicle concept and structure

45. On a scale of 1 (not at all clear) to 5 (extremely clear), how clear is the purpose of the prioritisation vehicle?
    5 (extremely clea)
    4
    3
    2
    1 (not at all clear)
    I don't know/I don't have a view
    If you answered 1-3, please indicate what would make the prioritisation vehicle easier to understand.
46. Do you agree that the prioritisation vehicle, if successfully implemented, will provide an overarching system by which health research funders can align and coordinate their investments?
    Strongly agree
    Agree
    Neither agree nor disagree
    Disagree
    Strongly disagree
    I don't know/I don't have a view
    If you disagree or strongly disagree, please indicate why.
47. Do you think that the prioritisation vehicle will direct government investment to the areas it is needed most while maintaining researcher creativity?

The prioritisation vehicle **will** direct government investment to the areas it is needed most **and** maintain researcher creativity
The prioritisation vehicle **will** direct government investment to the areas it is needed most but it **will not** maintain researcher creativity
The prioritisation vehicle **will not** direct government investment to the areas it is needed most **nor** maintain researcher creativity
The prioritisation vehicle **will not** direct government investment to the areas it is needed most but it **will** maintain researcher creativity
I don't know/I don't have a view
If you do not think that the prioritisation vehicle will direct government investment to the areas it is needed most and/or you do not think it will maintain researcher creativity, please indicate why.

48. Do you agree that the proposed prioritisation vehicle will lead to positive change?
    Strongly agree
    Agree
    Neither agree nor disagree
    Disagree
    Strongly disagree
    I don't know/I don't have a view
    If you disagree or strongly disagree, please indicate why.
49. Do you agree that the prioritisation vehicle is inclusive and respectful of the views and beliefs of a wide range of New Zealand communities?
    Strongly agree
    Agree
    Neither agree nor disagree
    Disagree
    Strongly disagree
    I don't know/I don't have a view
    If you disagree or strongly disagree, please indicate which communities you feel are left out.
50. On a scale of 1 (not at all clear) to 5 (extremely clear), how clear and easy to follow is the structure of the prioritisation vehicle?
    5 (extremely clear)
    4
    3
    2
    1 (not at all clear)
    I don't know/I don't have a view
    If you answered 1-3, please explain what is not clear and any structural changes you suggest to improve the clarity.
51. Do you have any other comments on the overall concept and structure of the prioritisation vehicle?

Suitability of language

52. Are you comfortable with the way that issues of language have been dealt with in the prioritisation vehicle?
    Yes
    No
    I don't know/I don't have a view

If no, which terms cause you concern, and what alternatives to the language used would you like to suggest, and why?